**Section 116.40 Training and Authorization of Non-Licensed Staff by Nurse-Trainers**

a) Only a Nurse-Trainer may delegate, supervise and authorize the tasks of medication administration to authorized direct care staff.

b) Prior to training non-licensed staff to administer medication to an individual, the Nurse-Trainer must have an understanding and knowledge of the individual's physical and mental status, medical history, medication orders and medications prescribed to initially train and authorize unlicensed staff to administer medications and to provide any additional medication related training of non-licensed authorized staff. The following is acceptable evidence of that understanding and knowledge:

1) The registered nurse completing the assessment of an individual's health as required by Section 116.90(a) must sign and date the assessment. To be valid, this assessment can be no more than one year prior to the date of the training of the non-licensed staff.

2) If the Nurse-Trainer initially training and authorizing unlicensed staff or providing additional training is not the registered professional nurse who completed the assessment of an individual's health as required by Section 116.90(a), there must be clear evidence that the Nurse-Trainer has reviewed an individual's current assessment within the last 365 calendar days and considered other relevant information before doing any training or providing direction about medication administration for that individual.

c) Non-licensed direct care staff who are to be authorized to administer medications under the delegation of Nurse-Trainer shall meet the following criteria:

1) be age 18 or older;

2) complete high school or its equivalency (G.E.D.);

3) demonstrate functional literacy;

4) satisfactorily complete the Health and Safety component of the Direct Support Persons Core Training Program or a DHS approved equivalent Developmental Disabilities Aide Training Program prior to the beginning of medication administration training;

5) be initially trained and evaluated by a Nurse-Trainer in a competency-based, standardized medication curriculum specified by DHS;

6) score 80% or above on the written portion of the comprehensive examination furnished by DHS based on the information conveyed to them during a medication administration classroom course; and

7) score 100% on a written or oral competency-based evaluation specifically pertinent to those medications that these staff are responsible to administer.

d) Initial competency-based training toward delegation for medication administration shall include:

1) Best practice standards related to the rights of individuals, legal and ethical responsibilities, agency procedures and communication pertaining to medication administration.

2) Best practice nursing techniques associated with medication administration.

3) Classes of drugs and their effects and common side-effects.

4) Specific information regarding the individuals to whom the staff will administer medication and the medication the staff will administer.

5) Techniques to observe, report and document medication effects, side effects, adverse outcomes and vital signs when those skills are necessary for the safe administration of medication to that individual.

6) A final, individual-specific, competency-based evaluation performed by a Nurse-Trainer for each medication administered to persons at the program for whom the staff provide supports.

e) The Nurse-Trainer may delegate the administration of insulin subcutaneously using an insulin pen pre-filled with insulin by the manufacturer to authorized staff after the authorized staff has successfully completed a DHS approved advanced training program specific to diabetes and insulin administration.

1) Authorized direct care staff must consult with the Nurse-Trainer before administering any subcutaneous insulin dosage determined by a blood glucose test result.

2) Authorized direct care staff may not calculate the insulin dosage needed when the dose is dependent upon a blood glucose test report.

3) Authorized direct care staff may not administer insulin to individuals who require blood glucose monitoring greater than 3 times daily, unless directed to do so by the Nurse-Trainer.

f) Staff, after training, may administer epinephrine by auto-injector as prescribed by a physician as an emergency measure when an individual experiences a serious allergic reaction (e.g., anaphylactic shock). The administration of epinephrine by auto-injector by staff is not the responsibility of the Nurse-Trainer.

1) The agency is responsible for the training of all staff who may administer epinephrine by auto-injector. Training for staff in the use of epinephrine auto-injectors can be obtained through the American Heart Association, American Red Cross, or American Safety and Health Institute, or from a registered professional nurse or licensed practical nurse, as delegated by a registered nurse or physician.

2) Two unexpired epinephrine auto-injectors should be in close proximity to the individual for whom the medication is prescribed and available for immediate use at all times. For the purpose of this Part, close proximity means:

A) Within arm's reach of the individual responsible for administering the epinephrine auto injection when away from the residence; or

B) In a known location with easy, immediate access when at the residence.

3) Emergency medical services must be summoned immediately after the use of an epinephrine auto-injector.

g) The Nurse-Trainer may authorize direct care staff to administer medications through an enteral tube after the authorized staff has successfully completed a DHS approved advanced training program specific to enteral tubes, their maintenance and medication administration.

h) *Authorized direct care staff shall be re-evaluated by a* Nurse-Trainer *at least annually or more frequently at the discretion of the registered professional nurse. Any retraining shall be to the extent that is necessary to ensure competency of* the *authorized direct care staff to administer medication* [20 ILCS 1705/15.4(c)], as judged by a Nurse-Trainer.

i) Authorized direct care staff shall receive specific additional competency-based training and assessment by a Nurse-Trainer, as deemed necessary by the Nurse-Trainer, whenever a change of medication, including, but not limited to, dosage, time and route, occurs or a new individual who requires medication enters the program.

j) Direct care staff who fail to qualify for competency to administer medications shall be given additional education and testing to meet criteria for delegation authority to administer medications. *Any direct care staff person who fails to qualify as an authorized direct care staff after initial training and testing must, within three months, be given another opportunity for retraining and retesting. A direct care staff person who fails to meet criteria for delegated authority to administer medication, including, but not limited to, failure of the written test on two occasions, shall be given consideration for shift transfer or reassignment, if possible. No employee shall be terminated for failure to qualify during the three month time period following initial testing. Refusal to complete training and testing required by this Section may be grounds for immediate dismissal* [20 ILCS 1705/15.4(h)].

k) *No authorized direct care staff person delegated to administer medication shall be subject to suspension or discharge for errors resulting from the staff person's acts or omissions when performing the functions unless the staff person's actions or omissions constitute willful and wanton conduct* [20 ILCS 1705/15.4(i)].

l) *Authorization of staff to administer medication shall be revoked if, in the opinion of the Nurse-Trainer, the authorized direct care staff person is no longer competent to administer medication* [20 ILCS 1705/15.4(c)]. The degree of retraining and reassessment of competency should occur at the discretion of the Nurse-Trainer.

m) Clear documentation of training, retraining and evaluation shall be kept in each staff or contractual person's personnel file by each agency where authorized direct care staff are employed.

(Source: Amended at 41 Ill. Reg. 6534, effective May 26, 2017)