



Semiannual DDS MAP Trainer Webinar

Fall 2017



Agenda

- **What's New?**
- **Updates**
- **Reminders**
- **Trends**

What's New



New Look Coming Soon!

- www.mass.gov/dph/map

MAP Topics

- FAQs
 - [General Public - Frequently Asked Questions](#)
 - [Service Providers - Frequently Asked Questions](#)
 - [High Alert Medications - Frequently Asked Questions](#)
- [Naloxone Use](#)
- [Methadone Take Home Doses in an Storm or Emergency](#)
- [Electronic Signatures](#)
- [Countable Controlled Substance Book Retention Guidelines](#)
- [MAP Brochure](#)
- [Oversight and Review](#)
- [MAP Training Tools](#)
- [Policies](#)
- [Medication Administration Program \(MAP\) Regulations](#)
- [Related Materials](#)
- [Train the Trainer Session](#)
- [MAP Education Tools for Supervisors](#)
- [DDS MAP Webinars](#)
- [MAP Advisory Group](#)

Quick Links





New Look!

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Home News Participate in a Study

Search

[About Us](#) [Community Resources](#) [Research](#) [Technical Assistance](#) [Education & Training](#) [Programs](#)

Home / Programs / CDDER / Webinars / MAP Training Resources

MAP Training Resources

Massachusetts Department of Developmental Services (DDS) MAP Training Resources
[DDS MAP Training Resources](#)

Massachusetts Department of Mental Health (DMH)/Department of Children and Families (DCF) MAP Training Resources
[DMH/DCF MAP Training Resources](#)

UCEDD
INDEX
LEND
CANS
CDDER
Health Surveillance for Adults with Intellectual Disability
Oral Health Disparities
MA DDS Prevention Conference
Preventive Health Screenings for Adults with Intellectual Disabilities



New Look!

DDS MAP Training Resources

[View](#) [Edit](#) [Revisions](#)

[MAP Curriculum and Adjunct Training Materials](#)

- This includes the Med Pass Demonstration and Demonstration of the Shoulder-to-Shoulder Count Procedure training videos.

[DDS MAP Education Tools for Supervisors](#)

Required MAP Trainer Webinars

- [Responsibilities in Action \(RIA\) Webinar Overview](#) (July 2017)

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- [DDS 2016 Fall MAP Trainer Webinar](#) (Nov 2016)
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- Clozapine Therapy Training (April 2015) CURRENTLY BEING UPDATED

[Additional MAP Webinars/Trainings](#)

[MedSoft Version 7.0](#)

[Other DDS Health and Safety Related Videos and Webinars](#)

INDEX
LEND
CANS
CDDER
Health Surveillance for Adults with Intellectual Disability
Oral Health Disparities
MA DDS Prevention Conference
Preventive Health Screenings for Adults with Intellectual Disabilities
Mortality Review
Quality Assurance Reports
Webinars
Pica
Constipation and Bowel Obstructions
Substance Abuse in the Workplace
Dysphagia, Aspiration, and Choking
Oral Health Practices
DDS Safe Transportation of People who use Wheelchairs
Falls Prevention and Intervention Strategies
Human Rights Training for Self-Advocates



Two New Videos

- **Medication Administration Demonstration**




Two New Videos

- **'Shoulder to Shoulder' Count**






hdmaster.com


Candidate Forms	Test Site Forms & MAP Trainers	Knowledge Test Proctor & RN Observer Forms	Contact
Testing Application Form 1101	Test Site Agreement Form 1502	MAP RN Observer Application Form 1500	Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Massachusetts MAP testing and certification process.
Three Month Test Schedule	Test Site Equipment List Form 1503	Confidentiality/Nondisclosure Agreement Form 1501	
Rate Structure Form 1402	WebTest & On-line Testing	Knowledge Test Proctor Agreement Form 1515	
MAP Candidate Handbook 4.1 Effective May 12, 2015	WebTest & On-line Page	MAP RN Observer Equipment List	
Frequently Asked Questions	Select the above link to: • register candidates for the exam • cancel or reschedule an exam • complete the exam as a candidate • submit an exam package for scoring	Test Observer Agreement Form 1505	D&S Downloaded
ADA Accommodation Form 1404	Provider & Trainer Forms	Knowledge Test Proctor Certification Form 1511	Kelly Buewger Program Manager 333 Oakland Ave Fondlay, OH 45840 Phone: (877) 851-2355 Fax: (419) 422-7395 hdmasterweb@hdmaster.com
Online Enrollment Form 1500	Easy Steps for the Training Program Interface	Medication Administration Test Instructions	You will need a reader to view and print most of these documents. You may download it here: 
On-line Test RESULTS	Candidate Handbook Order Form	Transcription Test Instructions	
MAP INDEPENDENT TRAINERS	On-line Training Program Reports	WebTest & Observers' New Scheduled Exams	
Sign Language Interpreter Scheduled Dates 2015	Pre-Test & Mock Testing Documents	Newsletters, Meeting Notes, Webinar Links & DPH MAP Friendly Website	
MAP Training Videos and Online Training Tools	• Pass/Fail Reports	Updates To The MAP Webtest Interface 11-30-12	
Med Pass Demonstration Video	• SKL Exam URLS	Trainer Meeting Notes from June 2013	
Shoulder to Shoulder Count Demonstration Video	• Training Videos	Trainer Meeting Notes from October 2013	
MAP terms in ASL		Trainer Meeting Notes from May 2014	
Warm-up Test Short Cut		DDS MAP TECH ASSIST TOOL T0414	
Learn to navigate an on-line test (opens in new window)	Medication Administration MOCK Testing Instructions	DPH MAP Friendly Website	
Online Computer Based Proctored	Transcription MOCK Testing Instructions	MAP TRAINEE WEBINAR OCTOBER 2014	
		DDS Downloaded Trainer/Provider Webinar May 2015	

Mailings
 Counter is disabled



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Home News Participate in a Study 

About Us Community Resources Research Technical Assistance Education & Training **Programs**

UCEDD
 INDEX
 LEND
 CANS
 CDDER
 Health Surveillance for Adults with Intellectual Disability
 Oral Health Disparities
 MA DDS Prevention Conference
 Preventive Health Screenings for Adults


Home / Programs / CDDER / Webinars / MAP Training Resources / MAP Curriculum and Adjunct Training Materials

MAP Curriculum and Adjunct Training Materials

Responsibilities in Action Curriculum and Training Materials: This includes the Med Pass Demonstration and the Shoulder to Shoulder Count Procedure videos.

Adjunct RIA Training Materials

Administering Medications: MAP terms in ASL: A video interpretation of MAP training curriculum vocabulary, content, and concepts in ASL with voice narration for students who are deaf or hard of hearing, interpreters, Trainers and Testers or Proctors.



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MA DDS Prevention Conference

Pre-Screening with Intellectual Disabilities

Mortality Review

Quality Assurance Reports

Webinars

Pica

Constipation and Bowel Obstructions

Substance Abuse in the Workplace

Dysphagia, Aspiration, and Choking


DDS MAP Webinars

DDS Safe Transportation of People who use Wheelchairs

Training Videos



Med Pass Demonstration

DDS MAP Coordinators Gina Hunt and Carolyn Whittemore demonstrate how to conduct a proper med pass. **This video is mandatory viewing during the MAP curriculum training.** Filmed in August 2017.



Demonstration of the Shoulder to Shoulder Count Procedure

DDS MAP Coordinators Gina Hunt and Carolyn Whittemore demonstrate the shoulder-to-shoulder count procedure. Filmed in February 2017.

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- **Released**
 - **4/11/2017**

www.mass.gov/dph/map

MAP Topics

- FAQs
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- [Methadone Take Home Doses in an Storm or Emergency](#)
- [Electronic Signatures](#)
- [MAP Brochure](#)
- [Oversight and Review](#)
- [MAP Training Tools](#)
- [Policies](#)
- [Medication Administration Program \(MAP\) Regulations](#)
- [Related Materials](#)
- [Train the Trainer Session](#)
- [MAP Education Tools for Supervisors](#)
- [DDS MAP Webinars](#)
- [MAP Advisory Group](#)

Quick Links

- [Application for Massachusetts Controlled Substances Registration](#)
- [MCSR Application Forms](#)
- [Medication Administration Program \(MAP\) Policy Manual](#)
- [Drug Incident Report Form and Protocol](#)
- [Section 2 Medication Occurrence Report \(MOR\)](#)



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Home News Participate in a Study



[About Us](#) [Community Resources](#) [Research](#) [Technical Assistance](#) [Education & Training](#) [Programs](#)

[UCEDD](#)

[INDEX](#)

[LEND](#)

[CANS](#)

[CDDER](#)

[Health Surveillance for
Adults with Intellectual
Disability](#)

[Oral Health Disparities](#)

[MA DDS Prevention
Conference](#)


[Preventive Health
Screenings for Adults
with Intellectual
Disabilities](#)

Home / Programs / CDDER / Webinars / MAP Training Resources

MAP Training Resources

Massachusetts Department of Developmental Services (DDS) MAP Training Resources
[DDS MAP Training Resources](#)

Massachusetts Department of Mental Health (DMH)/Department of Children and Families (DCF) MAP Training Resources
[DMH/DCF MAP Training Resources](#)



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LEND

CANS

CDDER

Health Surveillance for Adults with Intellectual Disability

Oral Health Disparities

MA DDS Prevention Conference

Preventive Health Screenings for Adults with Intellectual Disabilities

Mortality Review

Quality Assurance Reports

Webinars

Pica

Constipation and Bowel Obstructions

Substance Abuse in the Workplace

Dysphagia, Aspiration, and Choking

Oral Health Practices

DDS Safe Transportation of People who use Wheelchairs

Falls Prevention and Injury

Human Rights Training for Self-Advocates

DDS MAP Training Resources

[View](#) [Edit](#) [Revisions](#)

MAP Curriculum and Adjunct Training Materials

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Additional MAP Webinars/Trainings

MedSoft Version 7.0

Other DDS Health and Safety Related Videos and Webinars



MEDSOFT 7.0

UCEDD

INDEX

LEND

CANS

CDDER

Health Surveillance for Adults with Intellectual Disability

Oral Health Disparities

MA DDS Prevention Conference

Preventive Health Screenings for Adults with Intellectual Disabilities

Mortality Review

Quality Assurance Reports

Webinars

Home / Programs / CDDER / Webinars / MAP Training Resources / MedSoft® Version 7.0

MedSoft® Version 7.0


Introduction and Training

MedSoft® 7.0 Database system is provided as a convenient option for users who are responsible for compliance with the Massachusetts Medication Administration Program guidelines and requirements. The use of this database system is not required by any agency of the Commonwealth of Massachusetts Executive Office of Health and Human Services. The database system is provided "As Is, As seen" and no warranties are made as to its effectiveness or completeness and there is no promise of maintenance or future upgrades made by the Commonwealth or any of its subsidiary agencies.

Webinar: MedSoft® Version 7.0 Database Overview

This webinar is an overview of what the database includes. Most Providers use 2 primary features, which allows you to print health care provider orders (based on data entered from original orders) with corresponding medication sheets. This webinar is presented by Courtney Murphy, RN, Healthcare Coordinator of Residential Services at Bridgeview and Jim Culver, Medication Coordinator at The Bridge of Central Massachusetts.

[MedSoft® v7 Database Overview PowerPoint Slides](#)



MEDSOFT 7.0

Our Team

Aging with Intellectual and Developmental Disability Trainings


Fostering Social Inclusion and Community Engagement

CANDO

MedSoft© Database

Clicking on the following link will automatically download the file to your computer:

[MedSoft© 7.0 \(Microsoft Access, Uploaded 12/20/16\)](#)



Important Notes

- You may receive some warnings the first time you open the database on your computer. That is the norm for Access databases that originate on another computer. You can ignore or close these warnings. After the first time through the various warnings, the database should simply load on future attempts to launch it.
- You need to **enable macros** one time to make the database usable. Click OK and enable content and that will be the last time you see the warnings.
- It is really important that the database be opened by double clicking it from Windows Explorer (9Win7) or File Explorer (Win10), especially if you are running Access 2013 or 2016.
- Never save the database in the newer database format. It must remain an **mdb** file type, not an **accdb** file type. Saving in the newer format will render the database absolutely useless.

Word Documents

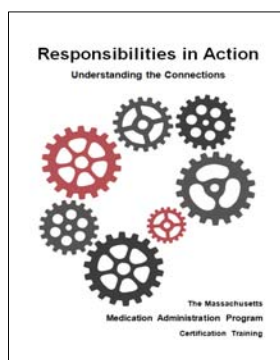
[HCP Consultation Progress Note MedSoft© Version 7.0](#)

[HCP Instructions MedSoft© Version 7.0](#)

Responsibilities in Action

Understanding the Connections

Released July 2017





Responsibilities in Action

- **Curriculum**
 - **9 Units**
 - **'Words You Should Know'**
 - **Answer Key**
 - **Ask Your Supervisor...**



Responsibilities in Action

- **New Training Materials**
 - **Medication Book**
 - **Count Book**
 - **Pharmacy Labels**
 - **Training Power Point**
 - **Study Guide**



Responsibilities in Action

- **For more information**
 - **Curriculum**
 - **Training Tools**
 - **Webinar**
 - www.mass.gov/dph/map
 - [DDS MAP Webinars](#)



Responsibilities in Action

INDEX
LEND
CANS
CDDP
Health
Adults with Intellectual
Disability
Oral Health Disparities
MA DDS Prevention
Conference
Preventive Health
Screenings for Adults
with Intellectual
Disabilities
Mortality Review
Quality Assurance
Reports
Webinars
Pica
Constipation and
Bowel Obstructions
Substance Abuse in
the Workplace
Dysphagia, Aspiration,
and Choking
Oral Health Practices
DDS Safe
Transportation of
People who use
Wheelchairs
Falls Prevention and
Intervention
Strategies
Human Rights Training
for Self-Advocates

DDS MAP Training Resources

View Edit Revisions

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Additional MAP Webinars/Trainings


MedSoft Version 7.0

Other DDS Health and Safety Related Videos and Webinars



Responsibilities in Action

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Home News Participate in a Study 

Search

About Us Community Resources Research Technical Assistance Education & Training Programs

UCEDD
INDEX
LEND
CANS
CDDER
Health Surveillance for Adults with Intellectual Disability
Oral Health Disparities
MA DDS Prevention Conference
Preventive Health Screenings for Adults


Home / Programs / CDDER / Webinars / MAP Training Resources / MAP Curriculum and Adjunct Training Materials

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Responsibilities in Action

INDEX
LEND
CANS
CDDER
Health Surveillance for Adults with Intellectual Disability
Oral Health Disparities
MA DDS Prevention Conference
Preventive Health Screenings for Adults with Intellectual Disability
Mortality Review
Quality Assurance Reports
Webinars
Pica
Constipation and Bowel Obstructions
Substance Abuse in the Workplace
Dysphagia, Aspiration, and Choking
Oral Health Practices
DDS Safe Transportation of People who use Wheelchairs
Falls Prevention and Intervention Strategies
Human Rights Training for Self-Advocates

DDS MAP Training Resources

View Edit Revisions

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- [DDS MOR HCISIS Data Entry](#) (Oct 2015)
- [Administering Multiple Medications](#) (Oct 2015)
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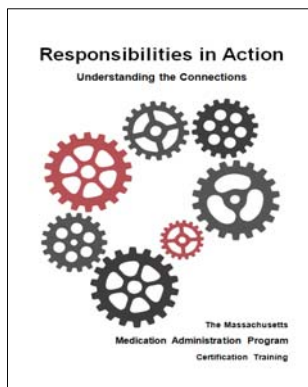
Additional MAP Webinars/Trainings

MedSoft Version 7.0

Other DDS Health and Safety Related Videos and Webinars

Responsibilities in Action

Understanding the Connections



New Site Checklist

Massachusetts Department of Public Health
Bureau of Health Professional Licensure, Drug Control Program
200 Cambridge Street, Suite 200, Boston, MA 02114
Medication Administration Program (MAP)
MAP Site / Checklist

A. Checklist Prior to Opening:

1. Dedicated Key Lock-Medication Storage Area
2. Dedicated Countable Controlled Substance Storage Container (with access to 'Countables' using two key locks)
3. Drug Reference Manual (dated within last two years)
4. Current MAP Curriculum-Responsibilities in Action (2017)
5. Current MAP Policy Manual (Version 2016-01; Revised 1-01-15)
6. Emergency Contact Numbers - (One page document-general reference (e.g. poison control, 911, pharmacy, etc.)-Copy near phone)
7. Plan to address need for 24/7 MAP Consultants (e.g. Pharmacy Service Contract Agreement, Provider Staff RnL, etc.)
8. Service Provider Policy Manual (with policies specific to MAP)
9. Chain of Custody Tracking System:
 - a. Medication Book
 - b. Countable Controlled Substance Book
 - c. Medication Occurrence Binder
 - d. Pharmacy Ordering and Receiving Binder
 - e. Disposal Binder
 - f. Medication Release Forms
 - i. Leave-of-Absence (LOA) documents
 - ii. Transfer documents
 - g. Staff Training Binder
10. Licensed nurses to administer medications and/or Trained MAP Certified program staff with training records for MAP Certified staff on site:
 - a. Staff Certifications
 - b. CPR cards
 - c. First Aid cards

B. Obtain Massachusetts Controlled Substances Registration (MCSR)

C. Checklist When Operations:

11. Massachusetts Controlled Substance Registration (MCSR) posted in Medication Storage Area
12. Emergency Contact Numbers (with general reference, and individual specific references, e.g., PCP's, contact information, MAP Consultants, etc.)-Copy near phone
13. Medications received directly from the pharmacy by MAP Certified staff/licensed staff with Countable medications received in tamper-resistant packaging
14. Medication Book (Documents for Each Individual supported by MAP)
 - a. Health Care Provider Orders
 - b. Medication and Treatment Sheets
 - c. Medication Information Sheets
 - d. Emergency Fact Sheets listing current medication(s) name and dose
15. CLIA Certificate of Waiver (if applicable)
16. Training competencies/Protocols (if applicable)

<input type="checkbox"/> Vital Signs	<input type="checkbox"/> Blood Glucose Monitoring	<input type="checkbox"/> High Alert-Warfarin/Sodium
<input type="checkbox"/> O-tube/tube	<input type="checkbox"/> Hospice	<input type="checkbox"/> High Alert-Buprenorphine/Naloxone
<input type="checkbox"/> Respiratory treatments	<input type="checkbox"/> High Alert-Clozapine	<input type="checkbox"/> Epinephrine via Auto-Injection/Epipen
<input type="checkbox"/> Oxygen Therapy		<input type="checkbox"/> Other specialized trainings

Updates



DPH MAP Policy

Mass.gov State Offices & Courts State A-Z Topics State Forms No Active Alerts Skip to main content A A English

The Official Website of the Executive Office of Health and Human Services (EOHHS)

Health and Human Services
Departments & Divisions

Search... in Health & Human Services SEARCH

A-Z Topic Index Health Care & Insurance Consumer Licensing Provider Researcher Government Agencies Departments

Home > Government Agencies > Departments & Divisions > Public Health > Bureaus and Programs > Health Care Safety and Quality > Drug Control
> Medication Administration Program (MAP)

Medication Administration Program (MAP)

The Medication Administration Program (MAP) was implemented to increase the safety and security of medication administration for individuals living in Department of Mental Health (DMH), Department of Children and Families (DCF), or Department of Developmental Services (DDS) licensed, funded, or operated community residential programs that are their primary residences and/or participating in day programs and short-term respite programs.

The Department of Public Health (DPH) serves as the lead agency for the Program which is administered jointly with the DMH, DCF, and DDS. The overall goal of MAP is to ensure that there are appropriate policies and procedures for medication administration. This helps people receive their medication while living in the community and participating in day-to-day activities. The program makes it possible for direct care staff, who know the specific needs and routines of each individual, to administer medication as a normal part of the individual's daily routine.

MAP is implemented through uniform, statewide standards that undergo continuous evaluation and improvement. The Program has benefited from the experience and involvement of individuals, families, service providers, and professional organizations.


MAP Topics

- FAQs
 - General Public - Frequently Asked Questions. [\[link\]](#)
 - Service Providers - Frequently Asked Questions. [\[link\]](#)
 - High Alert Medications - Frequently Asked Questions. [\[link\]](#)

Friendly URL:
www.mass.gov/dph/map

Alert
The Department of Public Health is in the process of revising the MAP Policy Manual and will provide notice when the revisions are final. Until such notice, all programs and providers should continue to follow the current version, MAP Policy Manual Version 2010 9-01 Revised 11-15.

Count Book Retention

 The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114

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Governor
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Lieutenant Governor

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MONICA BERNARD, MD,
RPH
Commissioner
Tel: 617-624-6000
www.mass.gov/dph

**Medication Administration Program (MAP)
Countable Controlled Substance Book Retention**

105 CMR 700.006(8) Time for Retention of Records. A registrant shall keep for at least two years from the date of preparation, every report, inventory and record he or she is required to keep by 105 CMR 700.000.

Unless applicable DDS/DMH/DCF rules apply, the completed *Countable Controlled Substance Book (Count Book)* must be kept on site for a minimum of 2 years.

The 2-year timeline for the *Countable Controlled Substance Book* begins after the last entry in the *Count Book* has been made and the transference of the pertinent information into the new *Countable Controlled Substance Book* has been completed.

For example: *Countable Controlled Substance Book 3* was closed out on July 23, 2017. The pertinent information for *Count Book 3* was also transferred to *Countable Controlled Substance Book 4* on July 23, 2017. Accordingly, *Countable Controlled Substance Book 3* must be kept on site until at least July 23, 2019.

6-6-17



Unidentified/Non-Prescribed Substance

- **Definition**
 - **If found at a MAP Site**
 - **Procedure**
 - **Tracking Form**

Unidentified Substance

• Procedure/Tracking Form

DDI Unidentified/Non-prescribed Substance Discovery in MAP Programs Procedure and Tracking Form	DDI Unidentified/Non-prescribed Substance Discovery in MAP Programs Procedure and Tracking Form
<p>Definition: The term "unidentified/non-prescribed substance" refers to a substance that is not a legal or controlled agent, available for sale/purchase by anyone in the DDI region, or a substance in which was found. These substances are not in the DDI region and are not controlled agents. These substances are not in the DDI region and are not controlled agents. These substances are not in the DDI region and are not controlled agents.</p> <p>Procedure:</p> <p>The intent of this procedure is to maintain the integrity of the DDI program and to ensure that all substances are properly handled and disposed of in a safe and secure manner. This procedure is to be followed by all DDI program personnel who are involved in the handling and disposal of unidentified/non-prescribed substances.</p> <p>The Person:</p> <ol style="list-style-type: none"> 1. For any medical emergency call 911. 2. Find a medical emergency, and if you are alone or suspect you may be under the influence and/or have compromised the ability to respond, call 911 immediately to request medical assistance. Remain at the scene until you are released by the responding personnel. Do not leave the scene until you are released. 3. Do not touch or move the substance. 4. If the person who reported the emergency is the person who discovered the substance, they must remain at the scene until the emergency is resolved. If the person who discovered the substance is not the person who reported the emergency, they must remain at the scene until the emergency is resolved. 5. If the emergency is resolved, the person who discovered the substance must remain at the scene until the emergency is resolved. 6. If the emergency is resolved, the person who discovered the substance must remain at the scene until the emergency is resolved. <p>The Substance:</p> <ol style="list-style-type: none"> 1. Complete the Tracking Form. 2. Take photos of the substance, including the side if present. 3. If the substance is in a container, take a photo of the container. 4. Note the name of the container. 5. Note the name of the container. 6. Note the name of the container. 7. Note the name of the container. 8. Note the name of the container. 9. Note the name of the container. 10. Note the name of the container. 11. Note the name of the container. 12. Note the name of the container. 13. Note the name of the container. 14. Note the name of the container. 15. Note the name of the container. 16. Note the name of the container. 17. Note the name of the container. 18. Note the name of the container. 19. Note the name of the container. 20. Note the name of the container. 21. Note the name of the container. 22. Note the name of the container. 23. Note the name of the container. 24. Note the name of the container. 25. Note the name of the container. 26. Note the name of the container. 27. 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Note the name of the container. 	<p>Date found:</p> <p>Provider:</p> <p>Site address:</p> <p>Description of unidentified/non-prescribed substance, including the amount, and any copies of any supporting documentation:</p> <p>Date transferred (complete and attach copy of transfer form(s)):</p> <p>Date disposed (complete DDI disposal form(s)):</p> <p>Program Supervisor Signature:</p>

Epinephrine via Auto-injector



Epinephrine via Auto-injector

- **Management of Epinephrine via auto-injector**
 - **Spring 2016 Webinar guidelines**
 - **Updated**



Epinephrine via Auto-injector

- **Current administration options**
 1. **A licensed or MAP Certified staff, tied to a MAP registered site, is available to administer the Epinephrine via auto-injector**
 - **Or**
 2. **The individual is able to self-administer the Epinephrine via auto-injector**

Option 1

- **MAP Certified/Licensed Staff**
 - **Must be available**
 - Residential program
 - Day program/Day hab
 - Work
 - Staffed LOA

Option 2

- **Self-administration**
 - **Must meet all criteria for self-administration**
 - **Carries the medication safely on their person**
 - **Administers to self if/when needed**

Considerations

- **If the allergy has not been re-verified in adulthood**
 - **Retesting is highly recommended**
 - **To verify that condition has not changed**



Epinephrine via Auto-injector Protocol

- **Must include**
 - **Diagnosis**
 - **Objective criteria for use**
 - **When to call 911**
 - **If/when a second dose is required**
 - **Follow up care**



Epinephrine via Auto-injector Protocol

- **If determined by the HCP, the individual does not require Epinephrine via auto-injector available at all times, such as**
 - Traveling between MAP sites
 - LOA (non staffed)
 - non MAP work sites
 - The HCP approved protocol must include how to manage an event
 - (i.e. Call 911)



Epinephrine via Auto-injector Protocol

- **Must be**
 - **Reviewed**
 - At least yearly
 - Signed/dated
 - by prescribing HCP



Non-MAP

- **If the person lives in a non-MAP setting**
 - **Such as Shared Living**
- **Works at a non-MAP location**
 - **MAP rules regarding Epinephrine via auto-injector administration do not apply**

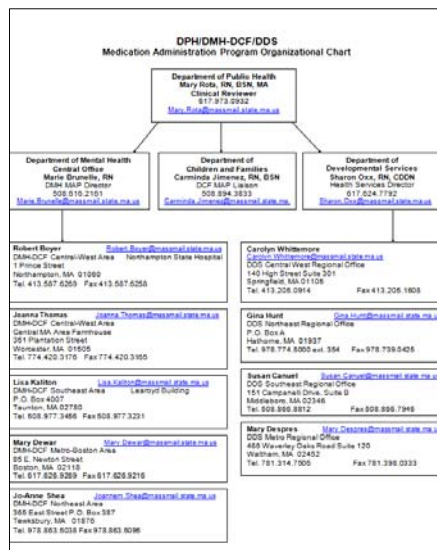


MAP Policy 01-2

- **Criteria for site registration with DPH**
 - **DMH/DCF and adult DDS**
 - **Licensed, funded or operated**
 - **Community Residential Programs**
 - **Day Programs**
 - **Short Term Respite**



Questions?



PRN for Pain

'See Pain Indicators'



All Must Agree

- HCP order
- Pharmacy label
- Medication sheet

Reason for Use

- If the person is non-verbal
 - Target signs and symptoms may be listed
 - For example
 - Tylenol 650mg by mouth every 6 hours PRN for *grimacing, crying, moaning or head slapping.*



'PRN for Pain'

- If the person is non-verbal
 - HCP may write 'PRN for pain, see pain indicators'
 - For example
 - **Tylenol 650mg by mouth every 6 hours PRN for pain, see pain indicators.**



Pain Indicators

- **HCP order**
 - Every 6 hours PRN pain, *see pain indicators*
- **Pharmacy label**
 - Every 6 hours PRN pain, *see pain indicators*
- **Medication sheet**
 - Every 6 hours PRN pain, *see pain indicators*

Pain Indicators

- Face sheet example:



 Sally Jones

Allergies/Sensitivities: Adhesive Tape, Chocolate

Sally takes pills crushed in applesauce followed by a drink of water.

Pain Indicators: Grimacing, moaning, crying and slapping head

Sally has a Seizure Protocol

As Requested

- If applicable, may be
 - 'As requested' by the person
 - For example
 - **Tylenol 650mg by mouth every 6 hours PRN for *headache* as requested**

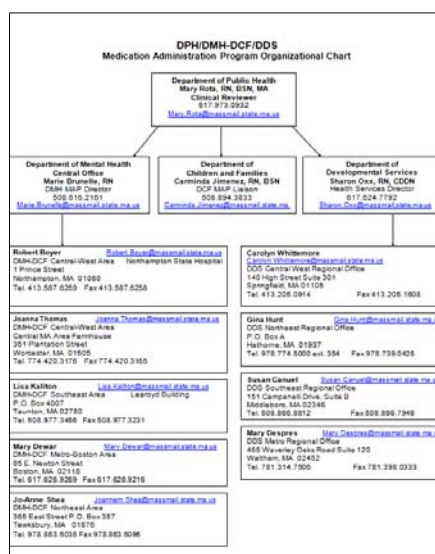


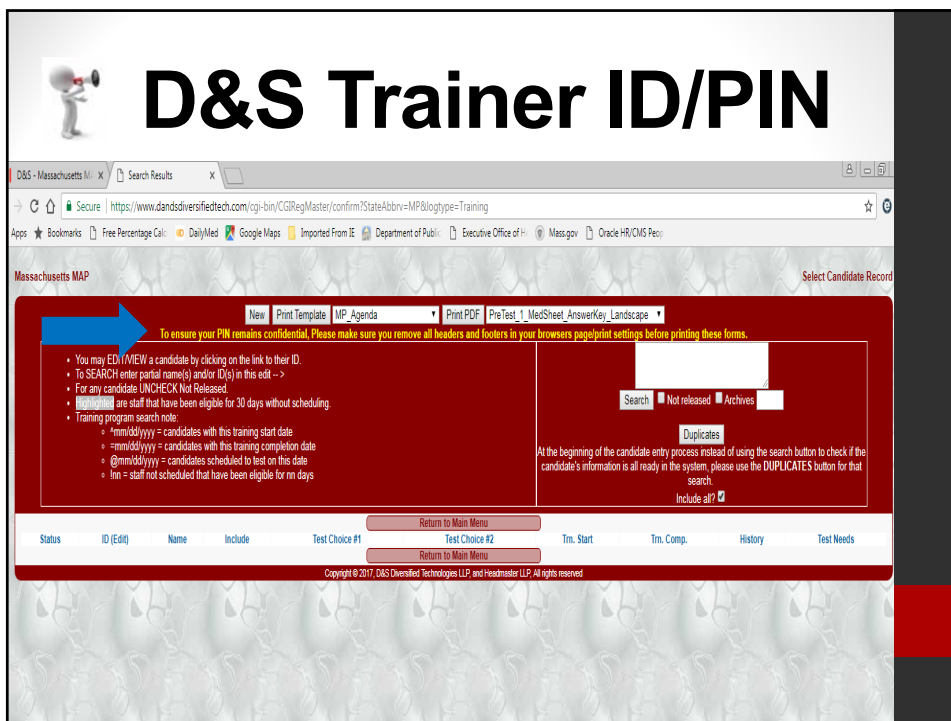
Follow up

- **Document**
 - **Observations**
 - **Subjective**
 - What the person tells you
 - “My headache is gone”
 - **Objective**
 - What you see the person doing
 - ‘Sally is sleeping on the couch’



Questions?





D&S Trainer ID/PIN

Search Results

Secure | <https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/confirm?StateAbbrev=MP&logtype=Training>

Apps | Bookmarks | Free Percentage Calc | DailyMed | Google Maps | Imported From IE | Department of Public Health | Executive Office of Health and Senior Services | Mass.gov | Oracle HR/CMS PeopleSoft

Massachusetts MAP

Select Candidate Record

New | Print Template | MP_Agenda | Print PDF | PreTest_1_MedSheet_AnswerKey_Landscape

To ensure your PIN remains confidential, Please make sure you remove all headers and footers in your browsers page/print settings before printing these forms.

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit ->
- For any candidate UNCHECK Not Released.
- Highlighted are staff that have been eligible for 30 days without scheduling.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date
 - @mm/dd/yyyy = candidates scheduled to test on this date
 - Inn = staff not scheduled that have been eligible for nn days

Search | Not released | Archives

Duplicates

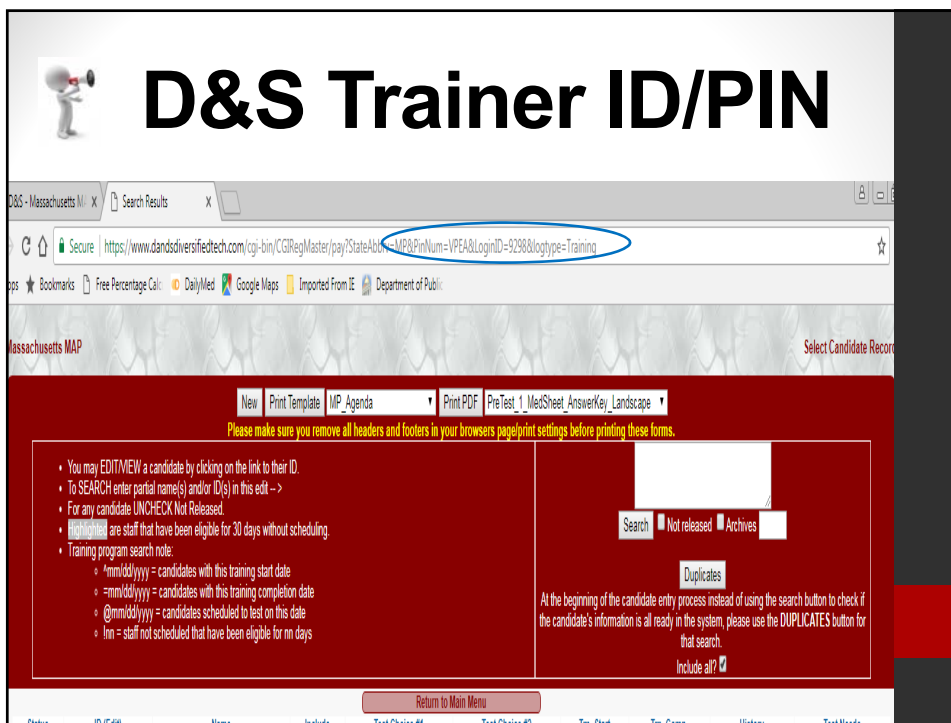
At the beginning of the candidate entry process instead of using the search button to check if the candidate's information is all ready in the system, please use the DUPLICATES button for that search.

Include all? ☒

Return to Main Menu

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Tm. Start	Tm. Comp.	History	Test Needs

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D&S Trainer ID/PIN

Search Results

Secure | <https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/pay?StateAbbrev=MP&PinNum=VPEA&LoginID=9298&logtype=Training>

Apps | Bookmarks | Free Percentage Calc | DailyMed | Google Maps | Imported From IE | Department of Public Health | Executive Office of Health and Senior Services | Mass.gov | Oracle HR/CMS PeopleSoft

Massachusetts MAP

Select Candidate Record

New | Print Template | MP_Agenda | Print PDF | PreTest_1_MedSheet_AnswerKey_Landscape

Please make sure you remove all headers and footers in your browsers page/print settings before printing these forms.

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit ->
- For any candidate UNCHECK Not Released.
- Highlighted are staff that have been eligible for 30 days without scheduling.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date
 - @mm/dd/yyyy = candidates scheduled to test on this date
 - Inn = staff not scheduled that have been eligible for nn days

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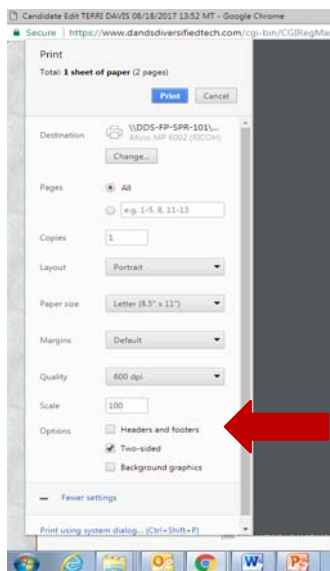
Include all? ☒

Return to Main Menu

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Tm. Start	Tm. Comp.	History	Test Needs



Header/Footer



D&S Diversified Technologies

- If question of PIN security
 - Contact D&S
 - Request new PIN

Reminders



MORs in HCSIS

Time Consultant Contacted (HH:MM AM/PM):	09:30 AM
Was medical intervention recommended?	No
If Yes, Select All that Apply:	
Did any of these situations/conditions follow the Medication Occurrence? (Select all that apply)	
If one resulted, was DPH notified?	No
Date DPH was Notified (MM/DD/YYYY):	
Time DPH was Notified (HH:MM AM/PM):	
Was an Incident Reported as a result of this Medication Occurrence?	No
If yes, Incident ID:	
What is the agency's response to prevent this type of Medication Occurrence from happening in the future?	Training / D



MORs in HCSIS

What happened?	Wrong Dose
Date the Medication Occurrence Happened (MM/DD/YYYY):	08/18/2017
Time the Medication Occurrence Happened (HH:MM AM/PM):	06:00 AM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/19/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	08:00 PM
Did the Medication Occurrence happen over multiple consecutive administrations?	No
If Yes, Number of Doses:	
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Mixed up dose or strength of medication



MORs in HCSIS

Time the Medication Occurrence Happened (HH:MM AM/PM):	08:00 PM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/21/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	09:00 AM
Did the Medication Occurrence happen over multiple consecutive administrations?	No
If Yes, Number of Doses:	1
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Failure to remember



MORs in HCSIS

Time the Medication Occurrence happened (mm/dd/yyyy hh:mm AM/PM):	08/21/2017 08:00 AM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/21/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	08:00 AM
Did the Medication Occurrence happen over multiple consecutive administrations?	Yes
If Yes, Number of Doses:	2
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Did not get prescription, order, or refill from health care provider



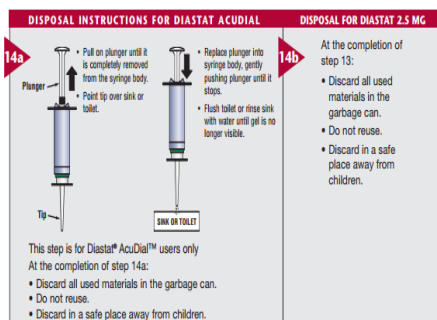
Diastat

- **Remind staff**
 - **When counting**
 - **Look to ensure the seal is intact and the medication is still in the container**



Diastat Disposal

- Read
 - Medication Information Sheet
 - For disposal instructions



Medication Security

- There may *only* be one set each of
 - medication storage keys and
 - back up set of keys



Medication Security

- **The count is conducted each time**
 - **The medication storage keys change hands and**
 - **When placed into or are removed from the coded lock box**



Back-up Keys

- **Access known to an offsite administrative staff**

Trends



MCSR and Documents

- **Documents that are not part of a person's confidential record:**
 - **Disposal records**
 - **Medication Occurrence Reports**
 - **Count Book**
 - **'Tied' to the MCSR/site address**



LOA Medication

- In DDS programs
 - Cutting a blister pack
 - May NEVER be done
 - To prepare LOA medication



D&S Diversified Technologies

- Common reasons for failing transcription
 - Incorrect Stop date
 - Listed as the day after the last dose is scheduled
 - Misspellings



D&S Diversified Technologies

- **Common reasons for failing medication administration**
 - **Selects the wrong blister pack of medication**
 - **Correct person, wrong med or**
 - **Correct med, wrong person**

Next Webinar Date

- **Spring 2018**

