Q/A - Regulatory Clarifications – August 2016
The clarifications and interpretations below will remain on the Department’s web site until the information is included in the next updated Regulatory Compliance Guide (RCG).

Regulation: General

Question: Are facilities permitted to keep a stock supply of Naxolone (also known as Narcan) for narcotics overdoses?

Answer: If the facility wishes to keep a supply of this emergency drug (now considered OTC in Pennsylvania) on hand, it is permitted. The drug must be kept inaccessible to children and still be accessible to staff in the event of an emergency. In addition, all staff members who have completed the Department’s medication administration program and who also receive additional training from a healthcare professional (such as EMTs, LPNs, RNs; etc.) may administer this medication.

It is recommended but not required that a facility who keeps Narcan train all its staff members in its administration and use. In addition, the facility is strongly encouraged to develop internal policies regarding its administration and use.
**Regulation:** General

**Question:** Does BHSL allow any grace periods?

**ANSWER:** Yes. A 15-day flex or grace period is allowed for any item that has a time requirement of one year or more.

This includes, but is not limited to:

- Medical evaluations (§ 3800.141)
- Documentation of evacuation times and fire-safe areas (§ 3800.132(d))

Unless there is a specific grace period or timeline specified in the applicable section, a 5-day flex or grace period is allowed for any item that has a time line of less than one year.

Grace periods do not apply to the following:

- Inspecting fire extinguishers (§ 3800.131(f))
- Conducting fire drills (§ 3800.132(a))

The grace period on timelines does NOT apply to INITIAL documentation or to the following regulations:

- § 3800.51-52 – Criminal background checks
- § 3800.141(a) - Initial medical evaluations
- § 3800.225(a) – Initial ISPs

Grace periods do not apply to initial documentation requirements for new admissions and new hires.
**Regulation:  § 3800.141(a) – Child Health and Safety Assessment**

§ 3800.141 -
(a) A child shall have a written health and safety assessment within 24 hours of admission.
(b) The assessment shall be completed or coordinated, signed and dated by medical personnel or staff persons trained by medical personnel.
(c) The assessment shall include the following:
   (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child’s mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.
   (2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
   (3) Known incidents of aggressive or violent behavior.
   (4) Substance abuse history.
   (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.
(d) A copy of the assessment shall be kept in the child’s record.

**Question:** What child records would be required for a baby of a child in a licensed facility?

**ANSWER:** If the baby is counted in the licensed capacity of the facility, then the baby would be subject to all the requirements regarding child records just as a child in the facility would (such as § 3800.224 (relating to development of the ISP), § 3800.225 (relating to review and revision of the ISP), § 3800.242 (relating to child records) and § 3800.242 (relating to content of records)).

**Regulation:  § 3800.181(b) – Storage of Medications**

§ 3800.181(b) - Prescription and potentially poisonous over-the-counter medications shall be kept in an area or container that is locked.

**Question:** Where should epi-pens be kept in a facility?

**ANSWER:** Prescription epi-pens should be kept locked, and should be accessible to staff in the event of an emergency.
Regulation: § 3800.187(a) - Administration

§ 3800.187(a) - Prescription medications and injections of any substance shall be administered by one of the following:

1. A licensed physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.
4. A staff person who meets the criterion in § 3800.188 (relating to medications administration training) for the administration of oral, topical and eye and ear drop prescriptions, insulin injections and epinephrine injections for insect bites.
5. A child who meets the requirements in § 3800.189 (relating to self-administration of medications).

Question: Are children who are prescribed inhalers for an asthma diagnosis permitted to keep the inhaler on their person and to use it as needed when not under the supervision of staff?

Answer: Yes, if the child has been assessed to safely self-administer medications, and is trained by a medical professional on its use and is monitored by staff to ensure that the inhaler is not overused or in need of a replacement/refill.

Question: Are children who are prescribed epi-pens for an allergy diagnosis permitted to keep the epi-pen on their person and to use it as needed when not under the supervision of staff?

Answer: Yes, if the child has been assessed to safely self-administer medications, and is trained by a medical professional on its use and is monitored by staff to ensure that the epi-pen is not overused or in need of a replacement/refill.