

PILOT PROGRAM FOR THE  
MEDICATION AIDE – CERTIFIED  
1-22-07

FACILITY REQUIREMENTS FOR PARTICIPATION:

At least fourteen (14) licensed facilities throughout the state with no more than a total of twenty (20) sites:

Type I & II Assisted Living (4)

Hospital Swing Beds – rural area (2)

Skilled Nursing facility – both rural and urban (6)

ICFMR (2)

Residents must be stable and receiving routine medications.

Facility must have delegation and supervision protocols in place.

Nursing personnel reductions may only occur with Board/Division approval.

Facility must utilize a unit-dose pharmacy prepared medication system.

Facility must not have any federal or state surveys reveal failure to comply with federal regulations or state rules regarding certified nursing assistants, medication aides certified, or patient care.

Facility's medication administration error rate must be less than 5% in the past two years.

Facility may not have received any survey deficiencies in staffing patterns for the past 2 years.

Facility must commit to pay the costs of the course, testing fees, and application fees.

If MACs administer medications 24/7, then an RN/LPN must be available to supervise 24/7, the supervision must be on-site for hospital swing beds and skilled nursing facilities, the supervision may be general (immediately available) for Type I & II Assisted Living facilities and ICFMR facilities.

TRAINING:

Forty hours of classroom instruction shall be offered by an educational institution that currently offers an approved nursing education program.

The educational institution shall submit a proposal evidence of adequate and appropriate faculty and resources, a plan and timeline for meeting the mandatory program requirements, and adequate funding to support the program including a well-stocked clinical skills lab.

The classroom instructor shall be an approved education program faculty member, registered nurse or APRN who is licensed in good standing and has at least two years of clinical experience and at least 1 year of long term care nursing experience in the past five years.

The curriculum and training program must be approved by the Board/Division prior to implementation.

The on-site clinical supervisor for the mandated twenty hours of clinical experience must be available at all times during the clinical training experience and meet as a minimum:

- If the supervisor is an employee of the Long-term Care Facility then he/she must be licensed as a RN or APRN in good standing with 1 year experience in long-term care nursing, at least 3 months experience in the specific training facility, and have completed the Dept. of Health's "Train the Trainer" program.
- If the supervisor is a faculty member of an approved nursing education program then he/she must be licensed as a RN or APRN in good standing with 1 year experience in long-term care nursing.
- A MAC supervisor may not delegate his/her responsibilities when providing clinical instruction/observation of a MAC completing the 20 hours of clinical practice, the supervisor may not perform any other duties but observing and assisting the MAC in training.

The faculty to student ratio is 1:1 in the clinical setting.

An Individual must test within 6 months of taking the medication administration training, and can only have 2 attempts to pass the certification examination within six months of completion, or must complete a new training program.

CONTINUING EDUCATION:

Sixteen hours of approved continuing education related to medications and/or medication administration every two years (every renewal cycle).

PILOT RESEARCH DESIGN:

Medication error reports monthly;

Staffing patterns monthly report;

Subjective participant response reports quarterly; and

Focus groups at end of first, second, and third year to gather satisfaction data from nurses, administrators, and MACs.

MAC STANDARDS & PROTOCOLS:

A nurse may refuse to delegate.

A nurse may delegate regularly scheduled, unit-dosed medications via approved routes.

MACs may only administer unit-dosed medications; MACs may not administer any medication that requires a medication calculation to determine the appropriate dose.

MACs may administer PRN medications if expressly instructed to by the nurse or the medication is an over-the-counter drug.

MACs may assist in self administration.

MACs may not administer any medication which requires nursing assessment or judgment prior to administration, evaluation, or follow-up.

MACs shall not administer meds to more than 40 residents per shift.

MACs shall not:

- destroy medications;

- receive written or verbal orders;

- transcribe orders from the medical record;

- conduct resident assessments or evaluations;

- engage in resident teaching activities;

- calculate drug doses;

- administer the first dose of a new medication or a dosage change;

- account for Controlled Substances, or witness wastage; and

- administer Controlled Substances;

A licensed nurse shall not supervise more than two MACs per shift.

MACs can only work with adult residents.

## FORMULARY:

Under supervision by a licensed nurse, MAC may administer:

1. oral medications;
2. sublingual medications;
3. buccal medications;
4. eye medications, with the exception of eye medications to new post-operative eye clients;
5. ear medications;
6. nasal medications;
7. rectal medications;
8. vaginal medications;
9. skin ointments, topical medications including patches and transdermal medications;
10. pre-measured medication delivered by aerosol/nebulizer;
11. medications delivered by metered hand-held inhalers;
12. oxygen, may turn oxygen on and off at predetermined, established flow rate; and
13. add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags.

MAC may not administer medications by the following routes:

1. central lines;
2. colostomy;
3. intramuscular;
4. subcutaneous;
5. intrathecal;
6. intravenous;
7. nasogastric;
8. nonmetered inhaler;
9. intradermal;
10. urethral;
11. epidural; and
12. endotracheal.

MAC may not administer the following kinds of medications:

1. barium and other diagnostic contrast media;
2. chemotherapeutic agents except oral maintenance chemotherapy;
3. medication pumps including client controlled analgesia;
4. nitroglycerin paste; and
5. controlled substances.