



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



DISTRICT OF COLUMBIA BOARD OF NURSING
WEDNESDAY, MAY 6, 2015

"The mission of the Board of Nursing is to safeguard the public's health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

BOARD OF NURSING MEMBERS	MEMBERS PRESENT
Chair: Cathy Borris-Hale, RN	E
Vice Chair: Sukhjot "Simmy" Randhawa, RN	P
Toni Eason, RN	P
Margaret Green, LPN	P
Mary Ivey, Consumer	P
Vera Mayer, Consumer	P
Missy Moore, LPN	P
Chioma Nwachukwu, RN	E
Mamie Preston, RN	E
Winslow Woodland, RN	P

STAFF PRESENT	STAFF PRESENT
Executive Director	Deputy Director
Karen Scipio-Skinner	
Attorney	Investigator
Van Brathwaite	Mark Donatelli
Nurse Consultants	
Bonita Jenkins	Board of Nursing Support Staff
Felicia Stokes	Angela Braxton
Concheeta Wright	Diane Moorer

BOARD OF NURSING MEETING

CALL TO ORDER: By Simmy Randhawa, Vice-Chairperson at 8:59 am

ISSUE: March 4, 2015 minutes (Available at meeting)

MOTION: Approved

VOTE: Unanimous

Executive Session:

Executive Session (non-public) to Discuss Ongoing, Confidential Preliminary Investigations pursuant to D.C. Official Code § 2-575(b)(14), to deliberate on a decision in which the Board will exercise quasi-judicial functions pursuant to D.C. Official Code § 2-575(b)(13).

DISTRICT OF COLUMBIA BOARD OF NURSING OPEN SESSION MINUTES

CALL TO ORDER: Simmy Randhawa, Vice-Chairperson at 9:32 a.m.

ANNOUNCEMENTS

NCSBN Special House of Delegate

ISSUE: Feedback from meeting. RN/LPN/APRN Compact approved

NCSBN Expert Panel Delegation Guidelines

ISSUE: Feedback from meeting

Ingleside HHA and CNA training program

MOTION: Approval program

VOTE: Unanimous

Board of Nursing Nurse's Leadership Symposium

ISSUE: Directors of Nursing from all setting to be invited. The focus will be Just Culture and how to incorporate in all settings. Date: June 25, 2015, Time: 8:00 a.m. to 12:30 p.m.

HORA REVISIONS

ISSUE: Human Immunodeficiency Virus ("HIV") and the Auto Immune Deficiency Syndrome ("AIDS") Continuing education requirement


(4) **(A)** Except as provided in subsection (b-1) of this section, require that any continuing education requirements for the following practices include 3 credits of instruction on the Human Immunodeficiency Virus ("HIV") and the Auto Immune Deficiency Syndrome ("AIDS") in accordance with subparagraph (B) of this paragraph:


- (i)** The practice of medicine;
- (ii)** The practice of registered nursing;
- (iii)** The practice of practical nursing;
- (iv)** The practice by nursing assistive personnel; and
- (v)** The practice of physician assistants.

(B) The instruction required by subparagraph (A) of this paragraph shall, at a minimum, provide information on one or more of the following topics:

- (i)** The impact of HIV/AIDS on populations of differing ages, particularly the senior population;
- (ii)** The impact of HIV/AIDS on populations of different racial and ethnic backgrounds;
- (iii)** The general risk to all individuals in the District of HIV infection;
- (iv)** How to inform all patients about HIV/AIDS, discuss HIV/AIDS with all patients, and appropriately monitor all patients for potential exposure to HIV and AIDS; or
- (v)** The use, benefits, and risks associated with pre- and post-exposure prophylaxis treatment.

ISSUE: LGBTQ Cultural Competency Continuing Education
Legislation has been introduced to require two (2) credits of instruction on LGBTQ Cultural Competency Continuing Education

1 
2 Councilmember Yvette Alexander
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4
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Councilmember David Grosso

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9 A BILL
10

11
12 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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14

15
16 To amend the District of Columbia Health Occupations Revision Act of 1985 to require
17 continuing education for licensed health professionals on the subject of cultural
18 competence and appropriate clinical treatment for individuals who are lesbian, gay,
19 bisexual, transgender, gender nonconforming, queer, or questioning their sexual
20 orientation or gender identity and expression.
21

22 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
23 act may be cited as the "LGBTQ Cultural Competency Continuing Education Amendment Act of
24 2015".
25

26 Sec. 2. Section 510(b) of the District of Columbia Health Occupations Revision Act of
27 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10(b)) is amended
28 by adding a new paragraph 5 to read as follows:

29 "(5)(A) Require that continuing education requirements for any license,
30 registration, or certification under this section include 2 credits of instruction on cultural
31 competency or specialized clinical training focusing on patients who identify as lesbian, gay,
32 bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or
33 gender identity and expression ("LGBTQ").

34 “(B) The instruction required by subparagraph (A) shall teach attitudes,
35 knowledge, and skills that enable a health care professional to care effectively for patients who
36 identify as LGBTQ, which may include:

37 “(i) Specialized clinical training relevant to patients who identify
38 as LGBTQ, including using cultural information and terminology to establish clinical
39 relationships;

40 “(ii) Understanding and applying relevant data concerning health
41 disparities and risk factors for patients seeking clinical care who identify as LGBTQ;

42 “(iii) Legal requirements pertaining to patients who identify as
43 LGBTQ;

44 “(iv) Best practices for collection, storage, use, and confidentiality
45 of information regarding sexual orientation and gender identity;

46 “(v) Best practices for training support staff regarding treatment of
47 patients who identify as LGBTQ and their families; and

48 “(vi) Understanding the intersections between systems of
49 oppression and discrimination, recognizing that those who identify as LGBTQ may experience
50 these systems in varying degrees of intensity and, addressing underlying cultural biases, and
51 providing nondiscriminatory care;

52 “(C) The Mayor may waive by rule the requirement in subparagraph (A) for a
53 profession licensed, registered, or certified under this section if members of that profession have
54 limited or no engagement with patients in a clinical setting; or for an individual who can prove to
55 the satisfaction of the relevant board that he or she did not engage with patients in a clinical
56 setting in the District during the previous licensing cycle.

57 “(D) The Mayor may collaborate with or award grant funding to a public or
58 private entity with expertise in cultural competency, health disparities, or specialized clinical
59 practices to develop a list of or offer approved continuing education opportunities related to
60 cultural competency or specialized clinical practices. The Mayor may accept gifts, grants, or
61 contributions from any public or private source to carry out this subchapter.”.

62 Sec. 3. Fiscal impact statement.

63 The Council adopts the fiscal impact statement in the committee report as the fiscal
64 Impact statement required by section 602(c)(3) of the District of Columbia Home Rule
65 Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

66 Sec. 4. Effective date.

67 This act shall take effect following approval by the Mayor (or in the event of veto by the
68 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
69 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
70 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
71 Columbia Register.

COMMENTS FROM THE PUBLIC:

NONE

Delmarva Foundation: Carolyn E. Jackson RN MA CIC, Project Manager II
AQIN - DC

ISSUE: Introduction of the work the QIO is doing within the District of Columbia.

Medication Aide-Certified Regulation

ISSUE: Department of Disability Services and Department of Behavioral Health invited to discuss proposed revisions and comments.

Representing Department of Behavioral Health: Laurie Gilbert, Sheila Kelly

Representing Department of Disability Services: Marisa Brown, Omonigho Ufomata

Discussion: Impact of MAC regulations on DBH and DDS constituents

**Department of Disability Services & Department of Behavioral Health
Comments & Proposed Revisions**

CHAPTER 95 MEDICATION AIDES-CERTIFIED

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9504	APPLICATION FOR CERTIFICATION
9505	EXAMINATION ELIGIBILITY
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9507	RENEWAL OF CERTIFICATION
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9531	RECORDS RETENTION
9532	RESOURCES, FACILITIES, AND SERVICES
9599	DEFINITIONS

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 shall supplement this chapter.

9501 CERTIFICATION

9501.1 No person shall practice as a medication aide in the District of Columbia without first being certified by the Board of Nursing (Board).

DDS: Given the impact of the DOL Companionship Rule, DDS recommends exempting HCBS ID/DD Waiver Host Home Principal Care Provider as well as any caregivers operating under a Participant Directed Services waiver program.

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 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 a medication aide 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 check every four (4) years or as determined by the Department of health.

9503.3 The applicant shall pay a fee for the CBC.

9503.4 The Board shall review the results of a CBC of a person if, within the seven (7) years preceding the CBC, the person has been arrested or convicted in the District of Columbia, or in any state or territory of the United States where the person has worked or resided, of any of the following offenses or their equivalent:

- (a) Murder, attempted murder, or manslaughter;
- (b) Arson;
- (c) Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm;
- (d) Burglary;
- (e) Robbery;

- (f) Kidnapping;
- (g) Theft, fraud, forgery, extortion or blackmail;
- (h) Illegal use or possession of a firearm;
- (i) Trespass or injury to property;
- (j) Rape, sexual assault, sexual battery, or sexual abuse;
- (k) Child abuse or cruelty to children;
- (l) Adult abuse, neglect or exploitation; or
- (m) Unlawful distribution or possession with intent to distribute a controlled substance.

9504 APPLICATION FOR CERTIFICATION

9504.1 Persons applying for certification as a medication aide 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 Exam (MACE) and of satisfactory performance of nursing related services ; **[DDS recommended amendment]** ~~having worked as a Direct Support Professional~~ for a minimum of one 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 shall be considered abandoned and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.

9505 EXAMINATION ELIGIBILITY

9505.1 To apply for authorization to take a medication aide examination, an applicant shall provide proof of one (1) of the following:

- (a) Successful completion within the past ~~year~~ of a medication aide course approved by the Board; or
- (b) Completion of a practical nursing or registered nursing fundamentals course in the United States and a minimum of forty (40) hours of clinical that include administration of drugs; or

- (c) A Commission on Graduates of Foreign Nursing Schools (CGFNS) evaluation, indicating equivalent education as a registered nurse (RN) or licensed practical nurse (LPN) outside the United States.

9505.2 To request special accommodations for an examination, an applicant shall submit in writing, the following information:

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

9505.3 If an applicant has not taken or passed a medication aide examination for more than one (1) year after the date the applicant becomes eligible to apply to take the examination, the applicant shall provide evidence of completion of a new training program.

9506 CERTIFIED MEDICATION AIDE ENDORSEMENT

9506.1 An applicant for medication aide endorsement shall submit proof of:

- (a) Passing the National Council of Boards of Nursing (NCSBN) Medication Aide Certification Exam (MACE) or other medication aide examination approved by the Board; and
- (b) Meeting the requirements of § 9504.

9507 RENEWAL OF CERTIFICATION

9507.1 **An applicant for renewal shall:**

- (a) Provide evidence of completion of twenty four (24) hours, of in-service training or continuing education. Six (6) of the twenty four (24) in-service or continuing education hours in pharmacology or administration of drugs;
- (c) Complete a minimum of three (3) hours of in-service or continuing education in HIV/AIDS or any Board mandated topics;
- (d) Submit evidence of eight (8) hours performance of drug administration related services for compensation during the prior twenty four (24) months; and
- (e) Complete a CBC as required.

9507.2 Medication aides who have another active District of Columbia certification as nursing assistive personnel (NAP) may apply ~~in-service or~~ continuing education hours to renewal requirements

9507.3 Applicants will be subject to audit to assure compliance with the above requirements.

9508 INACTIVE STATUS; REACTIVATION OF CERTIFICATION

9508.1 A medication aide with an active certification may request to be placed on inactive status.

9508.2 While on inactive status, the individual 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.

DBH: How can someone meet 9507.1(d) requirements if inactive?

BON: The applicant will be inactive in DC but the expectation is that the applicant be active in another jurisdiction and therefore able to meet the current practice requirement.

9509 REINSTATEMENT OF EXPIRED CERTIFICATION

DBH: Seems like it's easier to be re-instated after expiration of certification, than if you are inactive. Is this intended?

BON: (Review sections)

9509.1 If a medication aide 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; and
- (a) Provides evidence of having completed twenty four (24) continuing education hours within the two (2) years prior to submission of an application;

9509.2 If a medication aide 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 applicant shall meet the requirements for certification pursuant to § 9505.

9510 RESERVED

9511 RESERVED

9512 RESERVED

9513 ASSIGNMENT AND DELEGATION OF NURSING CARE TASKS TO MEDICATION AIDES

9513.1 A licensed nurse may delegate a task to a MA-C if the task is appropriate to the level of knowledge and skill of the medication aide and is within the scope of authorized tasks of a medication aide.

9513.2 MA-Cs shall not practice independently but shall work under the supervision of a licensed nurse.

9513.3 The supervising nurse is required to document supervision of the MA-C at least once a month. Documentation of supervision shall be available for review by the Board or its agent upon request. RECOMMEND DELETING. NOT A QUALIFICATION FOR CERTIFICATION

9513.4 The delegation or assignment shall comply with the standards for delegation listed in 17 DCMR § 5415 (registered nurse) 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 medication aide;
- (b) Verification of the clinical competence of the medication aide 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 medication aide;
 - (2) The complexity and frequency of care needed by a given client population; and
 - (3) The accessibility of a licensed nurse.

9513.5 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;

DBH: So does the supervisory nurse have to be available at least by phone for all medication administration? Rules just say "supervision"? Does this mean have to meet definition of "general supervision" for all medication administration tasks or interventions?

BON: The supervisory nurse must be available by phone or other electronic device. The level of supervision is to be determined by the supervising nurse based upon the needs of the patient.

- (c) The client is not stable or has changing health care needs; or

DBH: What if medication is needed to stabilize?

BON: If the patient is not stable the medication may need to be administered by a licensed nurse.

- (d) The medication aide has not been prepared by training to perform the delegated or assigned task. Upon such delegation or assignment, the medication aide 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 medication aide may perform the following tasks; **[DDS recommended amendment] but medication aide certification is not required to perform these tasks, absence the administration of medication:**

DDS: recommends either eliminating this section or including that language to clarify that medication aide certification is not required to conduct any of these tasks.

BON: They "may" perform these tasks. They are not required to perform these tasks.

- (a) Performing personal care including bathing, grooming, and assistance with toileting or bedpan use;
- (b) Assisting the client with transfer, ambulation, and exercise as prescribed;
- (c) Observing, recording, and reporting the client's physical condition, behavior, or appearance;
- (d) Assisting with eating;
- (e) Measuring and recording height and weight;
- (f) Implementing universal precautions to assure infection control;
- (g) Performing tasks related to keeping the client's living area in a condition that promotes the client's health, comfort, ~~and~~ **[DDS recommended amendment] independence;**
- (h) Assisting the client with activities that are directly supportive of skilled therapy services; and
- (i) Communicating with clients who have cognitive impairment, sensory deficits or impairments, communication limitations, agitation or combativeness.

9515.2 In addition to the tasks in § 9515.1, under the supervision of a licensed nurse, the medication aide may perform the following:

- (a) Administering drugs in emergency or life-threatening circumstances;
- (b) 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 to notify the nurse for readings outside of the indicated range; and

Deleted: and

(4) The parameters for when to contact emergency services.

(c) Reporting of symptoms or side effects;

DDS: Consider moving this to section, above, since a worker need not be a MA-C in order to report on symptoms or side-effects. Also, consider changing this to: "Reporting of symptoms, side effects, health or behavioral events, or change in status that is not typical for the person."

(d) Administering insulin or any other subcutaneous injection as specified by the Board, via a prefilled syringe;

(e) Administering oral drugs;

(f) Administering drugs via eye, ear, or nose;

(g) Administering drugs via suppository;

(h) Administering topical drugs and medicated shampoos;

(i) Administering drugs and nutrition through a gastrostomy tube, with on-site supervision by a licensed nurse at least every two (2) weeks;

(j) Documenting drug administration or omissions, on medication administration record.

9516 REPORTING REQUIREMENTS

9516.1 Based on agency or facility policies, the medication aide shall document drugs that have been administered and shall document whether drugs have been taken as ordered.

9516.2 The MA-C shall:

(a) Report to the supervising nurse:

DDS: Consider modifying (1) and (2) to: "Symptoms, side effects, health or behavioral events, or a change in status that is not typical for the person."

BON: Consider comment [Note: Can't only specify person, would need to be inclusive]

(1) Signs or symptoms that appear life threatening;

(2) Events that appear health threatening; and

(3) Drugs that produce no results or undesirable effects as reported by the client.

(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 medication aide is administering drugs ; and
- (e) Be employed only in situations where licensed nurse supervision is available.

9517 DISCIPLINE

- 9517.1 The Board may revoke, suspend, or deny registration of any medication aide who is convicted during a period of registration, of any of the crimes listed in § 9503.4 or any act specified in D.C. Official Code § 3-1205.14 (2012 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 or file a letter of concern if the Board believes there is insufficient evidence to support direct action against the medication aide.
- 9517.3 Grounds for denial, suspension, revocation or other discipline of a medication aide 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, ~~exploitation~~ **[DDS recommended amendment]** ~~exploitation~~, 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 a 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 public disciplinary actions.

9517.5 Medication aides who are unable to perform their 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.*

9518 RESERVED

9519 RESERVED

9520 STANDARDS FOR MEDICATION AIDE TRAINING PROGRAMS

9520.1 The following types of institutions may apply for approval to provide medication aide training:

- (a) Private, degree-granting educational institutions operating or incorporated in the District of Columbia which are licensed by the Education Licensure Commission pursuant to the Educational Institution Licensure Act of 1976; D.C. Law 1-104; D.C. Official Code § 38-1301, *et seq.*
- (b) Private, non-degree post-secondary schools operating in the District of Columbia which are licensed by the Education Licensure Commission;
- (c) District public universities or colleges; and
- (d) Department on Disability Services facilities and health care facilities ; **[DDS recommended amendment]** ~~that are certified or~~ licensed and operating in the District of Columbia, that have received no adverse actions during the preceding two (2) years.

DBH: CNA rules include phrase "licensed as training facilities by Education Licensure Commission". Intended here? Or reason for difference?

BON: Staff needs to clarify

9520.2 The Board shall consider any one of the following as an adverse action which would preclude a facility from providing medication aide 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 ~~certification or~~ license; or
- (c) A facility is given a provider agreement of less than one (1) year.

9520.3 All medication aide 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.

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 licensed nurse or other appropriate health professional.

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.* (2001 Supp.) 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 HEALTH CARE FACILITIES

9523.1 Facilities must submit an application for approval which contains the following information:

- (a) Certificate of exemption or approval from Higher Education Licensure Commission;
- (b) Certificate of exemption or approval by Higher Education Licensure Commission, 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 ~~TRAINING~~ PROGRAM APPROVAL PROCEDURES FOR SCHOOLS

DDS: The rules are proposed to be effective after 30 days of publication. How will medications be administered while the schools are being set up and approved, and until people receive the MA-C certification?

BON: These regulatory requirements will be phased-in

9524.1 Each institution applying for approval to provide medication aide training shall do the following:

- (a) Submit to the Board an application for approval 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 ~~and/or certification~~ status of the proposed training facility;
BON: This section is referring to schools. They are licensed not certified.
 - (7) The number of fulltime equivalent (FTE) budgeted instructor positions;
 - (8) Evidence of the availability of adequate clinical facilities;
 - (9) A description of the anticipated trainee population, including admission criteria along with a copy of the admissions exam;
 - (10) A tentative time schedule for planning and initiating the program; and
 - (11) A fee schedule.
- (b) Submit the 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 A training program shall not admit trainees to the program before the program has been approved by the Board.
- 9524.7 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 ~~TRAINING~~ PROGRAMS

- 9525.1 Programs approved by the Board to train medication aides shall submit to the Board an annual report in accordance with procedures established by the Board.
- 9525.2 The Board shall re-evaluate medication aide training programs annually.
- 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 §§ 9527 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 The program must meet the seventy-five percent (75%) passing rate on the District's competency evaluation each year.
- 9525.6 The training program deficiencies sufficient to warrant withdrawal of approval shall include, but are not limited to the following:
- (a) Failure to effectively utilize the District's approved curriculum for the training program;
 - (b) Failure to maintain an adequate number of instructors with required qualifications;
 - (c) Failure to meet the seventy five percent (75%) passing rate of the District's approved competency evaluation for a period of two (2) years or more;
 - (d) Failure of trainees to demonstrate minimal competencies upon employment;

- (e) Failure to adhere to training program's stated objectives, and policies;
- (f) Failure to maintain adequate resources, facilities, and services required to meet training objectives; and
- (g) Failure to correct other deficiencies outlined by the Board.

9525.7 If the training program does not meet the requirements for continued approval:

- (a) The Board may grant conditional approval, not to exceed to one (1) year, pending correction of the deficiencies; and
- (b) The Board may restrict admissions of trainees to programs in conditional status.

9525.8 The Board shall withdraw approval of a training program if:

- (a) It determines that the program is not in compliance with the regulatory requirements set forth in this chapter; or
- (b) The education institution loses its licensure; or
- (c) The program has failed to correct deficiencies within time period specified by the Board.

9525.9 Schools or facilities whose program approval status has been withdrawn may apply for approval pursuant to § 9524.1(a) (4-7).

9525.10 The Board may investigate complaints made against a program and may conduct hearings in connection with such complaints.

9525.11 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 (2001 Supp.).

9526 RESERVED

9527 MEDICATION AIDE TRAINING PROGRAM REQUIREMENTS

9527.1 Training programs shall use Board approved medication aide model curriculum, as it may be amended from time to time.

DDS: Previous iterations of this regulation described this as requiring 140 hours. That would be a substantial burden for DDA providers, who are already required by DDA to undergo substantial training.

9527.2 Each training program shall have a sufficient number of qualified instructors to meet the purposes and objectives of the program.

9527.3 The training program shall be coordinated by a licensed nurse, who:

- (a) Has a current, unencumbered District of Columbia license; and
- (b) Has at least two (2) years of full-time or full-time equivalent experience as a licensed nurse with clinical experience in the clinical practice setting he or she is coordinating; and

- (c) Has not been disciplined by the Board pursuant to D.C. Official Code § 3-1205.14 (2001Supp.).

9527.4 The program coordinator's responsibilities shall include, but not be 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) Ensuring that each clinical preceptor evaluates the student's performance and provides the evaluation results to clinical instructor.

9527.5 The clinical preceptor 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; and
- (b) Have a minimum of two (2) years of experience as a licensed nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement.

9527.6 Each instructor shall, where applicable, be licensed or registered in his or her profession in the District of Columbia.

9527.7 The ratio of instructors to trainees in clinical areas involving direct care of clients shall be based upon client acuity level, skill level of the trainee, and the clinical setting.

9528 MINIMUM QUALIFICATIONS FOR MEDICATION AIDE TRAINEES

9528.1 Each trainee shall be a high school graduate or have completed a graduate equivalency diploma (GED) program.

9528.2 Each trainee shall provide evidence of certification as a nursing assistant or home health aide, or evidence of at least one (1) year experience as a direct support professional.

9528.3 Each trainee shall provide evidence of satisfactory performance of nursing related services ~~or experience as a direct support professional~~ for a minimum of one (1) year.

9528.4 Each trainee shall be required to take a pre-admission examination to assess reading, writing, and math skills prior to enrollment in a training program.

9528.5 Each trainee shall provide evidence of vaccination or immunity to communicable diseases prior to admission.

9528.6 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, in writing; and

- (b) Certification requirements including CBC and examination.

9529 RESERVED

9530 CLOSING OF TRAINING PROGRAMS

9530.1 Each medication aide program that voluntarily discontinues shall:

- (a) As early as possible, notify the Board, in writing, 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; and
 - (2) The institution has a right to a hearing.
- (b) Send notice to the Education Licensure Commission 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 medication aide 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 A record for each trainee shall be maintained by the facility and shall include the trainee's evaluation, health information, and items required in § 9528.

9531.4 Each instructor's personnel records shall be maintained by the facility and shall include application data, qualifications, and 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 medication aide 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, laboratory, and office shall be adequate to meet the needs of the training program.

9532.3 Each cooperative agreement between a training program and agency 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 means the infliction of physical or mental harm, injury, death, or financial exploitation of a client.

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

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

Board means 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. Code § 3-1202.04 (1985).

Clinical means 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.

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

reflects current and emerging concepts, principles, practices, theories, and nursing related research, information beyond that which is taught in the training program. Continuing education shall not include: basic skill training, competency training, local policy administrative procedures training, or update briefings.

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

Department means the Department of Health.

Direct support professional means any person employed by, under contract with, sub-contracted with, through a provider Medicaid Agreement, or serving in a volunteer capacity with or for a public or private agency that provides services and supports to and/or for individuals with intellectual and developmental disabilities.

Direct support professional means any person employed by, under contract with, sub-contracted with, through a provider Medicaid Agreement, or serving in a volunteer capacity with or for a public or private agency that provides services and supports to and/or for individuals with intellectual and developmental disabilities.

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

Drug means:

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

General supervision means supervision in which the supervising nurse is available for consultation either in person or by a communication device, but need not be physically present on the premises at the time the actions are performed.

Health care facility means an assisted living residence (ALR), homes for persons with physical and intellectual disabilities, skilled home care agencies, and those that provide long-term and acute care health services.

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

Licensed practitioner means an individual licensed to practice a health occupation in the District of Columbia.

Misappropriation means to appropriate wrongfully or dishonestly to one's own an item or money belonging to a patient.

Neglect means any act or omission by a medication aide 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 consumer.

Nursing assistive personnel means an individual, other than a licensed nurse, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse, in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, nursing students, graduate nurses, home health aides, personal care aides, medication aides, dialysis technicians, CNAs, or others as specified by the Board of Nursing.

Pass rate means percentage of candidates who receive a passing score on the competency evaluation.

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

Reinstatement means reissuance of an expired medication aide certification.

DISTRICT OF COLUMBIA BOARD OF NURSING EXECUTIVE SESSION MINUTES

Executive Session:

Executive Session (non-public) to Discuss Ongoing, Confidential Preliminary Investigations pursuant to D.C. Official Code § 2-575(b)(14), to deliberate on a decision in which the Board will exercise quasi-judicial functions pursuant to D.C. Official Code § 2-575(b)(13).

Upcoming meeting agenda items:

JUNE Board Agenda Items:

Hearing:
NationWide

JULY Board Agenda Items:

APRN Forum