

Chapter 95, MEDICATION AIDES, is amended to read as follows:**CHAPTER 95 MEDICATION AIDES**

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9500 GENERAL PROVISIONS

- 9500.1 This chapter applies to applicants for, and holders of, a certification to practice as a medication aide (MA-C).
- 9500.2 Chapter 40 (Health Occupations: General Rules) and 41 (Health Occupations: Administrative Procedures) of this title apply to holders of a certification to practice as an MA-C.

9501 CERTIFICATION

- 9501.1 No person shall practice as an MA-C in the District of Columbia without being certified by the Board of Nursing (Board).

9502 TERM OF CERTIFICATION

- 9502.1 Subject to § 9501.1, a certification issued pursuant to this chapter shall expire at 11:59 p.m. on October 31 of each odd-numbered year.
- 9502.2 The Director of the Department of Health (DOH) may modify the renewal system pursuant to § 4006.3 of Chapter 40 of this title and may modify the date on which a certification expires.

9503 CRIMINAL BACKGROUND CHECK

- 9503.1 A person applying for certification as an MA-C shall undergo a criminal background check (CBC) prior to issuance of the certification.
- 9503.2 After issuance of an initial certification, the applicant shall undergo an additional CBC in accordance with Title 17 DCMR Chapter 85.
- 9503.3 The Board shall review the applicant's positive CBC results.

9504 GENERAL REQUIREMENTS FOR MEDICATION AIDE CERTIFICATION

- 9504.1 An applicant for certification as an MA-C shall:
- (a) Be at least eighteen (18) years of age;
 - (b) Provide evidence of having passed the National Council of Boards of Nursing (NCSBN) Medication Aide Certification Examination (MACE) and of satisfactory performance of nursing related services for a minimum of one (1) year;
 - (c) Meet the requirements of § 9503;

- (d) Submit a completed application and application fee to the Board; and
- (e) Submit any other documents that may be required by the Board.

9504.2 An application that remains incomplete for ninety (90) days or more from the date of submission may be considered abandoned and may be closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for certification, and pay the required fees.

9505 REQUIREMENTS FOR MEDICATION AIDE CERTIFICATION BY EXAMINATION

9505.1 To qualify for certification by examination an applicant shall:

- (a) Receive a passing score on the MACE; and
- (b) Meet requirements of this chapter.

9505.2 To apply for authorization to take an MA-C examination, an applicant shall provide proof of one (1) of the following:

- (a) Successful completion of a medication aide course approved by the Board;
- (b) Successful completion of a practical nursing or registered nursing fundamentals course in the United States and a minimum of forty (40) hours of practice in a clinical setting that includes administration of drugs; or
- (c) Completion of a credentials evaluation by an organization recognized by the Board, indicating equivalent education as a registered nurse or licensed practical nurse for nurses educated outside of the United States.

9505.3 To request special accommodations for an examination, an applicant shall submit in writing, the following information:

- (a) A letter from the appropriate health professional that confirms the applicant's disability and provides information describing the accommodations required; and
- (b) A letter from the applicant's education program, indicating what accommodations were granted by the program.

9505.4 If an applicant has not taken or passed the medication aide examination more than twenty-four (24) months after the date the applicant becomes eligible to apply to

take the examination, the applicant shall comply with requirements set forth in § 9505.1(a).

9506 REQUIREMENTS FOR MEDICATION AIDE CERTIFICATION BY ENDORSEMENT

9506.1 An applicant currently working in another jurisdiction as an MA-C shall apply for MA-C by endorsement in order to work in the District of Columbia as an MA-C.

9506.2 An applicant for MA-C by endorsement shall submit proof of:

- (a) Current unencumbered registration or certification as an MA-C in another jurisdiction; or
- (b) Having passed the NCSBN MACE or other medication aide examination accepted by the Board; and
- (c) Documentation from the applicant's supervising nurse or employer attesting to the trainee's satisfactory performance of nursing related services for a period of time not less than one (1) year.

9507 MEDICATION AIDE CERTIFICATION RENEWAL

9507.1 An applicant for renewal shall:

- (a) Provide evidence of completion of twelve (12) hours per year, twenty-four (24) in total, of in-service training or continuing education; provided that at least ten percent (10%) of the in-service or continuing education shall be in a public health subject as determined and published every five (5) years or as deemed appropriate by the Director;
- (b) Have completed six (6) continuing education credits in pharmacology or administration of drugs per year;
- (c) Have completed two (2) hours of continuing education in cultural competency or specialized clinical training on clients who identify as lesbian, gay, bisexual, transgender or queer, and any additional Board mandated topics;
- (d) Submit evidence of performance of drug administration related services for compensation for a minimum of eight (8) hours during the prior twelve (12) months; and
- (e) Complete a CBC as required in accordance with Title 17 DCMR Chapter 85.

9507.2 In addition to meeting the requirements specified above, MA-Cs who have another active District of Columbia certification, as a nursing assistive personnel, may apply those hours of in-service or continuing education toward their MA-C continuing education requirement.

9507.3 Applicants shall be subject to audit to assure compliance with § 9507.1.

9508 MEDICATION AIDE INACTIVE STATUS AND REACTIVATION OF CERTIFICATION

9508.1 An MA-C with an active certification may request to be placed on inactive status.

9508.2 While on inactive status, an MA-C shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as an MA-C in the District of Columbia.

9508.3 To reactivate an inactive status, an applicant shall meet the requirements of § 9507.

9509 REINSTATEMENT OF EXPIRED CERTIFICATION

9509.1 If an MA-C fails to renew his or her certification, the Board shall reinstate the certification if the applicant:

- (a) Applies to the Board for reinstatement of the certification within five (5) years after the certification expires;
- (b) Provides evidence of having completed twenty-four (24) continuing education hours within the two (2) years prior to submission of an application; and
- (c) Completes a CBC as required in accordance with Title 17 DCMR Chapter 85.

9509.2 If an MA-C does not hold a certification in another jurisdiction and fails to apply for reinstatement within five (5) years after his or her certification expires, the MA-C shall meet the requirements for certification pursuant to § 9505, Certification by Examination.

9510 [RESERVED]

9511 [RESERVED]

9512 [RESERVED]

9513 ASSIGNMENT AND DELEGATION OF NURSING CARE TASKS TO MEDICATION AIDES

- 9513.1 An RN or LPN may assign or delegate tasks to an MA-C if the task is appropriate to the level of knowledge and skill of the MA-C and is within the scope of authorized tasks of the MA-C listed in § 9515.1.
- 9513.2 MA-Cs shall not practice independently but shall work under the supervision of an RN or LPN.
- 9513.3 The delegation or assignment of a task shall comply with the standards for delegation and assignment listed in 17 DCMR § 5415 (Registered Nurse) and delegation and assignment listed in 17 DCMR § 5515 (Licensed Practical Nurse). Nursing care tasks that may be delegated or assigned shall be determined by:
- (a) The knowledge and skills of the MA-C;
 - (b) Verification of the clinical competence of the MA-C by the employing agency;
 - (c) The stability of the client's condition, including factors such as predictability, absence of risk of complication, and rate of change; and
 - (d) The variables in each health care setting which include, but are not limited to:
 - (1) The accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing tasks being delegated to the MA-C;
 - (2) The complexity and frequency of care needed by a given client population; and
 - (3) The accessibility of a registered nurse (RN) or licensed practical nurse (LPN).
- 9513.4 The MA-C shall not perform a task involving the administration of drugs if:
- (a) The administration of drugs requires a calculation of the dosage of the drug or the conversion of the dosage;
 - (b) The supervising nurse is unavailable either in person or by telephone to monitor the progress of the client and the effect of the drug on the client;
 - (c) The client is not stable or has changing health care needs; or

- (d) The MA-C has not been prepared by training to perform the delegated or assigned task. Upon such delegation or assignment, the MA-C shall immediately inform the supervising nurse of his or her inability by training to perform the delegated task.

9514 [RESERVED]

9515 MEDICATION AIDE TASKS

9515.1 The MA-C may perform the following under the supervision of an RN or LPN:

- (a) Providing effective communication and interpersonal skills;
- (b) Administering epinephrine via an auto injector to treat severe allergic reactions to insect stings, bites and foods;
- (c) Performing finger stick blood glucose test with a physician's, nurse practitioner's or physician assistant's order which shall indicate:
 - (1) The frequency for finger sticks;
 - (2) The normal blood sugar range;
 - (3) The range outside of the indicated range and when to notify the nurse for readings; and
 - (4) The parameters for when to contact emergency services;
- (d) Reporting of symptoms or side effects;
- (e) Administering insulin or any other subcutaneous injection as specified by the Board, via a prefilled syringe;
- (f) Administering oral drugs;
- (g) Administering drugs via eye, ear, or nose;
- (h) Administering drugs via suppository;
- (i) Administering topical drugs and medicated shampoos;
- (j) Reporting symptoms or side effects; and
- (k) Documenting drug administration or omissions, on medication administration record.

9515.2 In addition to the tasks listed in this section, MA-Cs when working in the role of a certified nursing assistant shall comply with 17 DCMR § 9615 and when working in the role of a home health aide, shall comply with 17 DCMR § 9315.

9516 REPORTING REQUIREMENTS

9516.1 Based on agency or facility policies, the MA-C shall document which drugs have been administered and shall document whether drugs have been taken by the patient as ordered.

9516.2 The MA-C shall:

- (a) Report the following to the supervising nurse:
 - (1) Signs or symptoms that appear life threatening;
 - (2) Events that appear health threatening; and
 - (3) Drugs that produced no results or undesirable effects as reported by the patient;
- (b) Notify a nurse prior to each administration of prescribed PRN (as needed) drugs;
- (c) Be personally responsible and accountable for all actions taken when implementing delegated tasks;
- (d) Comply with laws, policies and procedures applicable to the setting in which the MA-C is administering drugs; and
- (e) Be employed only in situations where a registered nurse or licensed practical nurse supervisor is available.

9517 DISCIPLINE

9517.1 The Board may revoke, suspend, or deny registration of any MA-C who is convicted of any crime involving moral turpitude pursuant to D.C. Official Code § 3-1205.14(a)(4) (2016 Repl. and 2018 Supp.).

9517.2 In addition to any other disciplinary action it may take, the Board may impose a civil penalty of not more than five thousand dollars (\$5,000) per violation as provided by D.C. Official Code § 3-1205.14(c)(5), or file a letter of concern if the Board believes there is insufficient evidence to support direct action against the MA-C.

- 9517.3 Grounds for denial, suspension, revocation or other discipline of an MA-C include the inability to function with reasonable skill and safety for the following reasons and for any additional acts as specified in D.C. Official Code § 3-1205.14:
- (a) Substance abuse or other chemical dependency;
 - (b) Client abandonment;
 - (c) Fraud or deceit, which may include but is not limited to:
 - (1) Filing false credentials;
 - (2) Falsely representing facts on an application for initial certification, reinstatement or renewal; or
 - (3) Giving or receiving assistance in taking the competency evaluation;
 - (d) Client neglect, abuse or misappropriation of funds;
 - (e) Boundary violations;
 - (f) Unsafe client care;
 - (g) Performing acts beyond the MA-C range of functions or beyond those tasks delegated;
 - (h) Misappropriating or misusing property;
 - (i) A criminal conviction;
 - (j) Failing to conform to acceptable standards of practice as an MA-C;
 - (k) Putting clients at risk of harm; or
 - (l) Violating the privacy or failing to maintain the confidentiality of client information.
- 9517.4 The Board shall maintain and make available all records of disciplinary actions.
- 9517.5 An MA-C who is unable to perform his or her duties due to drug or alcohol dependency or mental illness may utilize the services offered under the Nurse's Rehabilitation Program pursuant to D.C. Official Code §§ 3-1251.01, *et seq.* (2016 Repl.)

9517.6 The Board may refer for criminal prosecution any violation of the Health Occupations Revision Act, D.C. Official Code §§ 3-1201.01, *et seq.* (2016 Repl.) that it deems appropriate.

9518 [RESERVED]

9519 [RESERVED]

9520 STANDARDS FOR MEDICATION AIDE TRAINING PROGRAMS

9520.1 No institution shall provide MA-C training in the District of Columbia unless its training program has been approved by the Board.

9520.2 The following types of institutions may apply for approval to provide MA-C training:

- (a) Private, degree-granting educational institutions operating or incorporated in the District of Columbia which are licensed by the Higher Education Licensure Commission (HELC) pursuant to the Educational Institution Licensure Act of 1976, effective April 6, 1977 (D.C. Law 1-104; D.C. Official Code §§ 38-1301, *et seq.* (2012 Repl.));
- (b) Private, non-degree post-secondary schools operating in the District of Columbia which are licensed by the Education Licensure Commission; and
- (c) District of Columbia public universities or colleges; and
- (d) Health care facilities licensed and operating in the District of Columbia, that have received no adverse actions during the preceding two (2) years.

9520.3 The Board shall consider any one of the following as an adverse action which would preclude a facility from providing MA-C training:

- (a) A facility's participation in the Medicaid or Medicare Program is terminated, restricted or revoked;
- (b) A facility, other than a new facility, has received a provisional or restricted license; or
- (c) A facility is given a provider agreement of less than one (1) year.

9521 SUPERVISED PRACTICE OF MEDICATION AIDE TRAINEES

9521.1 A medication aide trainee may practice only in accordance with the Act and this chapter.

- 9521.2 A trainee who is fulfilling educational requirements under this chapter may engage in supervised practice without a District of Columbia certification.
- 9521.3 All supervised practice of a trainee shall take place under the general or immediate supervision of a registered nurse or licensed practical nurse.
- 9521.4 A trainee shall identify himself or herself as a trainee before practicing.
- 9521.5 A trainee shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 9521.6 The nurse supervising the trainee shall be responsible for practice by a trainee during the period of supervision and may be subject to disciplinary action for trainee violations of the District of Columbia Health Occupations Revision Act of 1985, effective March 15, 1986 ("Act") (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01, *et seq.* (2016 Repl.)), or this chapter.
- 9521.7 The Board may deny an application for certification by, or take other disciplinary action against, a trainee who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the trainee.
- 9522 [RESERVED]**
- 9523 MEDICATION AIDE PROGRAM APPROVAL PROCEDURES FOR HEALTHCARE FACILITIES**
- 9523.1 Each facility applying for approval to provide MA-C training shall submit an application for approval which contains the following information:
- (a) A certificate of exemption or approval from the Higher Education Licensure Commission (HELC);
 - (b) A certificate of exemption or approval by the HELC, if coursework is offered to persons not employed by the facility;
 - (c) A list of qualified instructors with resumes attached; and
 - (d) A description of the trainee population and the tentative training schedule.
- 9523.2 A training program shall not admit trainees to the program before the program has been approved by the Board.
- 9523.3 The Board shall withdraw approval of training if the facility loses its licensure status.

9524 MEDICATION AIDE PROGRAM APPROVAL PROCEDURES FOR SCHOOLS

9524.1 Each institution applying for approval to provide MA-C training shall do the following:

- (a) At least one hundred eighty (180) days in advance of the scheduled starting date, submit an application for approval to the Board which contains the following information:
 - (1) A statement of purpose;
 - (2) A statement of need for the training program in the District of Columbia;
 - (3) A description of the proposed program's potential effect on existing medication aide training programs in the area;
 - (4) The organizational structure of the institution showing the relationship of the proposed training program within the organization;
 - (5) Evidence of financial resources, adequate planning, implementation, and continuation of the program;
 - (6) Licensure status of the proposed training facility;
 - (7) The qualifications of proposed instructors;
 - (8) The number of fulltime equivalent budgeted instructor positions;
 - (9) Evidence of the availability of adequate clinical facilities;
 - (10) A description of the anticipated trainee population, including admission and graduation criteria, a copy of the admissions examination, and health requirements;
 - (11) A tentative time schedule for planning and initiating the program; and
 - (12) A fee schedule;
- (b) Submit the one thousand dollar (\$1000) application fee.

- 9524.2 Schools currently non-compliant with the Board's regulatory requirements for existent programs are not eligible to submit an application to establish an additional program.
- 9524.3 After reviewing the application, based on the applicant's compliance with § 9527, a decision shall be made by the Board to:
- (a) Approve the application;
 - (b) Defer approval if additional information is needed; or
 - (c) Deny approval of the application.
- 9524.4 If an application approval has been granted, a site visit may be conducted.
- 9524.5 After reviewing the site visit report and applicant's compliance with § 9532, the Board shall vote to approve, deny, or defer program approval for resource, facility, or service concerns.
- 9524.6 The nurse coordinator for each facility or institution approved to provide training shall attend a Board sponsored orientation.
- 9524.7 A training program shall not admit trainees to the program before the program has been approved by the Board.
- 9524.8 If the application is denied, the applicant shall not resubmit an application until one (1) year has passed from the last submission.

9525 PERIODIC REVIEW OF APPROVED PROGRAMS

- 9525.1 Programs approved by the Board to train MA-Cs shall submit to the Board an annual report and the five hundred dollar (\$500) fee in accordance with procedures established by the Board.
- 9525.2 The Board shall annually re-evaluate the medication aide training programs.
- 9525.3 The Board may make unannounced visits to review and assess each nursing medication aide training program to ensure that the program is in compliance with the training requirements in §§ 9527, 9528, 9531 and 9532.
- 9525.4 The Board shall assess each training program on the basis of visits to the facility, the progress of the training program, and any other information deemed appropriate by the Board.
- 9525.5 Three (3) levels of training for non-compliance include:

- (a) Level 1 non-compliance:
 - (1) Up to five percent (5%) of student records reviewed during site visits are out of compliance with § 9531;
 - (2) Program is in compliance with Sections §§ 9527, 9528, and 9532; or
 - (3) Annual certification pass rates are below seventy-five percent (75%) but no lower than seventy percent (70%);
- (b) Level 2 non-compliance:
 - (1) Between six percent (6%) and twenty percent (20%) of student records reviewed during site visits are out of compliance with § 9531;
 - (2) Program is non-compliant with only one of the sections: §§ 9527, 9528, or 9532; or
 - (3) Annual certification pass rates are below seventy percent (70%) but no lower than sixty-five percent (65%);
- (c) Level 3 non-compliance:
 - (1) Twenty-one percent or more of student records reviewed during site visits are out of compliance with § 9531;
 - (2) Program is non-compliant with more than one of the sections: §§ 9527, 9528, or 9532; or
 - (3) Annual certification pass rates are below sixty-five percent (65%).

9525.6 The Board will issue the sanctions to programs for non-compliance violations listed below including, but not limited to:

- (a) Level 1 non-compliance:
 - (1) Conditional Approval;
 - (2) Corrective action plan is due within thirty (30) days of receipt of the status letter; and
 - (3) Site visit to review and assess implementation of the corrective actions within six (6) months.

- (b) Level 2 non-compliance:
 - (1) Conditional Approval;
 - (2) Restricted Admissions;
 - (3) Board will recommend actions to correct deficiencies; and
 - (4) Corrective action plan is due within thirty (30) days of receipt of the status letter;
 - (5) Site visit to review and assess implementation of the corrective actions within six (6) months;
 - (6) Pass rates reviewed in six (6) months; and
 - (7) Fine of up to two thousand dollars (\$2000) if not in full compliance by the next annual review.

- (c) Level 3 non-compliance:
 - (1) Warning Status;
 - (2) Restricted Admissions;
 - (3) Hire consultant to assist in developing and implementing actions to correct deficiencies;
 - (4) Consultant's report is due to the Board within sixty (60) days;
 - (5) Site visit to review and assess implementation of corrective actions within six (6) months;
 - (6) Pass rates reviewed in six (6) months; and
 - (7) Fine of up to three thousand dollars (\$3000) if not in full compliance by the next annual review.

9525.7 The Board shall withdraw approval of a training program in non-compliance if:

- (a) It determines that the program has failed to implement the approved corrective action plan;
- (b) The program has failed to correct deficiencies within time period specified by the Board; or

(c) The education institution loses its licensure.

9525.8 The Board shall investigate all credible and timely complaints made against a program and may conduct hearings in connection with such complaints.

9525.9 Any Board action for suspension or withdrawal of a training program's approval shall take place only upon notice to the program and the opportunity for a hearing in accordance with D.C. Official Code § 3-1205.14 (2016 Repl.).

9526 [RESERVED]

9527 MEDICATION AIDE TRAINING PROGRAM REQUIREMENTS

9527.1 Training programs shall use Board approved MA-C model curriculum, that consists of classroom, skills laboratory, and supervised practice hours and may be amended from time to time.

9527.2 All MA-C training programs shall have adequate faculty and clinical facilities to provide supervised clinical experience with early, realistic exposure to job requirements. The clinical experience shall include the full range of skills needed in the workplace.

9527.3 The program must maintain seventy-five percent (75%) pass rate on the District of Columbia's competency evaluation each year.

9527.4 Each training program shall have a sufficient number of qualified instructors to meet the purposes and objectives of the program.

9527.5 The training program shall be coordinated by a registered nurse, who:

(a) Has a current, unencumbered District of Columbia license pursuant to D.C. Official Code § 3-1205.14 (2016 Repl.); and

(b) Has at least two (2) years of full-time or full-time equivalent experience as a registered nurse with clinical experience.

9527.6 The MA-C program coordinator shall be a qualified registered nurse with institutional authority and administrative responsibility for the program.

9527.7 The program coordinator's responsibilities shall include, but are not limited to:

(a) Ensuring that the curriculum is coordinated and implemented in accordance with the chapter;

(b) Establishing the responsibilities of the instructors;

- (c) Ensuring that each instructor meets the qualifications as specified in this chapter;
- (d) Ensuring that each student is properly supervised during the student's clinical experience; and
- (e) Reporting annually and respond upon request to the Board.

9527.8 Each instructor shall have the following minimum qualifications:

- (a) Be currently licensed or registered in good standing, in the jurisdiction in which he or she is providing the preceptorship;
- (b) Have completed a course in teaching adults or have experience in teaching adults and supervising aides; and
- (c) Have a minimum of two (2) years of experience, as a registered nurse or licensed practical nurse, providing direct patient care during the five (5) years immediately preceding the date of the written agreement.

9527.9 The ratio of instructors to trainees in clinical areas involving direct care and medication administration to clients shall be based upon client acuity level, skill level of the trainee, and the clinical setting.

9527.10 Each training program shall have a record or attestation that trainees received information in writing on the policies governing admission, retention, dismissal, and the course requirements of the training program.

9528 MINIMUM QUALIFICATIONS FOR MEDICATION AIDE TRAINEES

9528.1 Each trainee shall receive a high school diploma or its equivalent, including for example, but not limited to, the General Education Diploma or National External Diploma Program.

9528.2 Each person applying for medication aide training shall provide evidence of:

- (a) Certification as HHA after passing the District of Columbia HHA examination; or
- (b) Certification as a nursing assistant after passing the National Nurse Aide Assessment Program exam or other CNA exam acceptable to the Board.

9528.3 Each trainee shall provide documentation from the trainee's supervising nurse or employer attesting to the trainee's satisfactory performance of nursing related services for a period of time not less than one (1) year.

9528.4 Each trainee shall provide evidence of vaccination or immunity to communicable diseases prior to admission.

9528.5 Each trainee shall attest in writing to receiving information on:

- (a) The policies governing admission, retention, dismissal, and the course requirements of the training program; and
- (b) Certification requirements including CBC and examination requirements.

9529 [RESERVED]

9530 CLOSING OF TRAINING PROGRAMS

9530.1 Each MA-C program that voluntarily discontinues shall:

- (a) Notify the Board, in writing, as early as possible of the intended discontinuance, stating the reason(s) and planned date of the intended closing;
- (b) Continue the training program until the committed class scheduled for currently enrolled trainees is completed; and
- (c) Notify the Board of the final closing date at least thirty (30) days before the final closing.

9530.2 Before the Board may withdraw approval of a program the Board shall:

- (a) Issue a notice of intended action to the program notifying the program that:
 - (1) The Board intends to withdraw approval of the program and the reasons for the action;
 - (2) The institution has a right to a hearing; and
- (b) Send notice to the HELC of the Board's intention to withdraw program approval.

9530.3 If the Board denies or withdraws approval of a training program, the institution shall:

- (a) Close the program on the date provided by the Board; and
- (b) Comply with the requirements of all applicable rules and notify the Board that the requirements have been fulfilled.

9531 RECORDS RETENTION

- 9531.1 Each MA-C training program shall maintain an accurate and appropriate system of record keeping.
- 9531.2 Each training program shall ensure that administrative and personnel records are protected against loss, destruction, and unauthorized review.
- 9531.3 The training program shall maintain a record for each trainee which shall include the following:
- (a) A completed and signed application;
 - (b) Results of entrance assessment;
 - (c) The trainee's record of academic performance;
 - (d) Evidence of vaccinations or immunity to communicable diseases;
 - (e) A board issued clinical evaluation form completed and signed by clinical instructor;
 - (f) A signed statement for receipt of the training program's policies and certification requirements regarding examination and criminal background check; and
 - (g) Additional documents per the training program's policies.
- 9531.4 Each instructor's personnel records shall be maintained by the training program facility and shall include application data, qualifications, and a position description, and shall be available for review by the Board.
- 9531.5 All records shall be maintained by the training program for a minimum of seven (7) years.

9532 RESOURCES, FACILITIES, AND SERVICES

- 9532.1 Each MA-C training program shall maintain resources, facilities, and services which are adequate to accommodate the training program. The resources, facilities, and services shall include, but are not limited to:
- (a) Adequate temperature controls in each training facility;
 - (b) Clean and safe conditions of the facility's premises;

- (c) Adequate space for private faculty-student conferencing;
- (d) Adequate lighting in each facility; and
- (e) Sufficient and adequate equipment for the program's needs, including audio-visual equipment and equipment needed for simulating client care.

9532.2 Each classroom, conference room, skills laboratory, and office shall be adequate to meet the needs of the training program.

9532.3 Each cooperative agreement between a training program and a healthcare facility shall be in writing. The training program shall maintain a copy of the agreement in its records.

9599 DEFINITIONS

9599.1 As used in this chapter, the following terms shall have the meanings ascribed:

Abuse - the infliction of physical or mental harm, injury, or death, or financial exploitation of a client.

Administer - the direct application of drugs to the human body whether by ingestion, inhalation, insertion, sublingual, or topical means; or the application of drugs by an epinephrine autoinjector device for emergency purposes only.

Applicant - a person applying for certification as a medication aide employee under this chapter.

Board - the Board of Nursing as established by Section 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202.04 (2016 Repl.)).

Clinical - faculty planned and guided learning activities designed to assist preceptors in meeting course objectives and to apply nursing knowledge and skills in the direct care of clients, including clinical conferences and planned learning activities in acute care facilities, and other community resources. Clinical shall not include skills lab activities.

Conditional approval - the approval status that is granted for a time period specified by the Board to an MA-C training program to correct deficiencies when the training program has failed to meet or maintain the requirements and standards of this chapter.

Continuing education - systematic learning experiences designed to augment the knowledge, skills, and attitudes of the medication aide.

Criminal background check – an investigation into a person’s history by the appropriate state and federal authorities or approved vendor to determine whether the person has been convicted of a crime in the District of Columbia or in any other state or territory of the United States.

Delegation - the transference from the RN or LPN to another individual within the scope of his or her practice, the authority to act on behalf of the RN or LPN in the performance of a nursing intervention, while the RN or LPN retains accountability and responsibility for the delegated act.

Director - the Director of the Department of Health, or his or her designee.

Drug –

- (a) Any substance recognized as a drug, medicine, or medicinal chemical in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, or official Veterinary Medicine Compendium or other official drug compendium or any supplement to any of them;
- (b) Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal;
- (c) Any chemical substance (other than food) intended to affect the structure or any function of the body of man or other animal; and
- (d) Any substance intended for use as a component of any items specified in subparagraph (a), (b), or (c) of this paragraph, but does not include medical devices or their components, parts, or accessories.

Endorsement - the process of issuing a certification to an applicant who is registered by a state Board and recognized by the Board as a qualified professional according to standards that were the substantial equivalent at the time of the certification to the standards for that profession set forth in this chapter and who has continually remained in good standing with the Board from the date of certification until the date of certification in the District.

Fingerstick - sticking of the finger to get a blood sample to use in a glucometer to measure the amount of glucose in blood.

Health care facility – a facility and agency that provide long-term care such as an assisted living residence, group homes for persons with physical and intellectual disabilities, and skilled home care agencies.

Higher Education Licensure Commission – a Mayoral appointed regulatory, consumer protection authority responsible for public protection with regard to legitimate quality education in the District of Columbia.

In-service - activities provided by the employer intended to assist the medication aide in acquiring, maintaining, or increasing competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

Immediate supervision - supervision in which the supervisor is on the premises and within vocal communication, either directly or by communication device.

Medication aide certified – an individual who has successfully completed training and a certification examination to administer drugs and has been certified by the Board.

Misappropriation – the application of another’s property or money dishonestly to one’s own use.

Neglect - any act or omission by an MA-C which causes or is likely to cause or contribute to, or which caused or is likely to have caused or contributed to the injury, death, or financial exploitation of a patient.

Nursing assistive personnel - an individual who has received appropriate training or instruction to function in a complementary or assistant role to a RN or LPN, in providing direct patient care or in carrying out delegated nursing tasks.

Pass rate - the percentage of candidates who receive a passing score on the competency evaluation out of the total number of examinations administered for the review period.

Program - the planned series of instruction, didactic and clinical, designed so that the student will acquire the requisite knowledge and skills.

Reinstatement - reissuance of an expired medication aide certification.

Skills laboratory – faculty guided activities planned for students in a school/campus laboratory that simulates the activities provided by the CNA. The activities include demonstrations and return demonstrations using equipment and supplies that are used for the purpose of attaining required psychomotor skills.