MAS Nurse Manual
The MAS-MAC Connection

MAC II Instructor Manual
Clinical/ Practicum/Competency Verification of
Medication Assistance Certified Workers in
Programs Certified by Alabama Department of
Mental Health

Alabama Department of Mental Health

www.mh.alabama.gov

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NURSE DELEGATION PROGRAM
MAS Nurse Manual
MAC II Instructor Manual

MAC II Instructor Manual
for
MAS Nurses

Table of Contents

INTRODUCTION

This manual is designed for the Medication Assistance Supervising (MAS) RN/LPNs who will train Medication Assistance Certified (MAC) Workers at the agency level. This manual, in addition to the MAC II PowerPoint presentation, provides guidance on training expectations set forth by the ADMH and ABN. The MAC training program has clinical and medico-legal significance. The MAC training program is essential to assuring MAC Workers are competent but also protects the delegating MAS Nurse against potential liability.

The goal of the MAC training program is to provide safe and accurate assistance with medication administration and other nursing tasks that may be delegated by the MAS Nurse. Proper execution of the MAC training program signifies that the MAS Nurse has adhered to the guidelines set forth by the ADMH and ABN for training MAC Workers.

The academic skills of non licensed persons – MAC Workers - will vary from high school education through advanced college degrees. Many non licensed professionals have limited understanding of normal brain function, mental disorders and some physical disorders. Unlicensed professionals may have issues related to stigma. The MAS Nurse must address these issues and any concerns of the unlicensed professional(s) during the training program.

The MAS Nurse must read the *Administrative Guidance Manual* and *MAC FACTS Manual*, in addition to this manual and the accompanying PowerPoint presentation. The MAS Nurse must understand symptoms and management of common mental disorders, physical disorders and medications.

The MAC II portion of the MAC training program (hands on/verification of competency) begins with the MAS Nurse assessment of the MAC candidate's ability to accept the responsibility of delegation in a safe and effective manner. The eight (8) hours of MAC II training must include at a minimum:
- Review of MAC I e-learning modules – focus on mental disorders, common health problems and recognizing change in status
- The MAS-MAC Connection – review PRN medication approval including reporting and documenting effectiveness; review observation of health status including signs and symptoms to report to the MAS Nurse
- Principles of First Aid
- Seizures
- Principles of Infection Control
- Forms
- Documentation
- Vital Signs
- Medical/Nursing Equipment
- Medication Errors
- Assisting with prescribed medications – include common medications used at your agency, common side effects of psychotropic medications and monitoring/reporting medication non compliance

The agency policies and procedures related to Nurse Delegation should also be reviewed.

The minimum eight hours of contact (may extend hours if needed) with the MAC candidate should allow time to determine competency. The MAS Nurse has the right to determine the MAC candidate is not competent to function independently as a MAC Worker. MAC certification requires the following three items:

- Successful completion of the six MAC I e-learning modules as evidenced by certificates of completion for each module.
- Successful evaluation of skills competency (for all nursing tasks delegated) by a MAS Nurse.
- Decision by a MAS Nurse to sign the delegation form with the MAC Worker.

During the MAC II training, the MAS Nurse may choose to emphasize disorders prevalent at their agency. Many persons with mental disorders receive psychotropic medications. Information regarding common medications, metabolic and other co morbid problems, and required lab monitoring should be included. Any information added should not contradict facts included in the MAC training program curriculum.

MAC II must be taught by a MAS Nurse (RN/LPN) whose certification is current. The eight hours may be broken into blocks of time equaling eight hours according to agency need and MAS Nurse availability/preference. Once MAC II training begins, it must be completed within sixty (60) days. Training should occur in an environment that is conductive to learning. Each learning objective should be covered. Specifically discuss each learning objective and be sure each objective is met by the MAC candidates.

The MAS Nurse should use the PowerPoint presentation, MAC Facts and clinical vignettes of consumers who will actually be receiving care from the MAC Worker. The use of past situations to highlight issues related to problem solving is encouraged.

The MAC training program curriculum was developed by a team of nurses, physicians, pharmacist, other ADMH staff and community providers. All materials have been submitted to the ABN for review and approval. All practices and guidelines outlined in this manual comply with the existing ABN, ABP and ADMH regulations.

Section XVII (17) includes observation checklist with recommend actions. common abbreviations, common dosages, routes of administration, measuring tips, the skills check sheet and guidelines for completion.

The MAS Nurse must explain the importance of the responsibility associated with assisting with medications as well as other delegated nursing tasks. The humanity of our consumers must be underscored.

Every MAC Worker must have a copy of the MAC Facts Manual to be used by the MAC Worker throughout the course of their employment.

MAC II LEARNING OBJECTIVES

Upon completion of MAC II the MAC candidate must be able to:

1. Name definitions of commonly used abbreviations.

2. State basic functions of the MAS Nurse and important guidelines of the NDP, including the MAS-MAC Connection.

3. State basic requirements, responsibilities and rights of the MAC Worker.

4. State members of the treatment team at the agency.

5. Describe where to locate agency policy and procedure manual, MAC Facts Manual and other reference materials.

6. State basic facts regarding mental disorders and common physical illnesses.

7. State common side effects of meds administered at the agency.

8. State possible changes in mental status, physical appearance and behavior AND state MAC Worker response.

9. Demonstrate the correct method to:
    - Perform vital signs.
    - Use/clean all medical/nursing equipment.
    - Assist with all medications.

10. State the 7 rights of medication administration.

11. State the guidelines that must be followed when assisting with medication administration.

12. Give an example of a Level I, II, and III medication error and the MAC Worker response.

13. State the location of the First Aid Kit.

14. State the basic principles of First Aid.

15. Demonstrate/verbalize first aid to be provided in common situations.

16.	State basic fact about seizures.

17.	Verbalize safety/comfort measures to be performed when a seizure is observed.

18.	State the number one defense against the spread of germs and infections.

19.	State ways germs can spread and ways to prevent the spread of germs and infections.

20.	State types of blood borne infections and how the spread can be prevented.

21.	Demonstrate/verbalize the correct usage of NDP and agency required forms.

22.	State the principles of documentation and define falsification of documentation.

23.	State the importance of medication compliance.

25.	State common side effects of psychotropic medications used at the agency.

SECTION I

The Alabama Department of Mental Health and Persons Served

NOTES TO THE MAS NURSE

*This information was covered in the MAC I Training completed via computer so this is a review for the unlicensed worker –MAC.

*_Prior to starting MAC II_, the MAS Nurse must have:
1. A copy of the Certificate for each of the six courses included in MAC 1   Training.
2. Verification of HS Diploma or GED (Discuss with Agency Personnel   Office).

The Alabama Department of Mental Health (ADMH)
- ADMH is a department of State government.
- The ADMH has 2 "Service" Divisions
  - Developmental Disabilities/Intellectual Disabilities Division.
  - Mental Health/Substance Abuse Division.
- ALL ADMH Community Programs are certified by at least one of the "Service" Divisions.

Persons Served by the ADMH

1. Intellectual/Developmental Disabilities

- Intellectual Disabilities (ID)/Developmental Disabilities (DD) are a term used when there are limits to a person's ability to learn and function at an expected level.
- In addition to the IQ of a person, the ability to function day to day or the ability to adapt behaviors is considered when determining the degree of disability.
- Activities of Daily Living Impacted by ID are as follows: *(Give examples of persons served)*
  - o Ability to express want and/or needs.
  - o Ability to communicate verbally.
  - o Ability to dress, eat and/or bathe without assistance.
- There are no medications to treat ID; Medications treat co-occurring mental illnesses and reduce the undesired behaviors. *(Give examples of medications used)*
- Examples of MAC Worker Functions ID are as follows:
  - o Assist with medications.
  - o Monitor for problems and ***CONTACT YOUR MAS Nurse.***
  - o Accompany to healthcare appointments.
  - o Assist with activities of daily living.
- Possible Challenges for the MAC Worker ID are as follows:
  - o Learning the method of communication used by the person.
  - o Observing for signs and symptoms of problems that may not be communicated verbally.
  - o Ensuring the person understands what the MAC Worker is doing or saying.

NOTES TO MAS NURSE
  If your agency provides services to persons with ID/DD, discuss abilities of actual persons served, focusing on actual MAC functions and challenges that can be expected at this agency.

2. Mental Illness Disorders

- Mental Illness is a treatable medical problem; most persons with a mental illness can get better.
- Medications along with psychotherapy, support groups, self help and community support programs are used to treat mental illnesses.
- Types of Serious Mental Illnesses are as follows: *(Give examples of persons served)*
  - o Schizophrenia, Schizoaffective Disorder and other Psychotic Disorders.
  - o Mood Disorders – Major Depression, Bipolar Disorder.
  - o Anxiety Disorders – Panic Disorder.
  - o Personality Disorders – Borderline Personality, Antisocial Personality.
  - o Post-Traumatic Stress Disorder.

- Common medications used to treat mental illnesses are as follows:*(Give examples of medications used)*
    - Antidepressants
    - Antipsychotics
    - Mood Stabilizers
    - Mixed Medications
    - Antianxiety Medications
    - Sleep Medications
- Common side effects of psychiatric medications are as follows:*(Give specific side effects you want to be notified of)*
    - Nausea
    - Diarrhea
    - Nervousness
    - Drowsiness
    - Abnormal Muscle Movement
    - Tremor
    - Toxicity
    - Weight gain
    - Diabetes
    - Dizziness
    - Amnesia
- Examples of MAC Worker Functions are as follows:
    - Assist with medications.
    - Monitor for problems and **CONTACT YOUR MAS Nurse.**
    - Encourage medication compliance.
- Possible Challenges for MAC Workers are as follows:
    - Not taking verbal aggression personally.
    - Noting signs of illness.
    - Providing support and direction while avoiding power struggles.

NOTES TO MAS NURSE
  If your agency provides services to persons with mental illness, discuss actual diagnosis, medications and behaviors of persons served, focusing on actual MAC functions and challenges that can be expected at this agency.

3. <u>Substance Abuse (SA) Disorders</u>

- **SA** is caused by a brain disorder that produces excessive craving for the drug of choice.
- **SA** is a problem that involves habits, genes and brain changes.
- Most persons with substance related disorders wish to stop taking the drug of choice.
- **SA** can lead to health, social and legal problems.
- **SA** can produce symptoms that resemble mental illness.
- Medications used are as follows: *(Give examples of medications used, discuss side effects)*
    - Replacement Therapies – Methadone, Suboxone.
    - Antagonist Medications – Antabuse, Naltrexone.
- Examples of MAC Worker Functions are as follows:
    - Provide positive support and encouragement.
    - Avoid being judgmental.
    - **Report** suspicions of drug use **to your MAS Nurses.**

11

- Possible Challenges for the MAC Worker are as follows:
  - Setting limits.
  - Being consistent.
  - Avoiding personality issues.

NOTES TO MAS NURSE
   If your agency provides services to persons with substance abuse disorders, discuss actual diagnosis, medications and behaviors of persons served, focusing on actual MAC functions and challenges that can be expected at this agency.

SECTION II

Principles of Delegation

NOTES TO THE MAS NURSE

The information covered in this section is reference information for the MAS Nurse. This information provides an overview of the principles of delegation including American Nurses Association (ANA) Policy Statement and Practice Strategies.

The Alabama Board of Nursing (ABON) Nurse Practice Act states:

610-X-2-.06(6)   Delegation is the act of authorizing a COMPETENT individual to perform SELECTED nursing activities supportive to RN/LPN in SELECTED situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.

610-X-6-.03(6)   The RN/LPN shall be accountable and responsible for the delegation of SELECTED nursing situations to unlicensed individuals.

610-X-7-.06(1)   The RN/LPN who provides care in residential community mental health programs certified by ADMH is accountable and responsible for the nursing care delivered to patients in those settings.

610-X-7-.06 (2) RN/LPN who provides nursing care in the residential community mental health setting and community extensions including day hab programs, _may delegate_ SPECIFIC LIMITED TASKS TO DESIGNATED unlicensed personnel.

610-X-7-.06(3) The RN is accountable for _determining the tasks that may be safely performed by the unlicensed assistive personne_l in residential community mental health settings following appropriate training and demonstration of competency.

Delegation refers to the decision by a MAS trained RN/LPN to sign the delegation form that allows a MAC Worker to assist with the administration of medication.

The Nurse Practice Act (NPA) is the legal authority for nursing practice in each state. According to the ANA Principles for Delegation,

"RNs are accountable to the public for providing culturally competent, safe and effective nursing care for consumers. RNs function as essential members of health care teams that include the consumer and may include other licensed professionals and paraprofessionals as well as assistive health care workers and informal caregivers.

RNs are accountable for supervising those to whom they have delegated tasks. RNs often delegate nursing tasks to other team members, and they are accountable for the decision to delegate and for the adequacy of nursing care to the consumer. The RN retains accountability for the outcome of delegation.

The nursing tasks or activities that may be performed by the nursing team, which may include nursing assistive personnel and other health care workers such as LPNs under the direction of a RN, are identified according to legal parameters defined by each state in its nurse practice act and by the scope of practice and standards established by professional nursing organizations. Thus, the framework for clinical practice including delegation is determined by individual state statutes, state regulations and policy statements and by generally accepted professional nursing standards of practice.

Today's challenges make greater demands on RNs to have the knowledge and critical thinking skills to effectively delegate to others. These challenges include the varying experience levels of RNs, the increasing use of assistive personnel and the time required to effectively and safely monitor and supervise assistive personnel and delegated work.

With the nursing shortage, inexperienced nurses are more likely to be placed in a position of having to supervise others without sufficient mentoring. Inconsistent facility or agency expectations regarding assistive personnel duties coupled with minimal training can lead to an unstable and less qualified workforce. Sicker consumers, the increased use of technology and the need to administer medications place the RN in a position of juggling delivery of care with overseeing delegated work."(Principles of Delegation, ANA 2005)

Policy Statements

"The authority for the practice of nursing is based on a social contract that acknowledges professional rights and responsibilities as well as mechanisms for public accountability." (Nursing's Social Policy Statement, ANA 2003)

"Society grants the professions authority over functions vital to itself and permits them considerable autonomy in the conduct of their affairs. In return, the professionals are expected to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of this relationship. It is the authentic hallmark of a mature profession." (Donabedian, 1976)

"The RN takes responsibility and accountability for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum consumer care". (Code of Ethics for nurses with Interpretive Statements, ANA 2001)

"The RN assigns or delegates tasks based on the needs and condition of the consumer, potential for harm, stability of the consumer's condition, complexity of the task, predictability of the outcome and abilities of the staff to whom the task is delegated.." (Nursing Scope and Standards of Practice, ANA 2003)

"The profession defines the scope and standards of nursing practice. State nurse practice acts define the legal parameters for nursing practice, which include delegation." (Principles of Delegation, ANA 2005)

"All decisions related to delegation and assignments are based on the fundamental principles of protection of the health, safety and welfare of the public." (Joint Statement on Delegation, ANA & NCSBN 2005)

Principles

The following principles have remained constant since the early 1950s:

Overarching Principles
- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct care.
- The RN accepts aid from nursing assistive personnel in providing nursing care for the consumer.

Nurse-related Principles
- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision of whether or not to delegate or assign is based upon the RN's judgment. concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which he/she believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation:
    o Right task.
    o Right circumstances.
    o Right person.
    o Right directions and communication.
    o Right supervision and evaluation (NCSBN 1995).
- The RN acknowledges that there is a relational aspect to delegation and that communication is culturally appropriate and the person receiving the communication is treated respectfully.

- Chief nursing officers are accountable for establishing systems to assess, mentor, verify and communicate ongoing competence requirements in areas related to delegation, both for RNs and delegates.
- RNs monitor organizational policies, procedures and position descriptions to ensure there is no violation of the nurse practice act, working with the state board of nursing as necessary.

Organization-related Principles
- The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct care and for ensuring that the RN has access to competency information for all nurses, staff, managers and administrators.
- The organization ensures that the educational needs of nursing assistive personnel are met through the implementation of a system that allows for nurse input.
- Organizations have policies in place that allow input from nurses indicating that delegation is a professional right and responsibility.

Practice Strategies
The following practice strategies form the basis of safe and effective delegation:
- All nurses are knowledgeable about the principles of delegation, associated risks and benefits and state laws and regulations governing their practice. In reviewing the nurse practice act in the state in which they practice, RNs ask the following questions:
    1. Does the nurse practice act permit delegation?
    2. What is the definition of delegation in the state of practice?
    3. Does the nurse practice act also authorize specific tasks for delegation?
    4. Does the nurse practice act list tasks that cannot be delegated, or does it authorize the RN to delegate based upon certain circumstances?
    5. Does the nurse practice act include a description of the MAC Worker's role?
    6. Is there a specific definition of supervision in the nurse practice act?
    7. How does the state of practice define supervision or direction when delegating to delegation to another health care worker?
    8. Does the nurse practice act indicate consequences of inappropriate delegation?
    9. Does the nurse practice act provide guidelines for reducing delegation risks?
    10. What is the legal scope of practice for an LPN in the state of practice?
    11. What other health care worker roles, if any, are regulated by the state or nurse practice act?
    12. How are other roles regulated in relation to the RN role? All nurses work together to create effective policies for consumer care assignments for staff, delegation and clinical supervision of team members.
- Nurses understand professional standards of practice as well as the legal parameters for practice.
- Clear, concise job descriptions are developed for each team member, and the state board of nursing should be consulted if questions arise regarding the appropriateness of delegating particular tasks or activities.
- The profession's foundational documents, including *Code of Ethics for Nurses with Interpretive Statements, Nursing: Scope and Standards of Practice, and Nursing's Social Policy Statement, Second Edition*; specialty nursing organization references; as well as the state nurse practice acts and other regulatory documents or position statements regarding the role of the RNs assigning care and delegating tasks are available for all nursing staff.

- RNs educate organizational leadership and risk management staff on the process, education and training limitations of LPNs, MAC Workers and other health care workers and the legal responsibilities of RNs who delegate tasks.
- Language regarding RN liability related to delegation is included in all nurse practice acts.
- RNs consider consulting with their legal counsel if there is confusion and concern regarding their legal responsibilities and risks in delegation.

Education

Delegation is a skill that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. It is a process that involves professional development and the application of critical thinking and it improves with education and experience. Delegation skills are learned and developed over time. The RN assumes personal accountability for developing critical thinking skills. This personal accountability is consistent with ANA's foundational documents, the Code of Ethics for Nurses with Interpretive Statements (2001), Nursing's Social Policy Statement, Second Edition (2003) and the Nursing Scope and Standards of Practice (2003).

- Eight steps for self-appraisal of critical thinking skills to support accountability include the following:
    1. Reflect on the way in which you think and review those steps you most often miss.
    2. Learn from your mistakes and the mistakes of others.
    3. Recognize personal indicators that warn you that your thinking ability may be less than optimal, such as illness, short staffing or stress at home that reduces focus on work issues.
    4. Participate in or lead discussions of clinical scenarios.
    5. Participate in a mentorship or preceptor program, either as a participant or as a mentor or preceptor.
    6. Develop an individual educational plan based on what you have learned or identified as strengths and educational needs from reflection and feedback.
    7. Trust your intuition or the immediate apprehension that something is wrong without benefit of conscious reasoning.
    8. Use a model for creative thinking and problem solving to habituate step-by-step critical process.
- RNs are educated and mentored on how to delegate and supervise others effectively, including giving and receiving feedback.
- Nurse educators are encouraged to provide programs that include the principles for delegation and address areas for needed improvement.
- The guidelines related to delegation includes the rules of delegation, the law, the profession's position on delegation, communication issues related to the RN and the consumer, as well as the significant professional, legal and ethical responsibilities and liabilities inherent in roles in which delegation are significant.

Care Provisions

Elements essential for effective delegation include the following:
1. Emphasis on professional nursing practice.
2. Definition of delegation, based on the nurse practice act and regulations.
3. Review of specific sections of the law and regulations regarding delegation, identification of disciplinary actions related to inappropriate delegation.
4. Emphasis on tasks/functions that cannot be delegated.

5. Focus on RN judgment for task analysis and decision to delegate.
6. Determination of the degree of supervision required for delegation.
7. Identification of guidelines for lowering risk related to delegation.
8. Development of feedback mechanisms to ensure that task is completed and to receive updated data to evaluate outcome.

Consistent with the *Code of Ethics for Nurses with Interpretive Statements (ANA, 2001)*, the nurse must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or other laws. RNs determine the scope of their practice in light of their education, knowledge, competence and extent of experience. The RN is frequently called upon to carry out components of care delegated by other health care professionals as part of the consumer's treatment regime. When accepting a delegated assignment from another healthcare professional, if the RN concludes that he/she is inadequately prepared to carry out a specific function, the RN has the responsibility to refuse that work and to seek alternative sources for care based on concern for the consumer's welfare. In that refusal, both the consumer and the RN are protected, inasmuch as the RN is accountable for the continuous care of consumers in health care settings. The RN does not accept delegation of interdependent functions if they are so extensive as to prevent the RN from fulfilling the responsibility to provide appropriate nursing care to consumers (ANA 1995).

Steps of the Delegation Process

- **Assess and Plan** the delegation, based on the consumer's needs and available resources.
- **Communicate** directions to the delegate including any unique consumer requirements and characteristics as well as clear expectations regarding what to do, what to report and when to ask for assistance.
- **Surveillance and Supervision** of the delegation, including the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up to problems or a changing situation.
- **Evaluation and Feedback** to consider the effectiveness of the delegation, including any need to adjust the plan of care.

  "Delegation skills are developed over time. Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, the skill and the confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation is an essential part of employment orientation and staff development.

  Many nurses are reluctant to delegate. This is reflected in NCSBN research findings and a review of the literature as well as anecdotal accounts from nursing students and practicing nurses. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively to not knowing the skill level and abilities of nursing assistive personnel (MAC Workers) to simply the work pace and turnover of consumers. At the same time, NCSBN research shows an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and resultant increase in the need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel."
  (Joint Statement on Delegation, ANA & NCSBN 2005)

Reasons for the Nurse Delegation System

Delegation programs occur because there are inadequate numbers of nursing professionals to administer every medication to every consumer in programs certified by the ADMH. The Federal Olmstead regulations required States to offer disabled individuals services in the least restrictive environment. The Nurse Delegation Program (NDP) prevents institutionalization of persons with mental disorders. The NDP allows persons with mental disorders to receive services in small, home-like environments, with nurse extenders – MAC Workers, who assist the MAS Nurses to provide adequate care to the persons served. The NDP does not diminish the value of nurses or dilute the importance of their professional judgment. The Alabama Nurse Practice Act states:

> *"The RN/LPN who provides care in residential community mental health   programs certified by the Alabama Department of Mental Health is   accountable and responsible for the nursing care delivered to patient in those settings."* [ABN Regulation 610-X-7-.06(1)]

Nurses' Liability

Liability continues to be an issue in all aspects of healthcare. Any healthcare professional can be sued under any circumstance when a perceived or real adverse event occurs.

The NDP clearly defines an acceptable, community standard of care. The Alabama Nurse Practice Act states:

*"The RN/LPN shall delegate **only after** considering various factors including*
but not limited to
(a)   Knowledge, skills and experience of the person receiving the delegation.
(b)   Complexity of the delegated tasks.
(c)   Tasks delegated to unlicensed assistive personnel may not include tasks
that require

> *(a)   The exercise of independent nursing judgment or intervention.*
> *(b)   Invasive or sterile procedures.*
> *(c)   The assistance of medication EXCEPT AS PROVIDED IN*
> *CHAPTER 610-X-7*[ABN Regulation 610-X-6-.11(3)].

The NDP requires the MAS RN/LPN to train and select appropriate unlicensed persons to delegate specific nursing tasks and provide ongoing supervision of the unlicensed person and monitoring of the tasks delegated.

IF IT'S NOT DOCUMENTED, IT WAS NOT DONE!

Nurses may be sanctioned by the ABN for:
- Noncompliance with the Alabama Nurse Practice Act. (ABN REGULATIONS 610-X-6-.03(1)-(9) and 610-X-7-.06(1)-(9)
- Lack of required documentation. ABN REGULATION 610-X-6-.06
- Lack of supervision of MAC Workers. (Direct Supervision: ABN REGULATION 610-X-2-.06(19) The responsible licensed nurse physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction and periodic evaluation. Indirect Supervision: ABN REGULATON 610-X-2-.06(20) A MAS Nurse shall be available for inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation and collaboration.)

MAC Workers are responsible and accountable for their actions based on the documented training and supervision they receive from the delegating MAS Nurse.

Community Providers certified by ADMH are responsible for assuring compliance with the NDP and that there is sufficient numbers of staff to provide services based on the needs of the consumers served. ADMH Certified Providers are responsible for assuring that a sufficient number of MAS RN/LPNs are available to supervise MAC Workers 24 hours per day, 7 days per week. It is expected that important decisions about consumer nursing care or changes in consumer status are reviewed by a licensed professional.

Safeguards in the NDP

The MAS Nurse who signs the delegation form, delegating authority to particular MAC Workers has the power to certify and decertify workers.

> *"The RN/LPN delegating the task may at any time suspend or withdraw the delegation of specific tasks to a mental health worker"*
> [ABN Regulation 610-X-7-.06(8)]

The decertified MAC Worker is not terminated from employment by the nurse but rather the agency management determines whether to continue employment. Under most circumstances, the MAS Nurse does not employ the MAC Worker, but specifies that the unlicensed person is capable of managing the MAC Worker responsibilities. MAC Workers should not receive delegated authority because the facility lacks adequate manpower to meet the service requirements. MAC Worker should only receive delegation authority when a MAS Nurse has determined they are capable of meeting the professional standards of a MAC Worker. Any violation of the practice should be reported to the certifying Division and/or NDP Office of the ADMH.

A decertification decision must be carefully documented. Decertification can occur based on the occurrences of a breach in the NDP guidelines, occurrence of Level 2 or Level 3 medication errors or repeated minor violations that suggest the lack of professionalism and competency of the MAC Worker. A major deficiency in any of the quality domains of competency, documentation, error reporting, identification of the 7 rights of assisting with medications, professionalism, reliability and respect, may be sufficient for temporary or permanent decertification. Intentional falsification of documentation is a very serious event and warrants consideration for decertification. Ultimately, all decertification decisions depend on the best judgment of the MAS Nurse. The Agency Administration cannot override the MAS Nurse to reinstate the MAC Worker who has been decertified by a MAS Nurse.

Some MAS Nurses will supervise many MAC Workers. The documentation of direct supervision assures the MAC Workers have regular monitoring. Problems with a MAC Worker must be immediately reported to the MS Nurse who is delegating to the individual.

The NDP does not specify the ratio of MAS Nurse to MAC Worker because this decision is best made by the individual MAS Nurse. The MAS Nurse should not be compelled to supervise more MAC Workers than the MAS Nurse can safely manage.

SECTION III

Definitions

Definitions

1.   Critical Thinking:
A rational reasoning process that involves applying knowledge, skills, attitudes and values for the purpose making a decision that affects consumer care. Critical thinking uses clinical and professional judgment in each phase of the nursing process.

2.   Delegation:
The act of authorizing a competent individual to perform selected nursing activities supportive to RNS or LPNs in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.
[ABN Regulation 610-X-2-.06(6)]

3.   Accountability:
Answerable or responsible for action [ABN Regulation 610-X-2-.06(1)]

4.   Responsibility:
The charge to do something that is expected performance
[ABN Regulation 610-X-2-.06(16)]

5.   Assignment – Licensed Nurse:
The transfer of responsibility and accountability for nursing activities form one licensed nurse to another [ABN Regulation 610-X-2-.06(4)]

6.   Assignment – Unlicensed Individual (MAC Worker):
The designation of task from a licensed nurse to unlicensed assistive personnel (MAC Worker); the licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.
[ABN Regulation 610-X-2-.06(5)]

7.   Nursing process:
The professional, systematic approach to ensuring complete care; the process consist of various steps including assessing, diagnosing, planning, implementing and evaluation the care provided

8.   Supervision – Direct:
Responsible licensed nurse physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction and periodic evaluation. Direct supervision by a RN is required for new graduates practicing on a temporary permit. [ABN Regulation 610-X-2-.06(19)]

9.   Supervision – Indirect:
Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation and collaboration. [ABN Regulation 610-X-2-.06(20)]

10. Medication Administration:
    Removal of an individual dose of medication, from a previously dispensed, properly labeled
    container, verifying it with the prescriber's orders. Giving the correct dose, to the correct
    person, at the correct time, the correct way and recording appropriately.

11. Medication Assistant Certified Worker (MAC):
    Mental health worker who successfully completed approved curriculum for assistance with
    medications in community residential settings. [ABN Regulation 610-X-2-.07(2)]

12. Medications Assistant Supervisor (MAS) Nurse:
    A RN/LPN who supervises Medication Assistant, Certified (MAC) in community mental
    health residential settings [ABN Regulation 610-X-2-.07(3)]

13. Nurse Delegation Program (NDP):
    The exception to the Alabama Nurse Practice Act, this allows properly trained nurses,
    employed by agencies certified by ADMH to delegate specific, limited tasks to specific,
    trained unlicensed personnel.

14. Alabama Board of Nursing (ABN):
    A State governmental agency that is responsible for the regulation of nursing practice. This
    State agency directs and controls the administration of medications.

15. Professional Nurse: A registered nurse (RN); performs for compensation any act in the
    care and counseling of persons or the promotion and maintenance of health and prevention
    of illness and injury based upon the nursing process.

16. Practical Nurse:
    A licensed practical nurse (LPN); performs for compensation, acts designed to promote and
    maintain health, prevent illness and injury and provide care utilizing standardized
    procedures and the nursing process.

17. Alabama Board of Pharmacy (ABP):
    A State governmental agency, responsible for regulating the practice of pharmacy. The
    State agency that directs and controls the provision and storage of medications.

18. Medication Administration Record (MAR):
    Medical legal document where all drugs administered is recorded. Part of the medical
    record and must not be thrown away.

19. PRN: as needed

20. d/c: discontinue

21. Over the Counter (OTC):
    Medications that can be bought at any store

22. ADMH:
    The Alabama Department of Mental Health. A cabinet level State agency
    that has the authority to certify and reimburse agencies for services provided to persons with
    mental disorders.

23. HIPPA:
Health Insurance Portability and Accountability Act. A federal act and implementing regulations that protect the privacy of individuals and limit the distribution of confidential health information.

24. MAC I:
A computer E-learning course that covers basic information that can be used in all treatment settings. The MAC I consist of six courses that must be completed with 90% accuracy of all test questions. The MAC I certificate is good in any agency certified by the ADMH.

25. MAC II:
The hands on training provided by the MAS Nurse (RN/LPN) to assure that a person is competent to perform basic skills and are capable to assume delegation responsibilities. Delegation is the act of authorizing a competent individual to perform selected nursing activities supportive to RN/LPNs in selected situations while retaining the accountability for the outcome is the delegation is to an unlicensed individual. Each MAS Nurse must verify competency prior to delegating to an unlicensed person.

NOTES TO MAS NURSE
When transcribing orders, be sure you do not use abbreviations you have not taught the MAC Worker. Best practice is to _spell words out instead_ of using abbreviations on the MAR.

SECTION IV

Introduction to the Nurse Delegation Program

The Nurse Delegation Program

- This program is the exception to the Nurse Practice Act that allows properly trained nurses, employed by agencies certified by ADMH to delegate to selected nursing tasks to trained unlicensed personnel.
- The NDP provides information to the unlicensed workforce in mental health community programs regarding mental disorders, some common physical disorders and health prevention tasks.
- The NDP facilitates persons with mental disorders living in the community.
- The NDP focuses on safety by assuring that individuals served in community programs who are unable to self medicate receive medications in a safe and effective manner.
- The NDP focuses on quality by creating a system to maximize accuracy and reduce the likelihood of medication administration errors.
- This manual is designed to assist the medication administration supervising nurse in understanding the responsibility of delegation and training and verifying competency of all nursing task delegated to unlicensed personnel.
- This manual complements the MAC I computer training and provides guidance on the following:
    - educational expectations
    - documentation
    - nurses' liability
- Components of the NDP are as follows:
    - Organizational Responsibilities
    - Education and Training
    - Quality Assurance
    - Compliance
- Goals of the NDP are as follows:
    - Provide safe, accurate assistance with medication administration.
    - Provide safe and effective nursing care to persons served in ADMH Community Programs.
- Objectives of the MAC Training Program are as follows:
    - Teach rights and responsibilities of the MAC Worker.
    - Teach the proper procedures for assistance with medication and other delegated nursing tasks.
    - To teach the MAS – MAC Connection.
    - To teach how to recognize and report medication errors, adverse reactions and any other problems to the MAS Nurse.
- Two Parts of the MAC Training Program are as follows:
    - MAC I   - Training via computer e-learning system (didactic training).
    - MAC II – Training must be completed by a RN or LPN licensed in Alabama with current MAS Certification (hands on practicum).
    - ***A maximum of 20 students may be in MAC II class per MAS Nurse.***
- Successful MAC Certification requires the following:
    - Completion of MAC I (6 separate courses).
    - Completion of MAC II with satisfactory performance of all tasks to be delegated.
    - Decision by the MAS Nurse to delegate based on performance during MAC II.

Educational Expectations

MAS Nurse:
- RN/LPN licensed in Alabama.
- Unencumbered license.
- Successful completion of the ABN approved training to become a MAS Nurse in ADMH Community Programs.
- Maintenance of current MAS certification (UPDATE/RECERTIFICATION is required every two years).
- Responsible and accountable for scope of education, demonstrated competence and nursing experience to work with persons with mental disorders. [ABN regulation 610-X-6-.03(4)]

MAC Worker:
- HS Diploma/GED.
- Successful completion of ABN approved 6 courses of MAC 1 as evidenced by printed certificate of completion.
- Successful completion of MAC II as evidenced by competency checklist completed by MAS Nurse trainer.
- Signature on delegation form with signature of delegating MAS Nurse.
- Maintenance of current MAC Certification (MAC UPDATE/RECERTIFICATION required every two year).
- Ability to distinguishing between "skilled" and "unskilled" tasks. "Skilled" task MUST be performed by the licensed nurse only.

Documentation Requirements

MAS Nurse (RN/LPN):
- Training of MAC Worker using NDP MAC Education Log. (at a minimum, initial, any retraining and every 2 year update/recertification)
- Verification of MAC Worker competency. (completion of skill competency checklist)
- Documented MAC Supervision as required. (At least annually and PRN)
- Consumer assessments.(Comprehensive and Focused, initially and PRN; RN assessment should be completed within 10 days of admission; PRN assessments should be completed within 3-5 days)
- Use of all NDP forms. (See Section XI; forms are also located on ADMH/NDP webpage)
- Compliance with ABN regulation 610-X-6-.06 Documentation standards.
- Maintenance of a MAC file for each MAC Worker as required.
  - Minimum contents of the MAC file
    - MAC I certificates for all six courses
    - MAC II certificate
    - Competency checklist for each task delegated
    - Delegation form signed by MAC Worker and MAS Nurse
    - Annual Direct Supervision form (Required at least annually, but can be done on a more frequent basis and PRN)

- Every two years, four hour MAC UPDATE/Recertification certificate
- Any other pertinent documentation

ALL NDP FORMS ARE TO BE MAINTAINED BY THE AGENCY FOR A MINIMUM OF FIVE YEARS.

THE ORIGINAL NDP FORMS ARE THE PROPERTY OF THE AGENCY.

 NURSES ARE NOT TO TAKE ORIGINAL NDP FORMS WITH THEM WHEN THEY LEAVE AN AGENCY.

MAC Worker:
- There must be documented evidence of communication between MAS Nurse and MAC Worker. (The MAS-MAC Connection)
- Appropriate documentation on the MAR.
- Medication Error Report form as needed.
- Other documentation as required by agency.

Components of the NDP

1. Organizational Responsibilities
   - The agency is responsible and accountable for providing sufficient resources including the appropriate staff mix, needed equipment and supplies.
   - The agency administration should have depth and flexibility in human resources (licensed nurses) to assure that loss of a licensed professional (nurse) due to illness, accidents or administrative changes is covered by other licensed professionals (nurses) within the organization or geographical area.
   - The local emergency room CANNOT be used as a back-up for licensed nurses unless:
     - there is a structured, written agreement.
     - the ER nurse is familiar with the agency operations.
     - the ER nurse is MAS trained.
   - The agency is responsible for the development and implementation of NDP related policies and procedures approved by the agency's board of directors.
   - The agency is responsible for position descriptions that include the requirement to assist with medication administration.
   - The agency is required to assure each MAC Candidate has a high school diploma or GED, as evidenced by documentation in the personnel record.
   - The agency is responsible to assure successful completion of ABN approved MAC I (all 6 courses) training.
   - The agency is responsible for assuring all continuing education requirements are met for MAC Workers and MAS Nurses.
   - The agency is responsible for assuring documentation of competencies for all personnel is maintained.

- The agency is responsible for creating an environment conducive to team work, collaboration and consumer centered care.
- The agency is responsible for assuring compliance with all Local, State and Federal laws.

. Education and Training
- The MAS Nurse shall be familiar with key psychiatric, medical and behavioral problems encountered in the mental health community treatment continuum.
- The MAS Nurse shall be familiar with issues that impact medication compliance. This must be stressed during MAC II training.
- The MAS Nurse shall be knowledgeable about the agency's emergency and seizure management plan and shall review these plans during the MAC II training.
- The MAS Nurse shall emphasize the importance of observation in detecting potentially dangerous problems. (Encourage use of the observation checklist)
- The MAS Nurse shall stress the importance of the MAS – MAC Connections. (CALL THE MAS NURSES FOR ANY PROBLEMS, ANY QUESTIONS, ANY TIME THE MAC WORKER IS NOT SURE.)
- The MAS Nurse may include additional, supplemental information that does not contradict or conflict with course materials.
- The MAS Nurse shall explain the importance of and the responsibility associated with assisting with medication administration.
- The MAS Nurse shall emphasize the rights and humanity of the consumers served.
- The MAS Nurse is encouraged to use consumers who will receive care from the MAC Worker as clinical examples. Some medications or medical problems may not exist in your consumer population; in this case the MAS Nurse is encouraged to use clinical examples to highlight pertinent issues.
- MAC II MUST include but is not limited to the following:
  - Review of agency policies and procedures related to NDP.
  - How to document appropriately on the MAR.
  - How to recognize and report medication errors.
  - Meeting all MAC II learning objectives

3. Quality Assurance
- Medication Error Levels
  - Level 1 – Monitoring error (Includes documentation error).
  - Level 2 – Intervention error (Includes ER visit due to med error).
  - Level 3 – Significant event (Includes hospital admission due to med error).
- Medication Error Types
  - Wrong person
  - Wrong med
  - Wrong time
  - Wrong route
  - Wrong dose
  - Wrong reason
  - No documentation

- o Missed Dose
- o Other – Must give clear description

When reporting med errors be sure to specifically state ***how the error impacted the consumer (signs, symptoms, complaints, etc.)*** and what was the final disposition or outcome for the consumer.

- Data Reporting Requirements [ABN regulation 610-X-7-.06(9)]
  - o Total # programs.
  - o Total # consumer served.
  - o Total # RNs.
  - o Total # LPNs.
  - o Total # of MAC Workers.
  - o Total # of MAC Workers trained (April 1 to April 1).
  - o Total # of med errors in each category.

4. Compliance
   - Compliance with NDP will be assessed by ADMH Certification Surveyors during the agency's certification site visit using the NDP Scoring Sheet
   - The MAS Nurse shall be accessible to surveyors.
   - Noncompliance with NDP may result in decertification of the agency.

SECTION V

Alabama Law

UNDERSTANDING ALABAMA LAW

- The Nurse Delegation Program allows a non-licensed direct care worker in ADMH certified Community Mental Health Programs to assist a MAS trained nurse with medication administration.
- Alabama law limits possession and distribution of medications to anyone other than the person prescribed the medications.
- Family members may administer medications to children or adults who are direct blood relatives. Administration of medications by family members in ADMH certified programs is not encouraged due to the increase in liability; however, the agency's board approved policies and procedures should be followed as it relates to family members administering medications in ADMH certified programs.
- Persons unrelated and non-licensed are not allowed to give medicines to other individuals as part of their job function in the State of Alabama.
- Alabama law requires that a registered nurse (RN) direct the care of both the licensed practical nurse (LPN) and the MAC Worker.
- The MAS RN or MAS LPN may _train_ and _supervise_ a MAC Worker.

The Medication Assistant Certified (MAC) Worker serves as an *assistant* to our licensed nursing professionals.

One of the MAC worker's **primary responsibilities is to communicate with a MAS RN/LPN** and give accurate information about the consumer's status.

The regulation that forms the foundation for the Nurse Delegation Program is found in the Alabama Board of Nursing Administrative Code, Regulation 610-X-7-.06
According to **Regulation 610-X-7-.06   Alabama Department of Mental Health Residential Community Programs,**

      (1)   The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to patients in those settings.

      (2)   Registered nurses or licensed practical nurses who provide nursing care in the residential community mental health setting, and the community extensions including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.

      (3)   The Registered Nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of patients' nursing care needs. The LPN may initiate and document data elements of the comprehensive assessment. The outcome of the comprehensive assessment determines the tasks that may be safely performed by unlicensed assistive personnel in residential community mental health settings.

      (4)   The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to, the following:

          (a)   Catheterization, clean or sterile.
          (b)   Administration of injectable medications, with the exception of injectable medication for anaphylaxis such as the Epi-pen.

(c)   Administration of rectal or vaginal medications.
(d)   Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
(e)   Tracheotomy care, including suctioning.
(f)   Gastric tube insertion, replacement, or feedings.
(g)   Invasive procedures or techniques.
(h)   Sterile procedures.
(i)   Ventilator care.
(j)   Receipt of verbal or telephone orders from a licensed prescriber.

(5)   The task of assisting with the delivery of prescribed eye, ear, nose oral, topical, inhalant, rectal or vaginal medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:
(a)   The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.

(b)   The mental health worker selected by the registered nurse or licensed practical nurse shall complete six (6) courses of MAC I Training via E-learning computer modules with a minimum score of 90% on all testing. Successful completion of MAC I Training shall be followed by the successful completion of eight (8) hours of MAC II Training conducted by a MAS Trained RN/LPN.

(6)   The registered nurse or licensed practical nurse shall provide and document annual evaluation and monitoring of the unlicensed individual performing the delegated tasks. The registered nurse or licensed practical nurse shall assess and document annually at a minimum the following:
(a)   Competency
(b)   Documentation
(c)   Error Reporting
(d)   Identification of the 7 rights of assisting with medication administration
(e)   Professionalism
(f)   Reliability
(g)   Respect
(7)   The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).
(8)   The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request to include but not limited to:
(a)   Total number of residential community facilities.
(b)   Total number or residents served.
(c)   Total number or registered nurses.
(d)   Total number of licensed practical nurses.
(e)   Total number of Mental Health Workers trained to assist with delivery of medications.
(f)   Total number of Mental Health Workers trained during the reporting period to assist with delivery of medications.

33

(g)   Total number of medication errors in each category.

Author: Alabama Board of Nursing.
Statutory Authority: Code of Alabama, 1975, § 34-21-2(c) (21).
History: Filed November 22, 2005. Effective December 27, 2005. **Amended:**   Filed March 12, 2007. Effective April 16, 2007. Filed November 23, 2009. Effective December 28, 2009

SECTION VI

Rights and Responsibilities

THE RIGHTS AND RESPONSIBILITIES OF THE TREATMENT TEAM

The treatment team includes the Medication Assistant Certified (MAC) Worker, the Medication Assistant Supervising (MAS) RN/LPN, Physician, Qualified Mental Health Professional, Case Manager, the Administrator, the Pharmacist, other health care professionals, the consumer and the consumer's family.

The RN directs the care of both the MAS LPN and the MAC Worker.

RIGHTS AND RESPONSIBILITIES of the MAC WORKER

Rights of the MAC Worker are as follows:
- To proper education about medication assistance and orientation to the consumer.
- To be supported by the MAS nurse and other licensed professionals within the agency/program/facility.
- To 24/7 access to a MAS Nurse via physical presence, electronic or telephonic communication for direction, consultation and collaboration.
- To sufficient time to assure that each consumer receives the level of care which is required by their need.

Responsibilities of the MAC Worker are as follows:
- To follow all policies, procedures and regulations.
- To know consumers being cared for by the MAC Worker.
- To pay attention to the consumers on a frequent basis and listen to their concerns or complaints.
- To ask questions whenever you are unsure about whether to administer a medication.
- To recognize that there is no "dumb question" with regards to consumer safety.
- To stay connect to your MAS Nurse.

RIGHTS AND RESPONSIBILITIES OF THE MAS NURSE

Rights of the Nurse are as follows:
- The MAS RN or LPN delegating the task may, at any time, suspend or withdraw the delegation of tasks to MAC Workers.
  [ABN Regulation 610-X-7-.06(8)]
- Proper education about the Nurse Delegation Program.
- Adequate time to educate assigned MAC Worker.
- Freedom to select and delegate to MAC Workers based on the workers' ability and attitude.
- An adequate staffing ratio of the license professional nurse to MAC Worker in order to provide safe management and adequate consultation.

Responsibilities of the Nurse are as follows:
- To follow NDP guidelines and all related regulations.

- To notify the agency administration if delegation has been rescinded for any MAC Worker.
- To supervise and assist MAC workers as needed and respond to questions or concerns.
- To communicate with consumers' treatment team and other agency staff as appropriate.
- To utilize only the approved Training Program to educate MAC workers.
- To provide skilled nursing care as required by the consumers' needs.
- To comply with the Alabama Nurse Practice Act.

RIGHTS AND RESPONSIBILITIES OF THE ADMINISTRATION

Rights of Administrative Staff
- Training related to the Nurse Delegation Program.
- To report MAS Nurses not fulfilling NDP responsibilities to the Alabama Board of Nursing.
- To seek assistance from the NDP Office when problems develop

Responsibilities of Administrative Staff (See Administrative Requirements Component of the Nurse Delegation Program in Section IV)
- To ensure compliance with ABN Regulations which govern the license of every nurse licensed in AL.
- To assure MAS Nurse is capable of implementing and managing the Nurse Delegation Program at the agency, attends ongoing MAS trainings and has a current, unencumbered Alabama Board of Nursing license.
- To assure successful completion of required training for nurses and unlicensed workers.
- To assure MAC Workers have completed MAC I training, scored 90 % or higher on the test, and certificate for all six courses is presented before the MAS Nurse begins MAC II.
- To maintain all required NDP records.
- To ensure all LPNs have a supervising RN as required by the Alabama Nurse Practice Act.
- To employ a MAS Nurse for 24/7 coverage via physical presence, electronic or telephonic communication for direction, consultation and collaboration with the MAC Workers. On-call nurses must have a current MAS certificate. The On-call MAS trained nurse does not have to be the *delegating* nurse.
- To determine if a *decertified* MAC Worker will continue to meet his or her requirements for employment. (A decertified MAC Worker CANNOT touch medications or receive any delegation from a MAS Nurse.)
- To comply with all Local, State and Federal laws.
- To assure all reports are submitted, as required, the Alabama Department of Mental Health.
- To assure reporting of and appropriate response to adverse occurrences.
- To educate consumers/families/guardians about the use of the Nurse Delegation Program at the agency.

SECTION VII

Implementation of the Nurse Delegation Program

NOTES TO MAS NURSE

There are TWO "RN ONLY" Functions:
1. **Completion of a comprehensive assessment of all patients AND**
2. **Supervision of LPNs**

These two functions are mandated by the following ABN Regulations:

*   **ABN Regulation 610-X-7-.06(3)**
    The Registered Nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of patients nursing care needs. The LPN may initiate and document data elements of the comprehensive assessment. The outcome of the comprehensive assessment determines   the tasks that may be safely performed by unlicensed assistive personnel in residential community mental health settings.

*   **ABN Regulation 610-X-2-.06(2)   Assessment, Comprehensive**
    The systematic collection and ANALYSIS of data including the physical, psychological, social, cultural and spiritual aspects of the patient _by the RN for the purpose of judging a patient's health and illness status and actual or potential health needs._

THE ADMISSION ASSESSMENT SHOULD BE COMPLETED WITHIN TEN (10) DAYS OF ADMISSION.

PRN AND/OR STATUS CHANGE ASSESSMENTS SHOULD BE COMPLETED WITHIN THREE (3) TO FIVE (5) DAYS

- **ABN Regulation 610-X-6-.05(1) (e)   Practice of Practical Nursing**
The practice of practical nursing includes but is not limited to conducting and documenting data elements of the comprehensive assessment.

- **ABN Regulation 610-X-6-.05(1)(g)   Practice of practical Nursing**
The practice of practical nursing includes, but is not limited to provision of care UNDER the direction of a RN, MD or dentist who considers the following elements:
(i)   Evaluation of knowledge, skills and experience of the LPN
(ii)   Complexity of the assigned tasks
(iii)   Health status of the patient

NDP IMPLEMENTATION TREE

STEP ONE: RN Assessment

(LPN can assist in data collection)
ABON Regulation 610-X-7-.06(3)

(Purpose: To judge a patient's health and illness status
and potential health needs)

**Can be cared for
by a MAC Worker**

**Needs care by a
Licensed Nurse**

(GO TO STEP 2)

**TASKS NOT ALLOWED BY
THE AL NURSE PRACTICE
ACT CANNOT BE
DELEGATED**

(STOP)

STEP TWO: MAS RN/LPN

Assessment of Consumer's ability
to self- medicate (NDP Guidelines)

Self - Medicator
- MAS-MAC CONNECTION
- Meds locked
- Needs observation/ Documentation
- PRN approval not required

Not Capable of Self-Medication
- MAS-MAC CONNECTION
- MAC Worker assist with meds
- PRN approval required

**REMEMBER 5 RIGHTS OF
DELEGATION**

Right task(s)
Right circumstance
Right person
Right directions and communication
Right supervision and evaluations

**The Nurse Delegation Program is implemented the same way
in every program certified by ADMH.**

The *first step* of implementation of the Nurse Delegation Program is the RN assessment (to be completed within 10 days of admission) of the consumer's needs. This assessment can be initiated by the LPN. The purpose of the RN assessment is to determine if the needs of the consumer can be safely provided for by a MAC Worker OR if the consumer's needs are too complicated and require skilled nursing to safely meet their needs.

Once the LPN has initiated the comprehensive assessment, the RN must review and summarize the needs of the consumer. The RN must communicate assessment finding and planned interventions to the treatment team, especially the delegating nurse and MAC Worker(s). The RN assessment must be completed initially (completed within 10 days of admission), any time there is a change in the consumer's status (completed within 3-5 days of status change), and at least annually. There must be documentation in the consumer's medical record of the completed RN assessment.

The *second step* of implementation of the Nurse Delegation Program is the MAS Nurse (RN/LPN) assessment of the consumer's ability to self medicate. For consumers who **can self-medicate**, PRN approval from the MAS Nurse is encouraged but is not required. All other NDP guidelines apply for self-medicators – meds must be locked/double locked as required; self administration must be documented; the MAC Worker must contact the MAS Nurse for any concerns or problems.

For consumers who **cannot self-medicate**, the MAC Worker must contact the MAS Nurse prior to assisting with all PRN medications.

The assessment of consumer's ability to self-medicate must be done initially, any time there is a change in the consumer's status, and at least annually. There must be documentation in the consumer's medical record of the completed assessment of the consumer ability to self- medicate.

Neither family nor consumers have the right to demand self-medication when assessment by a MAS Nurse (RN/LPN) demonstrates the consumer does not meet the criteria to self-medicate.

Pill Planners or Pill Boxes
> A licensed nurse may sit with a consumer who is capable of self-medication administration while the consumer fills his/her own pill box. The medications must be removed from the medication bottle/package and placed into the pill box by the consumer. The nurse is NOT allowed to pre-fill the pill box for the consumer. ALL medications must be stored in a safe and secure area to assure there is no unauthorized access.

> A MAC Worker may assist the consumer who can self-medicate by reminding him/her of medication times, but the consumer must administer the meds themselves.

Emergency Medications
> Emergency medication such as asthma inhalers, Epi-pens or nitroglycerine, etc. may be kept with the consumer (See agency policy). The MAC Worker must monitor proper usage, effectiveness and availability of the medication each shift (evidenced by documentation as directed by agency policy and procedures). The MAS Nurse must be contacted any time emergency medications are used.

SECTION VIII

The MAS-MAC Connection

NOTES TO MAS NURSE

*ABN Regulation 610-X-2-.06(5)   **Assignment, Unlicensed Individual**
The designation of tasks from a licensed nurse to unlicensed assistive personnel (MAC Workers)
The licensed nurse making the assignment retains accountability for accurate and timely completion
and outcome of the tasks.

*ABN Regulation 610-X-2-.06   **Supervision, Indirect**
Responsible licensed nurse is AVAILABLE for periodic inspection and evaluation through physical
presence, electronic or telephonic communication for direction, consultation and collaboration.

<u>DELEGATING NURSES MUST BE AVAILABLE AND MUST RESPOND IN A TIMELY MANNER, (15-30 MINS), TO ALL CALLS FROM MAC WORKERS.</u>

The on-call nurse must be MAS trained with current MAS certification.
The on-call MAS Nurse ***does not*** have to be the nurse who trained and/or delegates to the unlicensed MAC Worker. Since all MAC Workers and MAS Nurses receive the same training, there will be consistency with the MAS-MAC Connection.

<u>What is the MAS-MAC Connection?</u>
> The MAC Worker is an extension of the MAS Nurse. The MAS Nurse is responsible and accountable for nursing care provided in ADMH Residential Community Programs. The MAS Nurse is the knowledge base for the MAC Worker while the MAC Worker is the eyes, ears, hands and voice of the MAS Nurse. The MAC Worker and the MAS Nurse have a symbiotic (mutually beneficial) relationship; each one needs the other.

> REMEMBER: ABN Regulation 610-X-7-.06(1)
> Alabama Department of Mental Health Residential Community Programs

> **<u>The RN/LPN who provides care in residential mental health programs certified by the ADMH is accountable and responsible for the nursing care delivered to patient in those settings.</u>**

> The consumers served by the agency are patients of the MAS Nurse. This is analogous to a nurse patient assignment in a hospital setting. The nurse is required by the Nurse Practice Act, to be ***<u>responsible and accountable for the nursing care</u>***. The MAC Workers are ***<u>extenders – the eyes, ears, hands and voice of the MAS Nurse.</u>***

> The MAC Worker must have access to the MAS Nurse via phone, text or email twenty-four hours a day, seven days a week without exception.

> The MAS Nurse should include information regarding how to contact him/her AND what to do if there is no response within thirty minutes. Contact information and instructions should be available to every MAC Worker.

> The MAS Nurse must be accessible to the MAC Worker at all times. It is important for the MAS Nurse to take call only during the time he/she can be available for indirect and, if necessary, direct supervision of the MAC Workers. This is a right of the MAC Worker and a responsibility of the MAS Nurse.

MAS Nurses may use the form on the next page as needed.

MAS-MAC CONNECTION

ALABAMA LAW REQUIRES ALL MAC WORKERS TO HAVE A DELEGATING MAS NURSE.

MAC WORKERS,

Stay connected to your MAS Nurse:

- Call your MAS Nurse anytime you have a question or concern.
- Remember to document all calls to the MAS Nurse.
- Notify your MAS Nurse of any accident, injury, status change, or medication error.

DATE _____

_____ MAS Nurse
NAME

(_____)_____
TELEPHONE NUMBER

_____
EMAIL ADDRESS

SECTION IX

Agency Policies and Procedures to Review During MAC II

Suggested NDP Related Policies and Procedures

The list below is a minimum suggested listing of policies and procedures that should be available at the agency.

- Staffing/Training – MAS, MAC (Including required updates)
- Supervision – MAC, LPN (Direct and Indirect Supervision)
- MAR – Use of and required documentation (Include how documentation of medications by consumers who can self medicate will be handled)
- Consent/Acknowledgment of risk and benefits of psychotropic medications
- Standing Orders
- Treatment orders from legally authorized prescribers
- Compliance with all applicable laws – ADMH, ABN, ABP, ADPH, OSHA, ADA, DEA, local, state, and federal etc.
- Managing medication assistance away from the agency
- Medication errors
- Medication Security
- Medication Disposal (Must involve a licensed nurse, unlicensed person can witness)
- Decertification of a MAC Worker (Unlicensed person not MAC certified CANNOT touch medications)
- Reporting a licensed nurse to the ABN (Procedure and forms can be located on the ABN webpage)
- Documentation (See ABN Regulation 610-X-6-.06)
  - Abbreviations
  - Communications
  - Observations
  - Self administration
  - Lab values
  - Treatment orders
  - Informing of Family/Significant Others of use of NDP at agency
- MAC Files
- Emergency Management
- Seizure Management

All MAS Nurses should also be familiar with the ADMH Regulations to ensure compliance.

SECTION X

Medication Errors

NOTES TO MAS NURSE

Medication error by licensed and unlicensed staff must be reported to the ADMH.
Level 2 and Level 3 errors must be reported with in 24 hours of discovery to the MAS Nurse.

Medication errors would include any mistake with the 7 Rights of medication administration. ABN Regulation 610-X-6-.07(1) (j) (i-vii) Medication Administration and Safety states:
"The RN/LPN shall have applied knowledge of medication administration and safety, including but not limited to safety precautions including but not limited to:
(i)   Right patient
(ii)   Right medications
(iii)   Right time
(iv)   Right dose
(v)   Right route
(vi)   Right reason
(vii)   Right documentation."

ALL MEDICATION ERRORS COMMITTED BY LICENSED AND UNLICENSED PERSONS MUST BE REPORTED TO ADMH.

The "right reason" addresses giving a medication for a "reason" other than it was prescribed for. Many medications are used "off label". This means they are prescribed for a reason different from the use described on the FDA approved label.

Example #1:   Aspirin is approved for pain/fever; used as anticoagulant, Aspirin ordered as a blood thinner CANNOT be given for a complaint of pain/fever unless a separate order is obtained from a legally authorized prescriber.

Example #2:   Depakote is approved for seizures, but used as a mood stabilizer Depakote ordered for mood stabilization cannot be given for seizure activity unless a separate order is obtained from a legally authorized prescriber.

Lack of appropriate documentation on the MAR after medication administration is a Level 1 medication error.

Forgetting to give a dose of medication is called a "missed dose". This is also a medication error.

The severity of medication errors is noted by Levels – I, II, III.

Level I medication errors are called "monitoring errors". A Level I error is an incident in which the person experienced no or minimal adverse consequences AND no treatment or intervention other then monitoring or observation is required. Lack of appropriate documentation on the MAR after medication administration is a Level I medication error.

A **Level II** medication error is called a "treatment error". A Level II medication error is an incident in which the person experienced short term, reversible adverse consequence AND treatment or intervention in addition to monitoring is required. Sending a person to the emergency room in response to a medication error is a Level II medication error.

A **Level III** medication error is a sentinel event. A Level III medication error is an incident in which the person experienced life threatening and/or permanent adverse consequence. Hospital admission in response to a medication error is a Level III medication error.

The delegating MAS Nurse must be notified of all medication errors committed by MAC Workers. The MAS Nurse must be notified within 24 hours of a Level II or Level III error. The MAS Nurse must be notified within 72 hour of all Level 1 medication errors.

The Divisional Incident Prevention and Management Policies and Procedures are used to guide the MAS Nurse/Agency Administrator in reporting medication errors to ADMH. Medication errors must be included in the agency's Quality Assurance Plan, which will be reviewed during the Agency's Certification Survey.

Medication administration errors by different types of healthcare professionals including physicians, pharmacist, RNs and LPNs, occur on a regular basis in all clinical settings. A medication error does not necessarily constitute negligent care. Successful lawsuits occur when healthcare professionals violate the community standard of care and do not adhere to basic practices.

Each medication error must be evaluated on its individual merit. The occurrence of a mediation error does not imply the MAC Worker or license professional is incompetent or negligent.

Medication errors occur in all settings. A medication error does not imply that a MAC Worker or Nurse is incompetent, careless or unsafe. Repeated errors despite re-education or flagrant, reckless behavior that causes risk to consumers require immediate action for correction or termination from MAC privileges. The MAS RN/LPN has the ultimate authority to de-certify a MAC Worker for medication errors.

The Agency Administrator/designee and the MAS Nurse must assess all Level II and Level III Medication errors within 24 hours of discovery of the error. MAC Certification is suspended for all Level III errors until the MAS Nurse is satisfied that the MAC Worker is capable of resuming MAC responsibilities OR the MAC Worker is decertified. MAC Workers committing Level II medication errors may be suspended until clarification is obtained. The remedial actions may include re-education or other actions as determined by the MAS Nurse.

SECTION XI

Forms

The Nurse Delegation Program includes the following <u>standardized forms:</u>
- Certification Score Sheet – NDP 1
- Delegation Form – NDP 2
- Annual Direct Supervision Form – NDP 3
- Level 2/3 Medication Error Form – NDP 4
- Self Administration Assessment Form – NDP 5
- MAC Worker Call Log – NDP 6
- Certificates – NDP 7
  - MAC II
  - MAC Update/Recertification (Required every 2 years)
  - MAS Recertification/Update
- RN Assessment (use of form optional; *completion of the assessment is not optional*) – NDP 8
- MAS Nurse Education/Training Log – NDP 9
- MAC Education/Training Log – NDP 11
- MAS Nurse Call Log (Use is optional) – NDP 12
- Competency Verification Checklist – NDP 13
- Healthcare Practitioner Consultation Form – NDP 14
- MAC Revocation of Delegation Form – NDP 15

<u>Certification Score Sheet NDP 1</u>

1. Review agency's policy and procedures approved by their Board of Directors for noted policies and procedures

2. Review staff personnel/training records (MAC Files) for:
   a. RN/LPN licensure verification
   b. HS diploma/GED for each MAC Worker
   c. Documentation of MAC I Training
   d. Documentation of MAC II Training (8 hours minimum)
   e. Documentation of skills competency verification (Skills check sheet)
   f. Documentation of MAC Recertification/UPDATE (minimum 4 hours every two years)
   g. Documentation of MAC Supervision (at least annually)
   h. Documentation of MAS Nurse Training
   i. Documentation of MAS Nurse Recertification/UPDATE (every two years)
   j. Documentation of MAS LPN Supervision by RN licensed in AL (at least annually)
   k. Decertification of MAC Workers

3. Review consumer records/MAR for:
   a. Self Administration Assessment completed by MAS RN/LPN (at least annually)
   b. A nursing assessment at least annually (10 days within admission) and at any status change (3-5 days within change of status)
   c. Orders from legally authorized prescribers – MD, DDS, NP, PA, CNM
   d. Blanks on the MAR (Compare MAR with available meds)

4. Interview agency staff to include but not limited to MAC Workers, MAS Nurse, Agency Administrator/designee
    a. What is the process for self administration of medication at the agency/away from the agency
    b. What is the process for providing skilled nursing tasks at agency (Tasks that cannot be delegated?)
    c. How did your MAS Nurse complete your supervision? Face-to-face? Other?
    d. Have any MAC Workers been decertified?
    e. Where is your MAC Log/documentation of contact between MAC Worker and MAS Nurse?
    f. How are medication errors documented? Reported?
    g. Was required data sent to NDP Office? (See copy)
    h. How are medication secured? Controlled substances?
    i. How are controlled substances counted and documented?
    j. Have MAC Worker call MAS Nurse. What was response time?

EFFECTIVE JUNE 1, 2013, all agencies will have a NDP Score as determined by the findings on the attached NDP Score Sheet.

The shaded areas on the score sheet are where the points for that section will be placed. Each section has a potential for "5" points. There are 10 shaded areas on the form, which makes the maximum points for NDP "50".

Directions are provided at each section along with compliance criteria.

A readable copy of the NDP score sheet must be forwarded to the NDP office within 15 days of completion of the site visit. Issues of noncompliance will be addressed by the NDP Office in collaboration with the Divisional Certification Office

NOTE: ID/MH/SA COMPREHENSIVE AGENCIES

NDP is the same for all Divisions. ***ID and SA have Division specific regulations that must be assessed by certification surveyors IN ADDITION TO the NDP score sheet***. Those issues addressed by Divisional regulations should impact the agency score.

At comprehensive agencies, the Certification Surveyors should only complete "one" NDP Score sheet that reflects NDP compliance across the agency; similar to the assessment of the ADMH Administrative Regulations.

Divisional Surveyors can assess the NDP regulations during their visit and communicate their findings to the Division that will be responsible for compiling findings for the agency's NDP score. It is recommended that Divisions communicate and collaborate and determine who is responsible for the compilation of NDP findings on all comprehensive visits.

The Delegation Form (NDP-2)

Delegation is a legal action that is not official until the delegation form is signed by the MAC Worker and the delegating MAS Nurse(s).

Completing the MAC Training _IS NOT_ delegation

Every MAC Worker must have a delegation form. The MAC Worker must sign the form acknowledging completion of the Alabama Board of Nursing approve MAC I and MAC II training AND the willingness to accept the responsibility to assist with medication administration and other delegated nursing tasks.

The delegating MAS Nurse is responsible for nursing care provided in ADMH Community Programs

The date the MAC Worker successfully completed MAC I is documented in the required space.

Column 1, "DATE MAC II COMPLETED", is the date the delegating MAS Nurse verifies the successful completion of eight (8) hours of MAC II training _**OR**_ the date of verification of competency of all delegated nursing tasks. Initials and dates on the delegation form should correspond with initials and dates on the skills check sheets which documents the competency of nursing task delegated. All skills check sheets must be maintained in the MAC File for a minimum of five (5) years.

All MAC Workers must have a four (4) hour recertification/update training performed by a MAS Nurse with a current certification, including review of all delegated task at a minimum every two (2) years.

ALL MAC EDUCATION MUST BE DOCUMENTED ON THE MAC EDUCATION LOG, NDP 11

Column 2, "DATE DELEGATION SUSPENDED", is the date the MAC Worker's delegation privileges are stopped for a brief period of time (temporary). The MAS Nurse must document the reason for the suspension and the planned corrective action in the "comments/notes" section on the back of the delegation form. If there is no suspension of the MAC Worker's delegation privileges, Column 2 should have a line drawn through that space. Remember, proper documentation requires no blank spaces.

Column 3, "DELEGATING MAS RN/LPN SIGNATURE AND DATE", is where the MAS Nurse signs and date each time an action, i.e. successful completion of MAC II or redelegation after suspension of delegation duties.

Column 4, "INTIALS", is the initials of the MAS Nurse signing on that line of the delegation form. Initials and dates on the delegation form should correspond with initials and dates on the skills check sheets which documents the competency of nursing task delegated. All skills check sheets must be maintained in the MAC File for a minimum of five (5) years.

ABN Regulation 610-X-6-.11(3) Assignment, Delegation and Supervision states:
> *"The RN/LPN shall delegate only after considering various factors including but not limited to:*
> *(a)   Knowledge, skills and experience of the person receiving the delegation*
> *(b)   Complexity of the delegated tasks*
> *(c)   Health status of the patient"*

When a MAS Nurse begins to work at an agency where another MAS Nurse was previously the delegating nurse, the new MAS Nurse must verify the following:

ALL MAS Nurses must verify the following prior to signing the delegation form:
1. MAC Worker has a HS diploma/GED
2. Successful completion of MAC I as evidenced by certificates (note date on delegation form)
3. Successful completion of eight (8) hours of MAC II as evidenced by certificate signed by a MAS Nurse (If certificate is not available, the MAS Nurse must teach 8 hours of MAC II)
4. Competency of the MAC Worker to perform all nursing tasks delegated (date must be noted on delegation form). Competency verification of nursing task delegated may be completed by the MAS Nurse, in the time required to successfully complete the verification. The time range is documented as directed on the MAC Education Log, NDP 11.

WHEN THERE IS A _TEAM_ OF DELEGATING NURSES AT AN AGENCY, NEW MAS NURSE(S) MAY USE THEIR NURSING JUDGMENT TO DETERMINE IF THE TRAINING/COMPETENCY VERIFICATION DONE BY OTHER MAS NURSES IS ADEQUATE. THE NEW MAS NURSE MUST DOCUMENT ON THE SKILLS VERIFICATION FORM, "_COMPETENCY VERIFICATION ON (Date) BY (Name of MAS Nurse) accepted. The New MAS Nurse must sign, date and initial the skills check sheet._

The date noted on the skills check sheet is the date that must be documented on the delegation form.

REVOCATION OF DELEGATION

Anytime delegation privileges are permanently revoked, a "Revocation of Delegation Form, NDP 15, must be completed by the MAS Nurse (See NDP 15)

When a MAS Nurse leaves an agency where he/she has been the delegating nurse, as evidenced by his/her signature and initials on the delegation form, the reason for the revocation must be documented on the revocation form. Several MAC Workers may be listed on one form. A copy of the form, in addition to a letter of resignation, should be maintained in the MAS Nurse's personnel file. A copy of the revocation form should be maintained in the appropriate MAC Worker files.

Annual Direct Supervision Form (NDP-3)

This form is used to document direct supervision (*face-to-face*) of MAC Workers by the MAS RN/LPN. ABN regulation 610-X-2-.06(19), "Supervision, Direct" states: *"Responsible licensed nurse physically present in facility and readily accessible   to designate or prescribe a course of action or to give procedural guidance, direction and periodic evaluation."*

- The MAS Nurse must provide direct supervision, face-to-face, at least annually and/or PRN.
- The direct supervision shall be completed no more than 30 days after the previous documented direct supervision.
- Direct supervision will be documented as needed, in addition to the annual requirement
- The rating scale ranges from "1" - very poor, to "5" - outstanding.   A "1" or "5" rating must be accompanied by comments documented by the MAS Nurse

The MAS Nurse must assess and rate the following areas at a minimum:

1. Competency
2. Documentation
3. Error Reporting
4. Identification of the 7 Rights
5. Professionalism
6. Reliability
7. Respect

Guidelines to Assist With Assessment of MAC Workers

Quality Monitors
1. Competency
   - Assists with medications without serious, avoidable errors.
   - Any Level III medication error is considered to be serious and requires immediate re-assessment of competency.
   - Demonstrates appropriate techniques for assisting with all types of medications.
   - Demonstrates appropriate technique for use and care of all medical/nursing equipment.
   - Adherence to NDP guidelines.
2. Documentation
   - Appropriate documentation on the MAR and all other NDP/agency required forms in a timely manner.
   - Legible handwriting.
   - Appropriate correction of any documentation errors without using whiteout or destroying incorrect documentation.
3. Error Reporting
   - Appropriate recognition of medication errors.
   - Reports medication errors correctly and timely.
4. Identification of the 7 Rights

- Ability to state the 7 Rights of assisting with medications.
- Demonstrates using the 7 rights when assisting with medications.
- No medication errors due to noncompliance with the 7 rights of assisting with medication administration.

5. Professionalism
   - Follows directions/instructions of the MAS Nurse.
   - Monitors for side effects of medications.
   - Provides assistance and encouragement to consumers as needed.
   - Willingness to accept constructive criticism/correction from the MAS Nurse.
   - Maintains confidentiality of all health information

6. Reliability
   - Abides by the self reporting systems for medication errors and any other mistakes
   - No falsification of information or documentation
   - Demonstrates personal integrity (moral principles)
   - Dependable

7. Respect
   - Considers the rights and individual dignity of all consumers
   - Communicates and responds to consumers and others with a positive attitude

THE MAS NURSE SHOULD ADDRESS ANY OTHER PERTINENT ISSUES DURING THE ANNUAL DIRECT SUPERVISION SESSION.

A rating of "1" or "5" in any area must be accompanied by supporting documentation in the "Comment" section of the Direct Supervision Form. The MAS Nurse and the MAC Worker must sign and date the form.

Level II/III Medication Error Report Form (NDP 4)

The Level II/III Medication Error Report Form should be ***completed by the MAS RN/LPN any time a Level II/III error occurs***. The form should be emailed or faxed directly to the ADMH/NDP office within 3-5 days of notification/discovery of the error. All requested information should be provided with a "description of the error" focusing on the outcome to the consumer – signs, symptoms, ER visit, hospital admission, etc.

Anytime "other" is noted a clear explanation should be provided.

Forms included in the Divisional Incident Prevention and Management Policies and Procedures must be used to report ***ALL medication errors, Level I, II AND III,*** to the ADMH.

THIS FORM IS FOR NURSES ONLY

Only **LEVEL 2 OR LEVEL 3** errors are to be reported using this form. The purpose is to get information from the MAS Nurse related to the consumer's status after a Level 2 and Level 3 error. This is in addition to the reporting to ADMH using the required divisional reporting forms.

The form should be faxed to the NDP office or emailed to the NDP Director within 3-5 days of notification/discovery of a Level 2/3 medication error

REMEMBER
ALL MED ERRORS, LEVEL 1, 2 AND 3 MUST BE REPORTED TO ADMH. THE DIVISIONAL INCIDENT AND PREVENTION MANAGEMENT PROCEDURE AND FORMS MUST B E USED TO REPORT ALL MED ERRORS.

Client Self Administration Assessment Form (NDP 5)

This form documents the assessment of a consumer's ability to self administer medications by a MAS RN/LPN. This form should be completed within seventy-two hours of admission, annually and any time the consumer has a change in status. Until the self administration assessment form is completed, the consumer shall not be allowed to self medicate and should be assisted with medication administration by a MAC Worker who is supervised by a MAS RN/LPN.

This form must be included in the consumer's medical record. The agency's policies and procedures must state where in the medical record the form will be filed. The assessment must be available for review by ADMH Certification Surveyors and/or other authorized personnel upon request.

MAC Worker Call Log (NDP 6)

The MAC Worker call log may be used to document all calls from MAC Workers to MAS Nurses. This form may not be used at agencies that use electronic medical records or have an alternate method to document calls between the MAC Worker and the MAS Nurse. The agency's policies and procedures must specifically state what form/method will be used to document ALL communication between the MAC Worker and the MAS Nurse.

Regardless of the form/format used to document MAC Worker communication with the MAS Nurse, the MAS Nurse should review the documentation on a regular basis as defined by agency policy and procedure, to verify that instructions were followed, or to follow up on pertinent issues/problems. The agency policy and procedure should state how the MAS Nurse will document that communication has been reviewed.

The MAC Worker Call log is not a part of the consumer's medical record; however, there may be issues noted on the MAC Worker Call Log that may also be addressed in the medical record as required by agency policy and procedure. The form must be maintained by the agency for a minimum of five years.

Certificates of Completion (NDP 7)

This form is provided to be saved as a template for certificates of completion for the MAC II and MAC Update Training. Saving as a template allows agencies to type the agency's name in the designated place for future use. All agencies must use these certificates of completion to facilitate standardization through out the State. Certificates are to be maintained in the

MAC files for a minimum of five years and must be available to ADMH Certification Surveyors upon request.

The MAC II certificate is given upon successful completion of eight hours of MAC II Training.

The MAC Update/Recertification certificate is given upon completion of the required four hours of MAC Update Training every two years.

RN Assessment (NDP 8)

The use of the form is optional; the performance and documentation of the RN assessment in the medical record is not optional. ABN Regulation 610-X-7-.06 ADMH Residential Community Programs states:

(3) *"The RN is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency."*

The method used by a RN to make this determination is the performance of a comprehensive assessment as defined by ABN Regulation 610-X-2-.06(2):

"the systematic collection and analysis of data including the physical, psychological, social, cultural and spiritual aspects of the patient by the RN for the purpose of judging a patient's health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, and development of the patient plan of care, implementation and evaluation of the plan of care."

The agency and/or RN may use the form of choice as directed by the agency's policies and procedures to document the required elements of the Comprehensive Assessment. The RN Assessment form NDP 8 was developed to meet the elements required by the ABN regulation.

The ABN regulations governing the Practice of Practical Nursing (LPN Practice), 610-X-6-.05(1) (e) states:

"The practice of practical nursing includes, but is not limited to conducting and documenting data elements of the comprehensive assessment."

This allows the LPN to assist the RN in the comprehensive assessment by the completion of pages 1-5 of form NDP 8. The LPN must sign and date at the noted place on the form. The last page of NDP 8 must be completed by the RN as noted on the form.

The outcome of the RN Assessment determines if the consumer can be safely cared for by a MAC Worker or if the consumer's needs are so complicated that they require skilled nursing services.

MAS Education Log (NDP 9)

This form must be used by all MATT RN when providing any and all ABN approve NDP training to MAS RN/LPNS. In addition to the Education Log (NDP 9), the MATT RN must submit a Nurse Information Form to the NDP office within 3-5 days of completion of any NDP training

MAC Education Log (NDP 11)

> _**All MAC Training must be documented on this form**_. The "time" section of the form must have a time range, i.e. 8A-5P or 10A-2P. The date of completion for MAC II must be noted as requested on the form.
>
> Check the type of training being conducted. State the date of completion of eight (8) hours of MAC II Training
>
> If re-education or other training is provided, state the nature of the training in the "other" section of the form.
>
> Please be sure the MAC Workers attending the training _**PRINT**_ their names in the first column and place their _**SIGNTURES**_ in the second column.
>
> MAC Education Logs must be maintained a minimum of five years.

MAS Nurse Call Log (NDP 12)

> The use of this form by the MAS Nurse is optional. The intent of this form is to assist the on call MAS Nurse to document calls received and instructions given to MAC Workers. It may be helpful to assist MAS Nurses to follow-up on consumers or issues and document accordingly in the medical record.

Competency Verification Checklist (NDP 13)

Instructions for Completing the NDP Skills Check List

- Unlicensed staff working in ADMH Residential Community Programs, Day Programs and other Community Extensions who will be assisting consumers served with nursing task(s) including but not limited to assisting with medication administration must have a MAS RN/LPN validate the staff's competency for all delegated task(s).
- The NDP Skills Check List is a standardized checklist and the only one to be used for validating competency of unlicensed staff.
- The following guidelines and attachments are provided to assist with training and competency validation as well as providing the minimum standards for all unlicensed staff assisting with mediations and other delegated tasks.
- It is the MAS Nurse's responsibility to determine the unlicensed staff demonstrated competency in performing the tasks by using the guidelines and checklist.

<u>**Directions for completing the NDP Skills Check List**</u>

1. The name of the staff is PRINTED on each page of the checklist.
2. All documentation on the checklist is to be in ink.
3. When a staff has demonstrated competency for a task, the MAS Nurse and staff   will initial and date in the designated block. If the staff needs further training   in an area, this should be noted in the designated "comments" block.
4. Section I, VI and VII – Competency may be determined by asking questions or   by written test.
5. Sections II-V– The staff must be observed performing the task/skill or be   able to verbalize and demonstrate how the task would be performed.
6. The MAS Nurse and staff must sign, initial and date the checklist after the completion of the tasks.
7. If competency validation for additional tasks listed on the NDP Skills Check   List is needed after the staff and MAS Nurse have signed the checklist, they   maybe validated, initialed and dated by the MAS Nurse and staff on the   original form and signed and dated by the MAS Nurse and staff in the   "comment" section OR a new checklist may be used and filed in the MAC File.
8. The "comment" section may be used to document any additional information,   including signatures.
9. The checklist must be maintained in the MAC File.

Guidelines for Completing the Nurse Delegation Program Skills Check List

Section I	Basic Medication Information and Medical Terminology
A. States common medical abbreviations and meanings.	The staff is able to match common medical abbreviations with their meaning and knows the location of a list of abbreviations and meanings when needed. (See Attachment A)
B. Describe common dosage forms of medication and routes of administration.	The staff is able to state the common forms and routes of medication. (See Attachment B)
C. States the 7 Rights.	The staff is able to state the 7 Rights.
D. Describes what constitutes a medication error.	The staff is able to list and describe or give an example of a Level I, II, and III med error. The staff is able to describe or give an example of a med error related to the 7 Rights and a missed dose The staff is able to explain the agency's policy/procedure related to med errors - recognize error - action in response – notifications, forms, observations
E. Describes consumer rights related to refusal, privacy and	The staff is able to describe what he/she would do to facilitate and comply with the consumers' right to

respect.	refuse treatment/meds, right to privacy and right to be treated with respect. Refusal – consumer has right to refuse meds; should not be forced to take meds; review agency's policy and procedure regarding notifications. Privacy – Knock on closed doors before entering; do not discuss meds in the presence of others. Respect – Address consumer by their name; explain what you are planning prior to doing it; answer questions asked.
F. Defines a medication allergy and signs of a possible allergic reaction.	The staff is able to state definition of med allergy and give examples of symptoms of an allergic reaction. Med Allergy – a reaction occurring as the result of an unusual sensitivity to a med/substance; may be life threatening. Symptoms: rash, itching, trouble breathing (to ER)
G. State name and location of medication references available in the facility.	The staff is able to state location of med references/ resources i.e. status change checklist, VS checklist, MAC Facts, list of abbreviations and meanings, measurement tips, contact info for MAS Nurse, etc.
Section II	**Demonstrated Appropriate Technique to Obtain and Record the Following:**
A. Blood Pressure	The staff can demonstrate how to check a BP by using the agency's BP device with the correct size cuff; indicate if manual or electronic on form (Electronic machines encouraged); MAS Nurse responsible for assuring equipment is checked for accuracy according to the manufacturer's recommendations); Discuss how cuff size impact accuracy of BP.
B. Temperature	The staff can demonstrate how to obtain the consumer's temp using the agency's thermometer (Electronic thermometers encouraged); The staff can state things that may affect the temp – activity, food, liquids, smoking.
C. Pulse	The staff can demonstrate how to count the pulse (radial/carotid) for a full minute by the clock or by using an electronic device; Note method on checklist
D. Respirations	The staff can demonstrate how to count the number of breaths a person takes for a full minute.
E. Finger Stick Blood Sugar	The staff can demonstrate how to operate the agency's/consumer's glucose monitoring device using appropriate infection control measures and proper

	disposal of lancets (The MAS Nurse is responsible for assuring the device is properly calibrated); verbalized/demonstrates proper cleaning.
Section III	**Administration of Medications**
A. Verifies use of appropriate medication delivery system with pharmacy label as required.	The staff can state that OTC Meds should be unit dose; however individual multidose containers are acceptable. (All meds must have an order from a legally authorized prescriber.) The staff can state what system is used at the agency and where PRN orders are located.
B. States proper mediation storage guidelines.	The staff can demonstrate/verbalize proper storage of meds assisted with at agency – out of sun and dampness; refrigerate as required. (Common refrig not to be used for meds.)
C. Wash hands.	The staff demonstrates the proper hand washing procedure. (See MAC Facts Manual)
D. Locates a clean and private area.	The staff verbalizes the infection control principles dictating a clean place and how he/she will comply with the consumer's right to privacy; meds are not to be touched or handled by the staff hands; meds are poured from the med container into a cup and given to the consumer; if requested med may be poured in the consumer's hands.
E. Gathers equipment needed.	(Depends on the med to be assisted with) The staff gathers/verbalizes at a minimum. MAR; med cup, water/food substance, tissue/paper towel, tray/box if several forms of meds are assisted with at one time; gloves as required).
F. Identify consumer and brings/goes to medication area.	The staff verbalizes the agency policy for consumer identification. The most common method is photograph (requires a signed consent form); MAS Nurse should ensure name of consumer and date of photo is noted.
G. Unlock medication storage area.	The staff verbalizes/demonstrates the med room is kept locked at all times when not in use and the keys should be on the person of the staff.
H. Read MAR and compare with label on medication container, checks expiration date and 7 Rights.	The staff should compare the label to the MAR 3 times - #1. The staff verbalizes the info on the MAR and the med label match; a med label can only be changed or altered by a licensed pharmacist.
I. Acknowledges allergies	The staff should verbalize the noted allergies.

J. Double checks the med label with the MAR using the 7 Rights.	The staff should compare the label to the MAR 3 times - #2.
K. Performs task satisfactorily.	The staff is to perform/demonstrate each step of assisting with various meds in various routes and forms of meds as noted the MAC Facts Manual. All forms and routes delegated must be validated by the MAS Nurse.
L. Verifies med was taken/administered.	The staff is to demonstrate/verbalize checking to ensure meds are swallowed by offering sufficient fluids and/or asking consumer to open mouth and lift tongue
M. Performs 3rd check of med label with MAR using 7 Rights.	The staff should compare the label to the MAR 3 times - #3.
M. Returns med to proper storage.	The staff is to ensure the medication container is clean and dry prior to returning the medication to the proper storage; meds are to be locked and/or double locked in accordance with the facility policy and procedures; Staff should have direct observation of the meds at all times when they are not locked. (Discuss if the pharmacy label is on a box that contains a bottle of meds i.e. eye drops or ear drops.
O. Documents appropriately on the MAR.	The staff initials the MAR immediately after the meds are given; there is a signature that matches the initials documented; follows agency policy and procedures regarding how to document meds refused, held, PRN, sent with consumer on leave, controlled substances, etc.
P. Washes hands.	The staff demonstrates the proper hand washing procedure. (See MAC Facts Manual.)
Section IV	**COMPETENCY VERIFICATION OF ALL MEDS DELEGATED**
	The staff is to perform/demonstrate each step of assisting with meds in various routes and forms as noted in the MAC Facts Manual. All forms and routes delegated must be validated by the MAS Nurse.
Section V	**OTHER NURSING TASK VALIDATED**
	The staff is to perform/demonstrate each step to appropriately use/clean all medical/nursing equipment
Section VI	**DOCUMENTATION COMPETENCY VERIFICATION**

	The staff is to demonstrate the correct way to document on all appropriate NDP/Agency required forms. Competency may be determined by asking questions or by written test. All questions asked must be documented. **THE MAS NURSE SHOULD HAVE A COPY OR EACH AGENCY FORM FOR EACH MAC WORKER DURING MAC II TRAINING.**
Section VII	**OTHER SKILLS VALIDATED**
Infection Control	The staff is knowledgeable of the facility's policy and procedures and able to locate resource manual(s) for reference. Competency may be determined by asking questions or by written test. All questions asked must be documented. **THE MAS NURSE SHOULD HAVE COPIES OF THE RELATED AGENCY'S POLICIES AND PROCEDURES AVAILABLE AT EACH LOCATION HAS A REFERENCE RESOURCE. ALL ITEMS IN THIS SECTION MUST BE REVIEWED BY THE MAS NURSE DURING MAC II.**
First Aid/Emergency Management	
Seizure Management	
MAS-MAC Connection	
Med/Med Room Security	

Health Care Practitioner Consultation Form (NDP 14)

The Health Care Practitioner (HCP) Form may be used to accompany consumers to all health care appointments and document the reason for the visit. Many HCPs have stated that consumers will arrive for appointments and have no knowledge regarding the reason for the visit. As noted on the form, the reason for the visit is noted in the first section. The last section of the form is where the HCP can document current findings, new diagnosis/meds and any other orders. The back of the form was designed to assist the MAS Nurse in following up after the consumer returns from the HCP.

The use of the form is optional; however, the agency must have some method/format for informing all HCPs of the reason for the visit and any other pertinent information. The agency's policies and procedures should state the specific method/format used to communicate this information to HCPs and state where the required follow-up by the MAS Nurse will be found in the medical record.

MAC Revocation of Delegation Form (NDP 15)

This form documents the revocation of the legal action of delegation. This form must be completed anytime delegation privileges are permanently removed.

The form is completed by the MAS Nurse. The effective date of the revocation is documented in the appropriate space. One or several MAC Worker may be listed as appropriate. Upon completion the form(s) should accompany a letter of resignation and be filed in the MAS Nurse's personnel file. A copy of the revocation form should also be placed in the appropriate MAC file.

When leaving an agency, the professional standard is to give a 30 day notice, when possible. Reason for less than a 2 week notice should be documented on the revocation form along with the plan for transfer of nursing care to another MAS trained nurse.

ABN Regulation 610-X-2-.08(1) states:

> *"Abandonment: Acceptance of a patient assignment, thus establishing a nurse-patient relationship and then ending the nurse-patient without giving reasonable notice to supervisory personnel so that others can make arrangements for continuation of nursing care"*

SECTION XII

Principles of First Aid

First Aid

First Aid is used in emergency situations – falls, accidents, injuries, etc. The performance of First Aid does not require an order from a legally authorized prescriber.

The contents of First Aid kits are approved by the MAS RN/LPN. No items included in the First Aid kits are considered PRN medications. Any item in the First Aid kit, including antibiotic ointments and/or anti-itch creams, may be used by the MAC Worker as directed by the MAS Nurse during First Aid training. Remind the MAC Worker to always check the consumer's allergies.

Anytime First Aid is used, some emergency has caused a change in the status of the consumer. The MAC Worker should report all changes in consumer status to the MAS Nurse and document the communication according to agency policies and procedures.

Personal Care vs. Treatments

Treatments are ***ordered*** by a legally authorized prescriber to address a specific problem. It is best practice to transcribe treatments to the MAR to document completion as ordered.

Personal care does not require an order from a legally authorized prescriber and is usually a ***personal preference or comfort measure***.

Example #1:   Head and Shoulders Shampoo

Treatment: Use ordered QD for Susie Sunshine by CRNP for excessive dandruff and scalp itching.

Personal Care: Susie Sunshine uses head and shoulder shampoo every day because she likes the way it makes her hair feel.

Example #2:   Sun Screen

Treatment: Use ordered by MD for Joe James prior to going outside due to skin sensitivity to the sun secondary to medications.

Personal Care: Joe James uses sun screen before going outside because he heard it helps protect him from skin problems.

Follow the MAC II PowerPoint to cover at a minimum:

- When to call "911"

- Common First Aid Situations

- Agency's Emergency Management Plan

SECTION XIII

Principles of Infection Control and Universal Precautions

Hand Washing

- Hand washing is the number one defense against the spread of disease and infection.

- Before assisting with any care MAC Workers and nurses should properly wash their hands

- Hand washing protects both the consumer and the staff.

Principles of Infection Control

- Infections are caused by germs.

- Germs are all around us, in us, on us, on animals, insects and plants, in the soil and water.

- Most germs do not cause illness in healthy people; most of the illnesses caused are mild, i.e. common cold.

- A communicable disease is one that can be passed from one person to another.

- For a communicable or infectious disease to be passed from one person to another, four things must occur:

  - A germ must be present.

  - The germ must have a place to live and grow.

  - There must be a susceptible host.

  - There must be a way for the germ to enter the host.

- Removing any one of the four requirements for infection to spread breaks the chain of infection, thus preventing the infection from spreading.

- Once germs leave the body, they have to travel from one person to another.

- Germs can travel by direct or indirect contact via

  - insects

  - animals

  - inanimate objects

  - water

  - food

  - air

- Direct contact is contact between the infected person and the non infected person.

- Indirect contact is contact between the infected person and objects in the environment which became contaminated with the germ.

- Once the germ travels from one person to another, it must enter the body of the non infected person via

  - swallowing

  - breathing in

  - injection

  - opening in the skin, i.e. cut or scratch

Blood Borne Diseases

- HIV – Human Immunodeficiency Virus

  - causes AIDS

  - attacks the body's immune system

- HBV – Hepatitis B Virus

  - Infects the liver

  - May cause cirrhosis or liver cancer

- HCV – Hepatitis C

  - Viral liver infection

  - May have no or mild symptoms

  - Usually causes cirrhosis and end stage liver disease

How to Break the Chain of Infection

- Look at your habits, lifestyles and surroundings for things that may promote infection.

- Identify things in the infection chain that can be eliminated.

- Practice good hand washing and personal hygiene.

- Treat all body fluids as potentially infectious.

- Use protective barriers such as gloves, mask and gowns when exposure to infectious agents is possible.

- Maintain a clean environment.

- Store and cook foods at the proper temperature.

- Properly dispose of wastes, garbage and used medical supplies.

- Get protective vaccines and immunizations.

- Consumers should be encouraged to wash hands after using the bathroom and before eating.

Standard/Universal Precautions

- Treat all body fluids as potentially infected.

- Use precautions designed to prevent the transmission of blood borne diseases such as HIV, Hepatitis B and other blood borne pathogens.

- When first aid or health care is provided, blood and body fluids of **_ALL_** people is to be considered potentially infectious.

- *Universal Precautions* was initially developed in 1987 by the CDC.

- The precautions include specific recommendations for the use of gloves, gowns, masks and protective eyewear when contact with blood or body secretions is anticipated.

- Body fluids include the following:

    o blood

    o vomit

    o saliva

    o stool

    o urine

    o drainage from nose or sinuses

    o drainage from wounds or sores

    o secretions from mucous membranes

    o sputum

    o vaginal secretions

    o semen

Personal Protective Equipment

- Gloves must be worn when

    o direct contact with body fluids is anticipated.

    o handling clothes, diapers or linens soiled by urine, feces, vomit or blood.

- Gloves must only be used once then appropriately disposed.

- Mask must be worn when providing care to persons known to have an infectious disease that can be spread by air/droplet transmission – flu, chicken pox, measles, meningitis, mumps, rubella.

- Gowns/Aprons must be worn when changing/washing heavily soiled clothes and linen that may contaminate your personal clothing.

SECTION XIV

Seizure Management

Seizures
- Seizure disorder is the same as epilepsy.
- Seizures are produced by abnormal electrical activity in the brain.
- Seizures are usually distressing to the consumer and can be life threatening.
- Antiseizure or anti epileptic medications help prevent the abnormal firing of brain cells.
- Non compliance with anti epileptic medications is a common cause of recurrent seizures.
- Seizures commonly occur in persons with mental disorders.
- Some consumers know before they are about to have a seizure. They may say "I feel funny" or "I smell something strange."
- There are several types of seizures.
- The best known type of seizure is called grand-mal seizure.

Grand Mal Seizures
- May cause loss of consciousness.
- Causes loss of control of body muscles.
- Causes rhythmic jerking motions of the arms, legs and body.
- May cause loss of bowel and/or bladder functions.

MAC Worker Responsibilities
- **Stay with the consumer.**
- Protect the consumer from injury during a seizure.
- Note and later record time seizure occurred and how long it lasted.
- Never put your hands, fingers or any object in the mouth of a person have a seizure.
- Call your MAS Nurse.
- Remove all potentially harmful objects.
- Protect the consumer's head from any injury.
- Do not hold consumer down.
- A change in the number of seizures is important. Notify your MAS Nurse of any change in the number and/or intensity of seizures for a consumer.
- Non compliance with seizure medication is a common reason people have more seizures. Notify your MAS Nurse any time a consumer is non-compliant with medications.
- A new onset seizure for consumers who have no history of seizure is a medical emergency. Follow the agency's seizure protocol and call your MAS Nurse.

Documentation of a Seizure
- Note and document the time the seizure begins and ends.
- Describe what occurred, what the consumer was doing and what the consumer looked like.
- Document all information required by your agency's seizure management policies and procedures including the time you call your MAS Nurse.

DIASTAT

The NDP allows the MAS Nurse to delegate assistance with administration of Diastat suppositories. Consumers must have a documented seizure disorder and an order from a legally authorized prescriber with specific instructions, i.e. "insert one Diastat suppository if the consumer has more than five minutes of continuous seizure activity".

Diastat suppository contains a benzodiazepine that reduces the likelihood that an adverse event due to prolonged seizure activity (status epilepticus), a medical emergency. Diastat is a method of managing the medical emergency, status epilepticus. The utilization of this intervention requires:
- Immediate evaluation by a licensed professional to determine the need for transfer to the emergency room, OR
- immediate transfer to the ER.

No PRN including Diastat should be administered without the approval of the on call MAS Nurse. The use of Diastat should be reviewed on a regular basis by the MAS Nurse to determine efficacy, appropriateness and opportunities for improvement of seizure management. Repeated use of Diastat by consumers suggests the need for further consultation by a specialist to maximize prescribed therapy that prevents seizures.

SECTION XV

Vital Signs

NOTES TO THE MAS NURSE

This information must be covered in MAC II Training.
Automatic blood pressure cuffs are encouraged.
Digital thermometers are encouraged.

Vital Signs

- Vital Signs include the following:
  - Temperature
  - Pulse
  - Respiration
  - Blood Pressure
- Taking and documenting vital signs is an important function for MAC Workers.
- Vital signs can indicate the health of the consumer.
- Changes in vital signs may require immediate action by the MAS Nurse.
- The agency should have policies and procedures that address how often vital signs should be taken.
- Review the vital signs monitoring check sheet on the following page. (You may want to copy this check sheet and post in medication area for easy reference by the MAC Worker.)

VITAL SIGNS MONITORING CHECK SHEET

Vital Sign	Normal Range	Abnormal Range CALL MAS NURSE	Possible Cause for Abnormal Values
Blood Pressure	Top Number 90-140	TO BE COMPLETED BY MAS NURSE	**Hypertension** (High Blood Pressure) Pain, fear, anxiety, med side effects, noncompliance with BP med, seizure, drug intoxication
	Bottom Number 60-90	TO BE COMPLETED BY MAS NURSE	**Hypotension** (Low Blood Pressure) Internal bleeding, dehydration, heart problems, excessive BP medication, med side effect, drug intoxication
Temperature	97-100	TO BE COMPLETED BY MAS NURSE	**High** – infection, drug reaction, heat stroke **Low**- Shock, severe infection
Pulse	60-100	TO BE COMPLETED BY MAS NURSE	**Fast** – pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication **Slow** – heart problems, med side effects, drug overdose
Respiration	12-24	TO BE COMPLETED BY MAS NURSE	**Fast** – asthma, pain, lung disease, heart problems, seizures, low oxygen in blood pneumonia, drug overdose **Slow** – sedation, low blood sugar, drug overdose

SECTION XVI

Use and Care of Durable Medical Equipment

Durable Medical Equipment

- Medical/nursing equipment includes but is not limited to:
  - Glucometer/strips
  - Nebulizer
  - CPAP machine
  - Colostomy Bags
  - Oxygen concentrator
  - Epi-pen
  - Vagal Nerve Stimulator Wands
  - Blood pressure cuff
  - Thermometer
  - Weight scales
  - Mechanical lifts
  - Hospital beds
  - Other
- _**All**_ medical/nursing equipment used at your agency should be assessed by the MAS Nurse for availability, proper operating condition/parts and calibration if required.
- There must be a competency verification check list and agency policy and procedure for use of all medical/nursing equipment. (If check list is not available in this manual, the check list must be developed by the MAS Nurse along with an outline of what was taught regarding the equipment.)
- Prior to delegating use of any medical/nursing equipment, a skills check list must be completed.
- If lifting or transfer assistance is required, proper positions and other risk management issues (***who to contact in case of an employee injury***) should be reviewed. At a minimum review the following:
  - MAS Nurses expectations/Consumer needs.
  - Review the four points of safe lifting:
    - Keep head up, back straight and bend your knees.
    - Bring load close to body.
    - Stagger the stance (one foot _slightly_ ahead of the other), feet shoulder width apart with toes pointed outward.
    - Don't twist; change position of feet to change direction (pivot).
  - Test load before lifting; if load is too heavy find another person or mechanical lift.
  - Communicate plan and/or seek assistance from the consumer prior to initiating lift.
  - Encourage stretching at work to prevent back injury.

SECTION XVII

Monitoring Forms and Competency Verification Check Sheets

NOTES TO THE MAS NURSE

This information must be covered in MAC II Training.

EVERY TASK/SKILL DELEGATED BY THE MAS NURSE MUST HAVE DOCUMENTED VERIFICATION OF COMPETENCY.

Rectal and Vaginal meds must be discussed during MAC II. If the task of assisting with rectal or vaginal meds will not be delegated at your agency, review with the unlicensed staff how rectal and vaginal meds will be managed at the agency. Review related agency policies and procedures.

- Health problems are common in persons with mental disorders
- The MAS Nurse's discussion of health problems should be tailored to health needs of the consumers served at the agency
- MAC Workers must achieve sufficient knowledge to safely care for consumers and monitor for side effects or drug toxicities
- The MAS Nurse should address at a minimum:
  - Review of MAC I e-learning modules – focus on mental disorders, common health problems and recognizing change in status
  - The MAS-MAC Connection – review PRN medication approval including reporting and documenting effectiveness
  - Principles of First Aid
  - Seizures
  - Principles of Infection Control
  - Forms
  - Documentation
  - Vital Signs
  - Medical/Nursing Equipment
  - Medication Errors
  - Assisting with prescribed medications – include common medications used at your agency, common side effects of psychotropic medications and monitoring/reporting medication non compliance

The agency policies and procedures related to Nurse Delegation should also be reviewed.

<u>THE MAS NURSE MUST ALWAYS VERIFY EIGHT HOURS OF DOCUMENTED MAC II TRAINING</u>

1. If the MAS Nurse begins to work at an agency where the NDP has already been initiated; the following must occur:

- **Verification of successful completion of six courses of MAC I Training (Review MAC Files for documentation of certificates from MAC I Training).**
- **Verification of successful completion of eight hours of MAC II Training (Review MAC Files for documentation of certificate signed by a MAS Nurse verifying successful completion of eight hours of MAC II Training AND documentation of skills check sheets for skills delegated).**
- **The new MAS Nurse must verify competency of ALL skills/task delegated – this involves the observation of successful performance of all skills to be delegated by the new nurse OR the new nurse may make a *nursing judgment* to accept the verification of competency of the previous nurse based on the nurses observation of the MAC Workers correctly completing a med pass and ability to verbalize the correct procedure to perform any other nursing tasks (vital signs, finger sticks, nebulizer treatments, etc.) that will be delegated by the new nurse**
  - **ABN Regulations**
    - **610-X-2-.06(6)   Delegation – the act of authorizing a COMPETENT individual to perform selected nursing activities supportive to RN/LPNs in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.**

- **610-X-6-.03(5)** The RN/LPN shall be responsible for monitoring and evaluating the quality of patient care delivered by personnel under individual nurse's supervision.
- **610-X-6-.03(17)** The RN/LPN shall accept individual responsibility and accountability for proper delegation of nursing care activities to other health care workers
- **610-X-6-.03(18)** The RN/LPN assess individual competency when assigning selected components of nursing care to other health care workers including but not limited to the following:
  - **(a)** Knowledge, skills and experience
  - **(b)** Complexity of assigned tasks
  - **(c)** Health status of the patient

- **610-X-6-.11(3)** The RN/LPN shall delegate only after considering various factors including but not limited to the following:
  - **(a)** Knowledge, skills and experience of the person receiving the delegation
  - **(b)** Complexity of the delegated tasks
  - **(c)** Health status of the patient
- **610-X-7-.11(4)** Tasks delegated to unlicensed assistive personnel may not include tasks that require the following:
  - **(a)** The exercise of independent nursing judgment or intervention
  - **(b)** Invasive or sterile procedures
  - **(c)** The assistance with medications except as provided in Chapter 610-X-7

- **610-X-7-.06(1)** The RN/LPN who provides care in residential community mental health programs certified by the ADMH is accountable and responsible for the nursing care delivered to patients in those settings.

- **610-X-7-.06(2)** The RN/LPN who provides nursing care in the residential community mental health setting, and community extensions including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.

2. If the MAS Nurse begins to work at an agency where the NDP has NOT already been initiated; the following must occur:
- Verification of successful completion of six courses of MAC I Training (Documentation of certificates from MAC I Training).
- Conduction of eight hours of MAC II Training. (Documentation of certificate signed by the MAS Nurse verifying successful completion of eight hours of MAC II Training AND documentation of skills check sheets for skills delegated.)
- Development of MAC files containing required documentation.

MAC II is NURSE DRIVEN!
The MAS Nurse cannot DELETE any material from the MAC II Training.

The MAS Nurse can make the training agency specific by adding information, forms, and charts that do not contradict any of the approved curriculum content.

The major changes that may be observed include:
  1. **Changes in physical appearance**
  2. **Changes in mental status**
  3. **Changes in behavior**
  4. **Changes in vital signs (See Section XV)**

Changes in Physical Appearance

Changes in physical appearance may indicate a health problem. Obvious changes in physical appearance must be immediately reported to the MAS Nurse. The chart below may be used by the MAC Worker to identify possible changes in physical appearance.

CHANGES IN PHYSICAL APPEARANCE

Appearance of Consumer	Possible Cause	Action of MAC Worker
Cold, Sweaty	Infection, low blood pressure, low blood sugar, drug overdose	**CALL MAS NURSE**
Pale	Anemia, infection	**CALL MAS NURSE**
Grey, Dusky	Low oxygen, low blood pressure, low blood sugar	**CALL MAS NURSE**
Red-faced, Warm	Infection, drug allergy, high blood pressure, drug intoxication	**CALL MAS NURSE**
Red-eye	Infection, increased blood pressure, eye injury, drug intoxication	**CALL MAS NURSE**
Rash	Drug or food allergy, fever, infection	**CALL MAS NURSE**

Changes in Mental Status

Changes in mental status may indicate exacerbation of the current diagnosis or the development of a new, undiagnosed mental or physical problem. Obvious changes in a person's mental status must be immediately reported to the MAS Nurse. The chart below may be used by the MAC Worker to identify possible changes in mental status.

CHANGES IN MENTAL STATUS

Consumer Appearance	Possible Cause	Action of MAC Worker
Sleepy	Infection, med toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug overdose	**CALL MAS NURSE**
Irritable	Pain, drug toxicity, low blood sugar	**CALL MAS NURSE**
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug overdose	**CALL MAS NURSE**
Agitated, Aggressive	Drug toxicity, pain, UTI, seizures, low blood sugar, constipation, drug intoxication	**CALL MAS NURSE**

Changes in Behavior

Changes in behavior may indicate exacerbation of the current diagnosis or the development of a new, undiagnosed mental or physical problem. Obvious changes in a person's behavior must be immediately reported to the MAS Nurse. The chart below summarizes possible behavior changes as "won'ts", i.e., won't walk, won't talk, won't eat and won't wake up.

CHANGES IN BEHAVIOR

Consumer Won't:	Possible Cause	Action of MAC Worker
Walk	Pain, stroke, heart problems, sedation/overdose, broken bone	CALL MAS NURSE
Talk	Stroke, sedation/overdose	CALL MAS NURSE
Eat	Stroke, stomach problems, bowel problems, infection, teeth problems, sore tongue	CALL MAS NURSE
Wake up	Stroke, overdose Medical Emergency	CALL MAS NURSE

NURSE DELEGATION PROGRAM SKILLS CHECK LIST

☐   NEW   ☐   RENEW

_____
Agency Name Here

Staff Name _____   Date _____
(Print)

MAS Nurse _____
(Print)

The unlicensed staff must, without prompting or error, demonstrate all skills delegated in accordance with the published guidelines with 100% accuracy to the MAS Nurse.

CRITERIA	MAS NURSE INITIALS & DATE	STAFF INITIALS & DATE	COMMENTS
I. Basic Medication Information and Medical Terminology (Refer to Guidelines)			
A. States common medical abbreviations and meanings			
B. Describes common dosage forms of medications and routes of administration			
C. States the 7 rights			
D. Describes what constitutes a medication error			
E. Describes consumer rights related to refusal, privacy and respect			
F. Defines a medication allergy and signs of a possible allergic reaction			
G. State name and location of medication references available in the facility			
II. Demonstrated appropriate technique to obtain and record the following: (Refer to Guidelines)			
A. Blood Pressure			
B. Temperature			
C. Pulse			
D. Respiration			
E. Finger stick blood sugar			

III.	Administration of Medications (Refer to Guidelines)		
A. Verifies use of appropriate medication delivery system with pharmacy label			
B. States proper medication storage guidelines			
C. Wash hands			
D. Locates a clean and private area			
E. Gathers equipment needed			
F. Identify consumer and brings/goes to medication area			
G. Unlock medication storage area			
H. Read MAR and compare with label on medication container; checks expiration date of med; 7 rights			
I. Acknowledges allergies			
J. Double checks the med label with the MAR using 7 rights			
K. Performs task satisfactorily			
L. Verifies medication was taken/administered			
M. Performs third check of medication label with the MAR			
N. Returns medication to proper storage			
O. Documents appropriately on MAR			
P. Washes hands			
IV. COMPETENCY VERIFICATION OF ASSISTANCE WITH MEDICATIONS			
A. Assistance with medications – Check the type(s) of medications for which demonstrated competency is validated			
☐. oral – pills/tablets/capsules			
☐. oral – liquid			
☐. oral – buccal/sublingual			
☐. eye – drops			
☐. eye – ointments			
☐. eye – patches			
☐ ear – drops			
☐ ear – topical (creams/lotions)			
☐ hearing aids			
☐ nose – drops			
☐ nose – sprays/inhalers			
☐ topical – creams/ointments/paste			
☐ topical – lotions/suspensions			
☐ topical – sprays/powders			
☐ topical – patches			
☐ topical – shampoo			
☐ respiratory inhalers			
☐ rectal medication – Suppositories/Enema/ Other:			
☐ vaginal medication – Suppositories			

Other:			
☐			
☐			
V.	**OTHER NURSING TASK VALIDATED**		
☐ Glucometer			
☐ Nebulizer			
☐ CPAP			
☐ Oxygen concentrator/cannula/mask			
☐ Epi-pen			
☐ Vagal Nerve Stimulator Wand			
☐ Blood Pressure Machine			
☐ Thermometer			
☐ Counting Pulse			
☐ Counting Respirations			
☐ Hospital Bed			
☐ Mechanical Lift			
☐ Weight Scales			
VI	**APPROPRIATE DOCUMENTATION VALIDATED**		
MAR			
☐ After Assisting with meds			
☐ Refused Meds			
☐ PRN meds			
☐ Missed dose other med error			
☐ Meds Held			
☐ Self Administration			
☐ Seizure Record			
☐ Treatment Record			
☐ Narcotic Count Sheet			
☐ Health Care Practitioner Sheet			
☐ Medication Error Report Form			
☐ Incident Report Form			
☐ MAC Call Log/Agency Required Form			
☐			
☐			
VII.	**OTHER SKILLS VALIDATED**		
☐ Infection Control			
☐ First Aid/ Emergency Management			
☐ Seizure Management			
☐ MAS-MAC Connection			
☐ Med/Med Room Security			
☐			
☐			

☐ **On-Site Observation**
☐ **Skills Lab Observation**

SKILLS CHECKLIST SIGNATURE PAGE

DATE MAC II COMPLETED _____

☐ **8 HOURS**

☐ **Other Amount of Time** _____ **(Time Range)**

Explain _____

_____

STAFF SIGNATURE _____

STAFF Initials _____   DATE _____

MAS Nurse SIGNATURE _____

MAS Nurse Initials _____   DATE _____

ABBREVIATIONS

DOSES

gm = gram
mg = milligram
mcg = microgram
cc = cubic centimeter
ml = milliliter
tsp = teaspoonful
tbsp = tablespoonful
gtt = drop
ss = 1/2
oz = ounce
mEq = milliequivalent

ROUTES OF ADMINISTRATION

po = by mouth
pr = per rectum
OD = right eye
OS = left eye
OU = both eyes
AD = right ear
AS = left ear
AU = both ears
SL = sublingual(under the tongue)
SQ = subcutaneous (under the skin)
per GT = through gastrostomy tube

TIMES

QD = every day
BID = twice a day
TID = three times a day
QID = four times a day
q_h = every ___ hours
qhs = at bedtime
ac = before meals
pc = after meals
PRN = as needed
QOD = every other day
ac/hs= before meals and at bedtime
pc/hs= after meals and at bedtime
stat = immediately

OTHER

MAR = medication administration record
OTC = over the counter
SIG = label or directions

1cc = 1ml
NPO = Nothing by mouth

Attachment B

Common Dosage Forms

1.   Tablet – Hard compressed medication in round, oval or square shape. Not all oral tablets are swallowed. Available in fast acting, slow release, controlled release, enteric coated, film coated, sublingual, chewable and other formulations.
    - Sublingual tablets are placed under the tongue
    - Wafers/lozenge are placed on the tongue
    - Buccal tablets are placed between the cheek and the gum

    Some have enteric coating or other types of coatings, which delay release of the drug and ***can not be crushed or chewed***

2.   Capsule – Medication in a gelatin container. The capsule may be hard or soft and ***dissolves quickly in the stomach***

3.   Liquid – Different types of liquid medications:
    - solutions – two or more substances mixed together and uniformly dispersed in a liquid
    - suspensions – dispersion of fine solid particles in a liquid; ***must be shaken prior to assisting with administration***
    - syrup – thick, ***sweet***, liquid used to convey oral meds (may cause blood sugar to increase)
    - elixir – a ***sweetened*** solution of a drug in ***alcohol*** and water (may cause blood sugar to increase; may interact with other meds; may be contraindicated for persons with substance disorders)

4.   Suppository – small solid medicated mass, usually cone-shaped. Suppositories melt at body temperature. ***Refrigerate*** as directed by manufacturer. Suppositories may be administered by rectum or vagina.

5.   Inhalant – medication carried into the respiratory tract through the vehicles of air, oxygen or steam. Inhalants may be used orally or nasally.

6.   Topical – applied directly to the skin surface. Topical medications include the following:
    A.   Ointment
    B.   Lotion
    C.   Paste

D.   Cream
E.   Shampoo
F.   Patches (transdermal)
G.   Powder
H.   Sprays

Routes of Medication Administration

1.   Otic – by way of the ear

2.   Buccal – directed toward the cheek

3.   Optic (Ophthalmic) – by way of the eye

4.   Nasal – by way of the nose

5.   Oral – by way of the mouth

6.   Rectal – by way of the rectum

7.   Inhalation (Respiratory) – orally or nasally;

8.   Sublingual – beneath the tongue

9.   Topical – to a specific place on the skin

10.   Transdermal – usually a medicated patch placed on the skin (wear gloves; do not touch medicated side of patch)

11.   Vaginal – by way of the vagina

MEASURING TIPS

10cc = 10ml
20cc = 20ml

Reminder: 1cc = 1ml
A cubic centimeter is the same as a milliliter.

TIP: use an oral syringe for amounts less than 5ml

mg. ≠ ml.

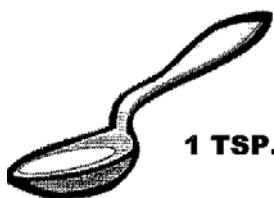**A mg is NOT the same as a ml ! ! !**

TIP: Always read the label carefully to be sure you are measuring the right thing.

←20ml→

This 20ml cup contains 20mg of medication in it.

This 20ml cup contains 40mg of medication in it.

YOU CAN'T TELL THE DIFFERENCE BY LOOKING

1 TSP. = 5ml.

TIP: Don't use household teaspoons. They are not accurate!

TIP: To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.

=

1 tbsp. = 3 tsp

=

3 tsp. = 15ml

TIP: When measuring liquids, hold the cup at eye level.

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