

## Proposal to Change Medication Administration Certification Training Design

1. This proposal was agreed on by the RN Trainers and stakeholder groups to meet the primary objective of having an option that can be used to more rapidly on-board personnel.
  - a. There will be an option to acquire a Medication Administration (MA) Fundamentals Certification in a minimum of 7.5 hours. This training will provide core material and authority for oral, buccal, sublingual, ear, eye, nose, basic inhalers, and vital signs including pulse oximeter (see attached draft agenda for MA Fundamentals)
  - b. After acquiring a MA Fundamentals Certification personnel could complete additional training to upgrade to a full Category 1 certification with no less than 6.5 hours of training
  - c. The total training for a full Cat 1 certification will consist of the 7.5 Fundamental content and 6.5 hours of additional content for a total of 14 hours. The 14 hours total will include all the current Category 1 elements except for glucagon. Since glucagon requires nurse delegation and is most often prescribed for people using insulin the proposal is to move glucagon to the Category 3 Insulin and Injectable treatments for metabolic glycemic disorders
  - d. Personnel who hold only the MA Fundamentals certification could continue with that level of certification and renew annually indefinitely (specific renewal criteria for this has not yet been determined)
  - e. Personnel who complete the additional training to earn a full Category 1 certification would continue to hold a full Cat 1 indefinitely if it is renewed annually (using the same criteria for renewal as currently exists for Category 1 certifications)
  - f. Personnel could obtain a full Cat 1 certification by completing all the required training simultaneously without ever stopping at a MA Fundamentals level certification
  - g. Personnel who have MA Fundamentals Certification would have the opportunity to add-on a Category 2 (G/I tube medications) or Category 3 (insulin) without completing the advancement to Category 1 certification
2. Benefits to this medication administration certification rule change:
  - a. Ability to on-board personnel with less extensive medication administration training
  - b. Opportunity for personnel to learn and practice a limited scope of medication administration before learning more advanced material
  - c. Opportunity for employers to determine the reliability and viability of employees before providing more extensive training and before assigning personnel to support people with more advanced medical support needs
  - d. Requires simple change to the current system that would not require tracking or renewal of more than 3 certifications per employee. Employer may be tracking 4 certification levels within the agency if the employee(s) do not advance to a full Category 1.
  - e. Once a person has advanced their certification to a full Category 1, they would have all the authorizations currently afforded with a Category 1 certification and would stay at the Category 1 level. There would be no need to return to the Fundamentals level unless their Category 1 expired and there was a deliberate choice to start again with MA Fundamentals Certification.

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- f. By not changing the total content or time required to teach that content from what is in current rule, the design may be more agreeable to OBN, ONA, Medical Board and Respiratory Care Association
  - g. This new design would require limited changes to the data entry process for RN Trainers and their supportive personnel
3. Other considerations:
- a. Employers will need to track personnel who have limited scope of practice afforded by the Fundamentals certification and not assign them to support people with more medically complex needs
  - b. The training needed to provide the wide variety of medications and treatments authorized by Category 1 certification will be the same as it is currently
  - c. Personnel will need to be clear and vigilant about the limited actions authorized by their MA Fundamentals Certifications
  - d. Providers who support people with a wide variety of medical needs will still need their personnel to have the full Category 1 certification
  - e. RN Trainers buy-in to the changes and be willingness to revise their current training programs
  - f. Time and transition challenges for providers and RN Trainers to understand and implement the proposed changes
  - g. Provider investment in revised internal tracking of their personnel with different levels of certification
  - h. Less opportunity for repetition and review when material is divided into two trainings separated by larger spans of time. Two separate training sessions would require two testing sessions and may make it more challenging for personnel to pass multiple tests (fewer test questions with the shorter trainings would mean fewer questions can be missed and still pass with 80%)
  - i. If all the material is presented and then tested on a single day there would be lost opportunity for study and review prior to testing
  - j. Investment in this project may delay the state's plans to build other training resources such as on-line renewal CEs and updated curriculums for Category 2 and Category 3 trainings
  - k. Having separate Fundamentals and Category 1 training classes would require each training to have in-person skills and testing thus potentially limiting the opportunity to take advantage of the remote learning options currently available
  - l. Nurses do have the ability to train and delegate any nursing TASK without personnel having any Medication Administration Certification. Personnel who only have Fundamentals certification could be delegated by nurses to do any of the health-related activities not covered in Fundamentals without advancing to a Full Category 1 certification.
4. Key questions – Would this system change benefit you as an agency/organization? Would you change to this system or continue with the current system of training all personnel to a full Category 1 certification level?

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### Proposed Medication Administration Fundamentals Training 7.5-hour training

Topics include foundational elements for safe/accurate med admin; medication administration routes of oral, sublingual, buccal, eye, ears, nose, inhaled (basic inhalers), topical; Health Related Activities of vital signs, pulse oximeter

Approximate training times	Training topics/Course objectives
<b>1 hour</b>	Information about initial Cat 1
	What it means to be a Certified DD Personnel
	Self-Medication Administration
	Pill “caddies”
	Med Admin Health and Safety Alert
	Delegation Process from Nurse to DD Personnel
	Med admin reference grid
	Med admin and HRA by certified personnel
	Employer oversight
	Family delegation
	IST
<b>1 hour</b>	Meds not permitted
	Standard and universal precautions
	What you must know about meds before admin
	Things to know about meds
	Giving or applying meds
	Prepare and admin meds for 1 person at a time
	Steps for admin oral medications
	When container doesn’t match label
<b>45 minutes</b>	Getting meds from original container
	Liquids
	Sublingual and buccal
	MAR Documentation and Dot system
	Documentation of meds given and HRA
	Categories of skin meds
	Steps for admin meds to skin
<b>1 hour 15 minutes</b>	Eye, Ear, Nose
	Categories of eye medications/steps for admin
	Categories ear/steps for admin
	Categories nose/steps for admin (non-seizure meds)
	Inhalers basic/steps for admin
<b>1 hour 30 minutes</b>	Receipt and transcription of med orders
	Procedure for transcription for container
	Verbal orders
	Rules for PRN meds
	Examples of PRN meds
	Pain, pain assessment scale
	Storage and care of medications

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	Disposal of meds
	Repacking meds
	Preventing med theft
	Med errors
	Missed meds
	Psychotropic meds
	Scheduled drugs
	S/S to report
	When to seek assistance
	Emergency situations
	Seizure safety
<b>1 hour</b>	Temp, Pulse, Respirations, Blood pressure
	Pulse oximetry
<b>1 hour</b>	Final Summary/Test

### Proposed Additional Training to Complete Category 1 Certification 6.5-hour training

**Topics include – Additional medication administration routes of rectal, vaginal, nasal (advanced/seizure), Diastat<sup>®</sup>, transdermal, inhaled (nebulizer and oxygen), OTC topical for musculoskeletal comfort, seizure treatment; additional Health Related Activities of CPAP/BiPAP, external catheter care, emptying urine collection bag, urine specimen collection, application of clean dressing, measuring intake and output, oral suctioning, ostomy care, percussion vest, cough assist insufflator-exsufflator, application of compression hose, glucometer and; diabetes intervention for hyper/hypoglycemia**

<b>Approximate training times</b>	<b>Training topics/Course objectives</b>
<b>30 minutes</b>	Foundational topics
<b>15 minutes</b>	Rectal medications/Steps for administering rectal medications
<b>15 minutes</b>	Vaginal medications/Steps for administering vaginal medications
<b>15 minutes</b>	Transdermal medications/Steps for admin
<b>15 minutes</b>	Topical OTC medications for musculoskeletal comfort/Steps for admin
<b>35 minutes</b>	Categories of nasal meds (nasal seizure medications)/ Steps for admin
	Seizures, advanced seizure treatment
	Treatment of repetitive/prolonged seizures with Diastat <sup>®</sup>
<b>70 minutes</b>	Application of clean dressing
	Measuring intake and output
	External urinary catheter care
	Steps for emptying the urine collection bag
	Collection of urine specimens by non-invasive means
	Ostomy care
	Application of compression hose

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<b>1 hour 15 minutes</b>	Categories of inhaled medications (nebulizers)/Steps for admin
	Oxygen administration/Steps for administering oxygen
	Oral suctioning
	Percussion vest
	Cough assist insufflator-exsufflator
	CPAP/BiPAP
<b>60 minutes</b>	Diabetes
	Treatment for hypoglycemia
	Use of a glucometer
	Proper sharps disposal
<b>60 minutes</b>	Final summary/review/test