



# **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**

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# **NURSE DELEGATION PROGRAM**

## **MAS Nurse Manual**

## **MAC II Instructor Manual**

# MAC II Instructor Manual for MAS Nurses

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# 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 instructions on training requirements set forth by the Alabama Department of Mental Health (ADMH) and the Alabama Board of Nursing (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 requirements set forth by the ADMH and ABN for training MAC Workers.

The academic skills of non-licensed persons (MAC Workers) will range from a high school diploma or equivalent to advanced college degrees.

Many non-licensed professionals have a limited understanding of normal brain function, mental disorders, and some physical disorders.

Unlicensed professionals may have issues related to stigma. The MAS Nurse shall address these issues and any concerns of the unlicensed professional(s) during the training program.

The MAS Nurse must read the *Quick Facts for MAC's Manual*, in addition to this manual and the accompanying PowerPoint presentation. The MAS Nurse shall also complete the six MAC I e-learning modules. The MAS Nurse must understand the symptoms and management of common mental disorders, physical disorders, and medications. The MAS Nurse must understand that NDP guidelines incorporate state laws related to medication, health, safety, and provision of care for people served through ADMH. The guidelines include regulations set forth by the ABN, ADMH Service Division Regulations, Alabama Board of Pharmacy (ABP), Alabama Department of Public Health (ADPH), Department of Human Resources (DHR), as well as OSHA, CDC, FDA, and Medicaid Standards.

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
  - Recognizing the change in status

- The MAS-MAC Connection
  - Review PRN medication approval including reporting and documenting the person's response
  - 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
  - Common medications used at your agency
  - Common side effects of psychotropic medications
  - Monitoring/reporting medication non-compliance
- Emergency Management
- The agency's policies and procedures related to Nurse Delegation

The **MAS Nurse** has the **responsibility** to determine if the MAC candidate is competent to function independently as a MAC Worker. MAC certification requires the following five items:

- MAS nurse must verify MAC candidate has a high school diploma/**certified** college transcript or GED
- Successful completion of the six MAC I e-learning modules as evidenced by certificates/transcript of completion for each module.
- A minimum of **eight hours** of face-to-face contact (may extend hours if needed) with the MAC candidate should allow time to determine competency.
- Successful evaluation of skills competency (for all nursing tasks delegated using Skills Checklist - NDP 13) 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 comorbid problems should be included in the training. Any information added **shall not contradict** facts included in the MAC training program curriculum.

MAC II must be taught by a MAS Nurse (MAS RN/MAS LPN) whose competency has been validated as evidenced by a **current** certificate of training. The eight hours may be broken into blocks of time equaling eight hours according to agency need and MAS Nurse availability/preference. **Once MAC I training is completed, MAC II must be completed within ninety (90) days.** If Direct Care Worker comes to the agency with MAC I training it should be completed **90 days from the hire date.** Training should occur in a supervised environment that is conducive to learning (free of interruptions). Specifically, discuss each learning objective and be sure each objective is met by the MAC candidates.

The MAS Nurse shall use the current PowerPoint presentation, Quick Facts for MAC's Manual, and clinical vignettes of the people served who will 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, pharmacists, other ADMH staff, and community providers. All training information is submitted to the ABN for review and approval annually. All practices and guidelines outlined in this manual comply with the existing ABN, ABP, and ADMH regulations.

MAS Nurses and MAC workers must maintain a current certificate to maintain compliance with the NDP and ADMH Certification. **All training Certificates have a 90-day grace period to renew after the expiration date on the certificate.** This includes the skills check list.

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 persons served through the ADMH programs must be emphasized.

Every MAC Worker must have access to a copy of the Quick Facts for MAC's Manual to be used by the MAC Worker throughout 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 the basic functions of the MAS Nurse and important guidelines of the NDP, including the MAS-MAC Connection.
3. State the basic requirements, responsibilities, and rights of the MAC Worker.
4. State members of the treatment team at the agency (person served, therapist, Case Manager/Support Coordinator, QIDP, Nurse, Provider/Agency Owner, Guardian, MAC Worker, ETC).
5. Describe where to locate the agency policy and procedure manual, Quick Fact for MAC's Manual, and other reference materials.
6. State basic facts regarding mental disorders and common physical illnesses.
7. State possible changes in mental status, physical appearance, and behavior, AND state MAC Worker's response.
8. Demonstrate the correct method to:
  - Perform vital signs.
  - Use/clean all medical/nursing equipment.
  - Assist with all medications.
9. State the 7 rights of medication administration.
10. State the steps that must be followed when assisting with medication administration.



11. Give an example of medication errors and the MAC Worker's response.
12. State the location of the First Aid Kit(s).
13. State the basic principles of First Aid and demonstrate/verbalize first aid to be provided in common situations.
14. State basic facts about seizures and verbalize safety/comfort measures to be performed when a seizure is observed.
15. State the number one defense against the spread of germs and infections.
16. State ways germs can spread and ways to prevent the spread of germs and infections.
17. State types of blood-borne infections and how the spread can be prevented.
18. Demonstrate/verbalize the correct documentation on NDP and agency-required forms.
19. State the principles of documentation and define the **falsification** of documentation.
20. State the importance of medication compliance and whom to report to if the person is not compliant.
21. State common side effects of medications used at the agency including psychotropic medications.

# 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 or the Relias Transcript Training.
2. Verification of HS Diploma/ GED/College Transcript (Discuss with Agency Personnel Office).

#### The Alabama Department of Mental Health (ADMH)

- ADMH is a department of the 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 people served)*
  - Ability to express wants and/or needs.
  - Ability to communicate verbally.
  - Ability to dress, eat and/or bathe without assistance.
- There are no medications to treat ID; Medications treat co-occurring mental illnesses and reduce undesired behaviors. *(Give examples of medications used)*
- Examples of MAC Worker Functions ID are as follows:
  - Assist with medications.
  - Monitor for changes or problems and **CONTACT YOUR MAS Nurse.**
  - Accompany people to healthcare appointments.
  - Assist with activities of daily living.
- Possible Challenges for the MAC Worker ID are as follows:
  - Learning the method of communication used by the person.
  - Observing for signs and symptoms of problems that may not be communicated verbally.
  - 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 the 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 people served)*
  - Schizophrenia, Schizoaffective Disorder, and other Psychotic Disorders.
  - Mood Disorders – Major Depression, Bipolar Disorder.
  - Anxiety Disorders – Panic Disorder.
  - Personality Disorders – Borderline Personality, Antisocial Personality.
  - 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 the actual diagnosis, medications, and behaviors of persons served, focusing on actual MAC functions and challenges that can be expected at this agency.**

### **3. Substance Use (SUD) Disorders**

- **SUD** is caused by a brain disorder that produces an excessive craving for the drug of choice.
- **SUD** is a problem that involves habits, genetics, and brain changes.
- Most persons with substance-related disorders wish to stop taking the drug of choice.
- **SUD** can lead to health, social and legal problems.
- **SUD** 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*.
- 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 the actual diagnosis, medications, and behaviors of persons served, focusing on actual MAC functions and challenges that can be expected at this agency.**

# SECTION 2

## 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 the delegation including the 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 / in SELECTED situations while retaining accountability for the outcome if the delegation is to an unlicensed individual.**

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

**610-X-7-.06(1) The / 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) / 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 personnel in residential community mental health settings following appropriate training and demonstration of competency.**

***Delegation refers to the decision by a MAS trained/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 persons. RNs function as essential members of health care teams that include the person 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 person. The 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 s under the direction of an 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 s to have the knowledge and critical thinking skills to effectively delegate to others. These challenges include the varying experience levels of s, the increasing use of assistive personnel, and the time required to safely monitor and supervise the assistive personnel and the 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 s, the increased use of technology, and the need to administer medications place them 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 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 person, the potential for harm, stability of the person’s condition, the 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 of any assistant roles involved in providing direct care.
- The MAS RN takes responsibility and accountability for the provision of nursing practice.
- The MAS RN directs care and determines the appropriate utilization of any assistant involved in providing direct care.
- The MAS RN accepts aid from nursing assistive personnel in providing nursing care for the person.



### *Nurse-related Principles*

- The MAS RN may delegate elements of care but does not delegate the nursing process itself.
- The MAS RN has the duty to answer for personal actions relating to the nursing process.
- The MAS Nurse considers the knowledge and skills of any individual to whom the MAS Nurse may delegate elements of care.
- The decision of whether to delegate or assign is based upon the MAS RN's judgment concerning the condition of the person, the competence of all members of the nursing team, and the degree of supervision that will be required of the MAS Nurse if a task is delegated.
- The MAS Nurse 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 MAS Nurse uses critical thinking and professional judgment when following the Five Rights of Delegation:
  - Right task
  - Right circumstances
  - Right person
  - Right directions and communication
  - Right supervision and evaluation
- The MAS RN acknowledges that there is a relational aspect to the 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 MAS RNs and delegates.
- MAS 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 MAS RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct care and for ensuring that the MAS 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, state laws, and ALL state regulations governing their practice. In reviewing the Alabama Nurse Practice Act, MAS RNs must ask the following questions:
  - Does the nurse practice act permit delegation?
  - What is the definition of delegation in Alabama?
  - Does the nurse practice act also authorize specific tasks for delegation?
  - Does the nurse practice act list tasks that cannot be delegated, or does it authorize the MAS Nurse to delegate based upon certain circumstances?
  - Does the nurse practice act include a description of the MAC Worker's role?
  - Is there a specific definition of supervision in the nurse practice act?
  - How does Alabama define supervision or direction when delegating to another healthcare?
  - Does the nurse practice act indicate the consequences of inappropriate delegation?
  - Does the nurse practice act provide guidelines for reducing delegation risks?
  - What is the legal scope of practice for a MAS LPN in Alabama?
  - What other healthcare worker roles, if any, are regulated by the state or Nurse Practice Act?
  - How are other roles regulated in relation to the MAS RN role? All nurses work together to create effective policies for personal 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 NDP Coordinator should be consulted if questions arise regarding the appropriateness of delegating Nursing 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*; as well as the Alabama Nurse Practice Act, and other regulatory documents or position statements regarding the role of the MAS RNs assigning care and delegating tasks are available online for all nursing staff.
- MAS RNs educate organizational leadership and risk management staff on the process, education, and training limitations of MAS LPNs, MAC Workers, and other healthcare workers as well as the legal responsibilities of MAS RNs who delegate tasks.
- Language regarding MAS RN liability related to delegation is included in Alabama Nurse Practice Act.
- MAS RNs consider consulting with their legal counsel if there is confusion or concern regarding their legal responsibilities and risks in the 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 MAS 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 the benefit of conscious reasoning.
  8. Use a model for creative thinking and problem-solving to habituate step-by-step critical processes.
  
- MAS Nurses 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 include the rules of delegation, the law, the profession's position on delegation, communication issues related to the MAS RN and the person, as well as the significant professional, legal, and ethical responsibilities and liabilities inherent in roles in which delegation is 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 and identification of disciplinary actions related to inappropriate delegation.
4. Emphasis on tasks/functions that cannot be delegated.
5. Focus on MAS 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 the task is completed and to receive updated data to evaluate the 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 delegated to others, activities prohibited by practice acts of other health care personnel, or other laws. MAS RNs determine the scope of their practice by considering their education, knowledge, competence, and extent of experience. The MAS RN is frequently called upon to carry out components of care delegated by other health care professionals as part of the person's treatment regime. When accepting a delegated assignment from another healthcare professional, if the MAS RN concludes that he/she is inadequately prepared to carry out a specific function, the MAS RN has the responsibility to refuse that work and to seek alternative sources for care based on concern for the person's welfare. In that refusal, both the person and the MAS RN are protected, because the MAS RN is accountable for the continuous care of persons in health care settings. The MAS RN does not accept delegation of interdependent functions if they are so extensive as to prevent the MAS RN from fulfilling the responsibility to provide appropriate nursing care to persons (ANA 1995).

## *Steps of the Delegation Process*

- **Assess and plan** the delegation, based on the person's needs and available resources.
- **Communicate** directions to the delegate including any unique personal 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 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, skills, and confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation to essential parts of employee orientation and staff development.

Many nurses are reluctant to delegate. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively, not knowing the skill level and abilities of nursing assistive personnel (MAC Workers), the work pace, and turnover of persons. At the same time, there has been an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and increasing need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel.

### Reasons for the Nurse Delegation System

Delegation programs occur because there are inadequate numbers of nursing professionals to administer every medication to every person 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 the 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 MAS RN/MAS 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 patients 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 MAS RN/MAS 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/MAS LPN to train and select appropriate unlicensed persons to delegate specific nursing tasks, 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

The standards for nursing documentation require a date, time, and the signature and credentials of the nurse. A signature stamp is not acceptable.

Anyone can use a stamp. This leaves the door open for fraud. Therefore, is unacceptable when there are legal documents involved.

Signatures are unique and specific to the individual nurse.

- **Lack of supervision of MAC Workers.** (Direct Supervision: ABN REGULATION 610-X-2-.06(19) The responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Indirect Supervision: ABN REGULATION 610-X-2-.06(20) A MAS Nurse shall be available for inspection and evaluation through physical presence, and 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 are a sufficient number of staff to provide services based on the needs of the persons served. ADMH Certified Providers are responsible for assuring that a sufficient number of MAS RN/MAS LPNs are available to supervise MAC Workers 24 hours per day, 7 days per week. It is expected that important decisions about personal nursing care or changes in a person’s status are addressed by a MAS RN/MAS LPN.

## *Safeguards in the NDP*

The MAS Nurse who signs the delegation form, delegating authority to a MAC Worker has the power to certify and decertify the MAC Worker.

*“The MAS RN/MAS 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 can manage the delegated responsibilities. MAC Workers should not receive delegated authority because the facility lacks adequate manpower to meet the service requirements. The MAC Worker can only receive delegation authority when a MAS Nurse has determined that he/she can meet 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, the 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 and addressed by the MAS Nurse who is delegating to the MAC Worker.

The NDP does not specify the ratio of MAS Nurses to MAC Workers 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 3

## Definitions

### *NOTES TO MAS NURSE*

**\*Add all agency-approved abbreviations here. Your agency should have a policy and procedure that addresses approved abbreviations**



## *Definitions*

**Critical Thinking:** A rational reasoning process that involves analyzing, evaluating, and applying information, knowledge, skills, attitudes, and values to make a decision that affects participant care. Critical thinking is disciplined thinking that is clear, rational, open-minded, and informed by evidence. Critical thinking uses clinical and professional judgment in each part of the nursing process.

**Delegation:** The act of authorizing a competent individual to perform selected nursing activities supportive of registered nurses or licensed practical nurses in selected situations, while retaining accountability for the outcome, if the delegation is to an unlicensed individual. [ABN Regulation 61 0-X-2-.06(1)]

**Accountability:** Answerable or responsible for action [ABN Regulation 61 0-X-2-.06(1)]

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

**Assignment, Licensed Nurse:** The transfer of responsibility and accountability for nursing activities from one licensed nurse to another. [ABN Regulation 61 0-X-2-.06(1)]

**Assignment, Unlicensed Individual:** The assignment of tasks from a licensed nurse (MAS) to unlicensed assistive personnel (MAC). The licensed nurse making the assignment retains accountability for the accurate and timely completion and outcome of the tasks. [ABN Regulation 61 0-X-2-.06(1)]

**Nursing Process:** The protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. (American Nurses Association). The nursing process is a professional, systemic approach that consists of assessing, diagnosing, planning, implementing, and evaluating the care provided.

**Assessment, Comprehensive:** The systematic collection and analysis of data, including the physical, psychological, social, cultural, and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient's health and illness status and actual or potential health needs. The comprehensive assessment includes patient history, physical examination, analysis of the data collected, and development, implementation, and evaluation of the patient's plan of care. [ABN Regulation 610-X-2-.06(1)]

**Assessment, Focused:** An appraisal of a patient's status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment may contribute to a comprehensive assessment performed by the registered nurse and involves the identification of normal and abnormal findings, and anticipation and recognition of changes or potential changes in the patient's health status. [ABN Regulation 610-X-2-.06(1)]

**Status Change:** A medical status change is a clinical event that signals a worsening in a patient's condition. Any medical issue that requires hospitalization, a new diagnosis ( medical or psychiatric), fractures, new medical equipment, or an increased level of care (1:1).

**Supervision, Direct:** Responsible licensed nurse is physically present in the 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 registered nurse is required for new graduates practicing on a temporary permit. [ABN Regulation 61 0-X-2-.06(1)]

**Supervision, Indirect:** Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, and electronic or telephonic communication for direction, consultation, and collaboration. [ABN Regulation 61 0-X-2-.06(1)]

**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, observing that the person has taken the medication, and recording appropriately.

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

*Direct Care Workers who participate with the delegation in ADMH/NDP community programs.*

**Medication Assistant Supervisor (MAS):** A licensed nurse who supervises Medication Assistant, Certified (MAC). [ABN Regulation 610-X-2-.07(1)]

**Nurse Delegation Program (NDP):** An 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 (MAC workers).

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

**Encumbered License:** Alabama Board of Nursing defines an encumbered license as “The term “encumbered” refers to probation, suspension, or revocation of license. A nurse with an encumbered license **cannot be a MAS Nurse.** (An existing MAS nurse that becomes “encumbered” after receiving MAS certificate must notify the Coordinator of Nurse Delegation).

**Professional Nurse:** A registered nurse (MAS RN); the performance, for compensation, of any act in the care and counseling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process. (Nurse Practice Act, Article 1)

**Practical Nurse:** A licensed practical nurse (MAS LPN); the performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury and provide care utilizing standardized procedures and the nursing process, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. (Nurse Practice Act, Article 1)

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

**Medication Administration Record (MAR):** Medical-legal document where all medications administered are recorded is part of the person's medical record and cannot be thrown away.

**OTC:** over the counter; medications that can be bought in a store (For people served in ADMH/NDP certified programs, a prescription is required)

**Alabama Department of Mental Health (ADMH):** State agency that has the authority to certify and reimburse agencies for services provided to persons with mental disorders.

**HIPAA:** Health Insurance Portability and Accountability Act. Federal law protects the privacy of individuals and limits the distribution of confidential health information.

**Legally Authorized Prescriber:** Healthcare professional who is authorized by law to prescribe medications or other treatment modalities. [ABN Regulation 610-X-2-.06(1)]

**MAC I:** A computer E-learning course that covers basic information regarding assisting with medications in mental health treatment settings. MAC I consists of six individual sections that must be completed with 90% accuracy on all modules. The completion of MAC I allows an individual employed with any agency certified by ADMH to advance to the MAC II course.

**MAC II:** A minimum of eight hours of hands-on training provided by a MAS nurse (MAS RN or MAS LPN) to ensure a person that has successfully completed the six MAC I modules is competent to perform basic skills/tasks and assume delegation responsibilities. A MAS nurse must verify competency prior to delegating any task to an unlicensed person.

**Standard Precautions:** Recommendations issued by the Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens. [ABN Regulation 610-X-2-.06(1)]

**Decertify:** Remove a certificate or certification from (someone or something), typically for failure to comply with a regulating authority's rules or standards. (May apply to MAS Nurse or MAC worker)

**Suspend:** temporary halt of delegation (all or part) until an action can be completed (example: training)

**Advisory Committee:** 10 Experienced Nurse members from ID/DD/MI/SA and the Coordinator of NDP committee meets at least quarterly and discuss potential changes in the Nurse Delegating Programs processes

## ***NOTES TO MAS NURSE***

**When transcribing orders, be sure you do not use abbreviations you have not taught the MAC Worker. The best practice is to spell words out instead of using abbreviations on the MAR.**

## SECTION 4

### Introduction to the Nurse Delegation Program

#### *NOTES TO MAS NURSE*

**The Nurse Delegation Program is a NURSE DRIVEN program. The unlicensed workers, called MAC Workers, are *extenders*, not replacements, of the nurse. All skilled tasks must be completed by licensed nurses and documented accordingly.**

# 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 selected nursing tasks to trained unlicensed personnel.
- The NDP provides information to the licensed and unlicensed workforce in mental health community programs regarding mental and physical disorders, as well as preventive healthcare.
- The NDP is utilized by people with mental disorders living and working in the community.
- The NDP focuses on safety by assuring that people served who are unable to self-medicate in community programs receive their medications safely and effectively.
- The NDP focuses on safety 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 (MAS) nurse in understanding the responsibility of delegation, training, and verifying competency of all nursing tasks delegated to unlicensed personnel.
- This manual complements the MAC I computer training and provides guidance on the following:
  - educational expectations
  - documentation
  - nurses' liability

## **The components of the NDP are as follows:**

### **Organizational Responsibilities**

#### **Education and Training**

#### **Quality Assurance**

#### **Compliance**

- Goals of the NDP are as follows:
  1. Provide safe and accurate assistance with medication administration.
  2. Provide safe and effective nursing care to persons served in ADMH Community Programs.

- Objectives of the MAC Training Program are as follows:
  1. Teach the rights and responsibilities of the MAC Worker.
  2. Teach the proper procedures for assisting with medication and other delegated nursing tasks.
  3. Teach the MAS – MAC Connection.
  4. Teach how to recognize and report medication errors, adverse reactions, and any other problems to the MAS Nurse.
- The two parts of the MAC Training Program are as follows:
  1. MAC I- Training via computer e-learning system (didactic training).
  2. MAC II – Training must be completed by a MAS RN or MAS LPN licensed in Alabama with a current certificate. (hands-on practicum).
  3. **A maximum of 20 students may be in MAC II class per MAS Nurse.**
- MAC Certification requires the following:
  1. Successful completion of MAC I with a score of 90% or above for each of the 6 modules.
  2. Completion of a minimum of 8 hours of MAC II hands-on training with the MAS nurse, and satisfactory performance of all tasks to be delegated utilizing the Skills Check List.
  3. The MAS Nurse makes the final decision to delegate based on performance during MAC II.

## *Educational Expectations*

### **MAS Nurse:**

- MAS RN/MAS LPN licensed in Alabama.
- Unencumbered license. If the license becomes encumbered after MAS approval is received, the nurse must notify the Coordinator of Nurse Delegation.
- Successful completion of the ABN-approved training to become a MAS Nurse in ADMH Community Programs.
- Maintain current MAS certificate (**UPDATE/REVALIDATION is required every two years**).
- Responsible and accountable for the 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/College Transcript.
- Successful completion of ABN-approved 6 courses of MAC 1 as evidenced by a printed certificate of completion.
- Successful completion of MAC II as evidenced by competency checklist completed by MAS Nurse.
- Signature on delegation form with the signature of delegating MAS Nurse.
- Maintain current MAC Certificate (**MAC UPDATE/RECERTIFICATION required every two years**).
- Ability to distinguish between “skilled” and “unskilled” tasks. (“Skilled” task MUST be performed by the licensed nurse only).

## *Documentation Requirements*

### ***MAS Nurse (MAS RN/MAS LPN):***

- Training of MAC Workers shall be documented using the NDP MAC Worker Training Record Sign-in Sheet) NDP #11. (**Use at a minimum, initial, any retraining, and every 2-year update/recertification**)
- Verification of MAC Worker competency. (**Completion of skill competency checklist NDP #13**)
- Documented MAC Supervision as required (NDP #3). (At least annually and PRN)
- Person assessments. (**Comprehensive and Focused, initially and PRN; MAS RN assessment should be completed within 72 hours, signed and in the clinical record within 10 days of admission; MAS RN assessments should be completed within 24 hours**) Example: Hospital Discharge
- Use of all NDP forms. (**All forms are also located in ADMH/Documents Library**)

- Documentation of the handoff/report between the discharging/transferring Agency/Facility's medical staff (nurse/physician) and the receiving MAS nurse.
  - 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
    1. MAC I certificate for all six courses or Relias Transcript
    2. MAC II certificate
    3. Skills checklist documenting each delegated task
    4. Delegation form signed by MAC Worker and current MAS Nurse(s)
    5. Annual Direct Supervision form (Required at least annually, but can be done on a more frequent basis and PRN)
    6. Every two years, a four-hour MAC UPDATE/Recertification certificate
    7. Skills checklist documenting each delegated task with every MAC update
    8. NDP 21 Medication Error Training Form if applicable
    9. 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 the MAS Nurse and the MAC Worker (MAC Worker Call Log NDP 6). (The MAS-MAC Connection)
- Appropriate documentation on the MAR and Controlled Substance Sheets.
- Documentation of Medication Error Reports per agency P & P
- Documentation of Off-Site Custody of Medication
- Other documentation as required by MAS Nurse.



# *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/Urgent Care CAN NOT be used as a backup for licensed nurses unless:
  - there is a structured, written agreement.
  - the nurse is familiar with the agency's operations.
  - the 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 a position description outlining the responsibilities of the MAS nurse.
- 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 for assure the successful completion of ABN-approved MAC I (all 6 modules) 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 teamwork, collaboration, and person-centered care.
- The agency is responsible for assuring compliance with all Local, State, and Federal laws.

## *2. 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.

- Any additional training for specialized medications (i.e., Narcan, Diastat, Epipen) shall be documented on the skills checklist.
- The MAS Nurse shall emphasize the importance of observation in detecting potentially dangerous problems and correct reporting procedures.  
(Encourage the use of the observation checklist)
- The MAS Nurse shall stress the importance of the MAS – MAC Connection.  
(CALL THE MAS NURSES FOR ANY PROBLEMS, ANY QUESTIONS, OR 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 people served.
- The MAS Nurse is encouraged to use real situations as clinical examples for the MAC Worker who will be providing care for the people we serve. Some medications or medical problems may not exist in your 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, and controlled count sheets.
  - How to recognize and report medication errors.
  - Recognize emergencies and respond appropriately
  - Observe infection control precautions

### 3. *Quality Assurance*

- Medication Error Levels
  - Level 1 – Monitoring error (Includes documentation error).
  - Level 2 – Intervention error (Includes medical provider visit due to medication error).
  - Level 3 – Significant event (Including hospital admission/permanent loss of body function/death due to medication error).
- Medication Error Types
  - Wrong person
  - Wrong med
  - Wrong time
  - Wrong route
  - Wrong dose
  - Wrong reason
  - Documentation
  - Missed Dose
  - Other – Must give a clear description

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

- Data Reporting Requirements [ABN regulation 610-X-7-.06(9)]
  - Total # programs.
  - Total # of people served.
  - Total # MAS RNs.
  - Total # MAS LPNs.
  - Total # of MAC Workers.
  - Total # of MAC Workers trained (April 1 to March 31).
  - Total # of med errors in each category (data captured through Therap).

#### 4. *Compliance*

- Compliance with NDP will be assessed by **ADMH Certification Surveyors** during the agency's certification site visit and **routine monitoring by ADMH staff**.
- The MAS Nurse shall be accessible to surveyors.
- Noncompliance with NDP may result in the decertification of the agency.

## SECTION 5

### Alabama Law

#### *NOTES TO MAS NURSE*

Every nurse licensed in Alabama is required to practice in compliance with the Nurse Practice Act regardless of the location of your nursing practice (hospital, homecare, office, community). The second most common reason nurses are sanctioned by the ABN is non-compliance with the Nurse Practice Act. MAS nurses are strongly encouraged to read and review the Nurse Practice Act at least annually and as needed.

***IF YOU WOULD NOT DO IT IN THE HOSPITAL;  
DO NOT DO IT IN THE COMMUNITY.***

***IF YOU, DID IT IN THE HOSPITAL; YOU  
NEED TO DO IT IN THE COMMUNITY.***

## 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 the 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 (MAS RN) directs the care of the licensed practical nurse (MAS LPN). The MAS RN directs the care of the MAC Worker.
- The MAS RN and/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 Nurse* and give accurate information about the person'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,***

- 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.
- 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.

- The Registered Nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of the patient's nursing care needs.
- A The MAS 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.
- 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:
  - Catheterization, clean or sterile.
  - Administration of injectable medications, except for injectable medication or anaphylaxis such as the Epi-pen.
  - Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
  - Tracheotomy care, including suctioning.
  - Gastric tube insertion, replacement, or feedings.
  - Invasive procedures or techniques.
  - Sterile procedures.
  - Ventilator care.
  - Receipt of verbal or telephone orders from a licensed prescriber.

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:

- The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.
- 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. (The potential MAC Worker has 5 opportunities to pass each module).
- 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:

- Competency
  - Documentation
  - Error Reporting
  - Identification of the 7 rights of assisting with medication administration
  - Professionalism
  - Reliability
  - Respect
- 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).
  - 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) The Total number of residential community facilities.
    - b) The Total number of residents served.
    - c) The Total number of registered nurses.
    - d) The Total number of licensed practical nurses.
    - e) The Total number of Mental Health Workers trained to assist with the delivery of medications.
    - f) The Total number of Mental Health Workers trained during the reporting period to assist with the delivery of medications.
    - g) The 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 6**

# **Rights and Responsibilities**

*NOTES TO MAS NURSE*

**Review during MAC II Training**



## **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, the Qualified Intellectual Disabilities Professional, the Service Coordinator, the Administrator, the Pharmacist, other health care professionals, the person, and the person's family or guardian.

### **RIGHTS AND RESPONSIBILITIES of the MAC WORKER**

#### ***The rights of the MAC Worker are as follows:***

- To receive proper education about medication assistance and orientation to the person.
- To be supported by the MAS nurse and other licensed professionals within the agency/program/facility.
- To have 24/7 access to a MAS Nurse via physical presence, electronic or telephonic communication for direction, consultation, and collaboration.
- To have sufficient time to provide each person with the level of care that is needed.
- To work in a safe environment

#### ***The responsibilities of the MAC Worker are as follows:***

- To follow all policies, procedures, and regulations.
- To be familiar with the person being cared for by the MAC Worker.
- To pay attention to persons served while at work and listen to their concerns or complaints and report to the MAS nurse.
- To ask your MAS nurse whenever you are unsure about any delegated tasks (i.e., Medication, Procedures).
- To recognize that there is no "dumb question" regarding persons' safety.
- To stay connected to your MAS Nurse.

### **RIGHTS AND RESPONSIBILITIES OF THE MAS NURSE**

#### ***The 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)]

- ADMH approved education about the Nurse Delegation Program.
- Adequate time to educate assigned MAC workers.
- Freedom to select and delegate to MAC Workers based on the workers' ability and attitude.

- An adequate staffing ratio between the licensed professional nurse to MAC Workers should be maintained to provide safe management and adequate consultation.
- MAS nurse is part of the core treatment team and shall be included in the decisions concerning the person-served health care needs.

***The responsibilities of the Nurse are as follows:***

- To follow NDP guidelines and ALL related Federal and State Regulations.
- To notify the agency administration if delegation has been suspended or revoked for any MAC Worker.
- To notify agency administration and Coordinator of Nurse Delegation if the nurse license becomes **encumbered**. The MAS and /or MATT certificate becomes null and void if the license becomes encumbered.
- To supervise, monitor, educate, and assist MAC workers as needed and respond to questions or concerns.
- To communicate with the person's treatment team and other agency staff as appropriate.
- To utilize only the approved NDP Training to educate MAC workers.
- To provide skilled nursing care as required by the person's needs.
- To comply with the Alabama Nurse Practice Act.
- Provide the agency with a professional notice (30 days), letter of resignation, and revocation of delegation promptly.

## ***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 and Coordinator of Nurse Delegation.
- To seek assistance from the NDP Office when problems develop.

# ***Responsibilities of the Agency 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. The agency shall include in its Policy and Procedure manual who will verify MAS nurse licensure annually and maintain proof of verification (MAS Nurse must have an unencumbered license).
- To ensure MAS Nurses can implement and manage the Nurse Delegation Program, the agency shall **develop a job description and evaluation of assigned tasks** for the MAS nurse.
- Agency shall ensure the MAS nurse attends ongoing MAS training and has a current MAS Nurse certificate.
- To ensure successful completion of required training for nurses and unlicensed workers.
- To ensure MAC Workers have completed supervised MAC I training, scored 90 % or higher on each module and have certificates for all six courses before the MAS Nurse begins MAC II.
- The direct care worker may attempt each MAC I module 5 times before they are locked out of the E-Learning system permanently.
- Agency retains the ownership of all NDP documents. The agency maintains all required NDP records for a minimum of five years for previous employees, and indefinitely for existing employees.
- The Alabama Nurse Practice Act requires all MAS LPNs to be supervised by a MAS RN. NDP requires all MAS LPNs to have a supervising MAS RN.
- 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 original *delegating* nurse.
- The agency determines 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 ensure all required reports are submitted to the Alabama Department of Mental Health and NDP office.
- To ensure all reportable incidents are entered into the THERAP system according to ADMH IPMS guidelines.
- To educate persons/families/guardians regarding the utilization of the Nurse Delegation Program at the agency.

## SECTION 7

# Implementation of the Nurse Delegation Program

### *NOTES TO MAS NURSE*

#### “MAS RN ONLY” Functions:

1. Completion of a comprehensive assessment of all people served
2. Completion of the nursing care plan
3. Supervision of MAS LPNs

#### These functions are mandated by the following ABN Regulations:

- **ABN Regulation 610-X-7-.06(3)**

The MAS Registered Nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of the patient’s nursing care needs. The MAS LPN may initiate and document data elements of the comprehensive assessment. The outcome of the comprehensive assessment determinesthe 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 MAS RN for the purpose of judging a patient’s health and illness status and actual or potential health needs.

***THE ADMISSION ASSESSMENT Shall BE COMPLETED WITHIN 72 hours. It shall be signed and in the clinical chart within TEN (10) DAYS OF ADMISSION.***

***The PRN AND/OR STATUS CHANGE  
ASSESSMENTS Shall BE initiated WITHIN 24 hours  
and signed in the clinical record within five 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 the provision of care UNDER the direction of a MAS RN, MD, or dentist who considers the following elements:**

- (i) **Evaluation of knowledge, skills, and experience of the MAS LPN**
- (ii) **Complexity of the assigned tasks**
- (iii) **Health status of the patient**

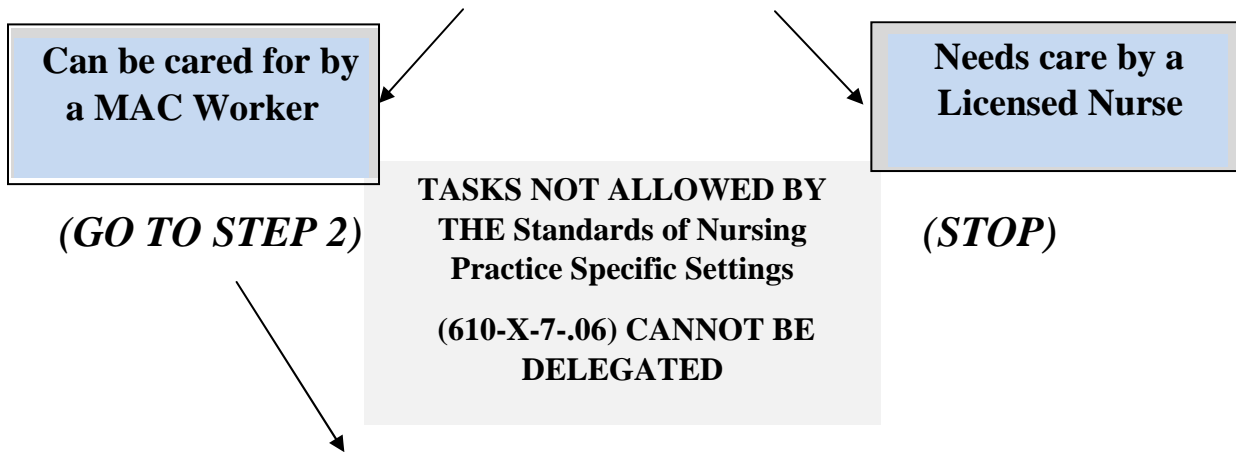
# ***NDP IMPLEMENTATION TREE***

## **STEP ONE: MAS RN Assessment**

(MAS LPN can assist in data collection)

ABN Regulation 610-X-7-.06(3)

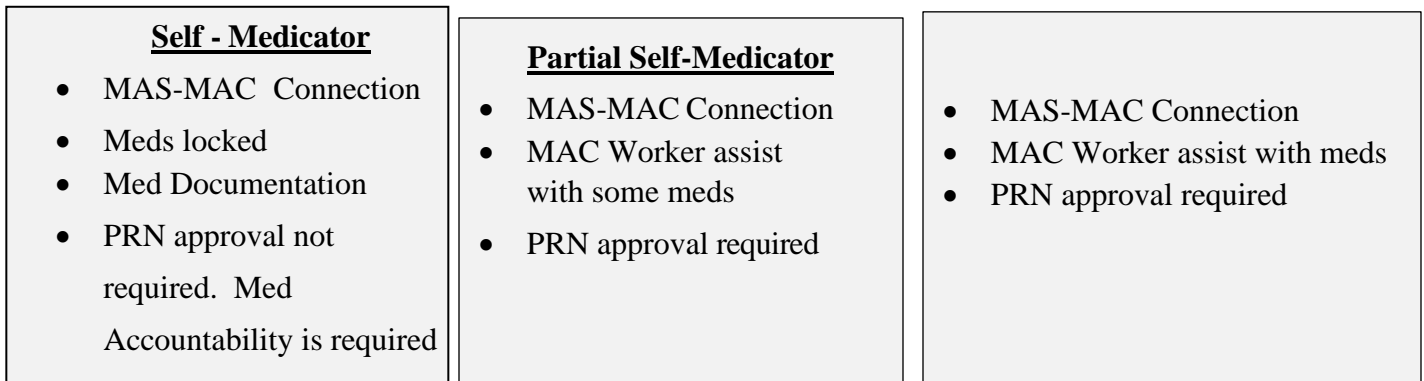
*(PURPOSE: TO JUDGE A PERSON'S HEALTH AND ILLNESS STATUS AND POTENTIAL HEALTH NEEDS)*



## **STEP TWO: MAS RN/LPN**

Assessment of a Person's ability to self-medicate

(NDP MAS-MAC CONNECTION Guidelines) Not Capable of Self-Medication



### **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 the Nurse Delegation Program is the MAS RN Comprehensive Assessment **to be completed within 72 hours, plan of care completed, signed, and in the medical record within 10 days of admission** of the person's needs. This assessment can be initiated by the MAS LPN. The purpose of the assessment is to determine if the needs of the person can be safely provided for by a MAC Worker OR if the person's needs are too complicated and require skilled nursing to safely meet their needs.

Once the MAS LPN has initiated the comprehensive assessment, the MAS RN must review and summarize the needs of the person. The document is not complete without the MAS RN's signature, credentials, and date. The MAS RN completes ALL nursing care plans. The MAS RN/LPN must communicate assessment findings and planned interventions to the treatment/interdisciplinary team, and especially to other delegating nurse(s) and MAC Worker(s). The MAS RN assessment must be completed:

- Initially (**completed within 72 hours, plan of care completed, signed and in the medical record within 10 days of admission**)
- Any time there is a change in the person's status (**initiated within 24 hours and plan of care updated, signed and in clinical record within 5 days of status change**)
- Updated at least annually

Nursing Care Plans are updated by the MAS RN when the MAS RN assessment is Updated (change of status and annually). The MAS RN Assessment and Nursing Care Plans shall be part of the clinical record.

The **second step** of the Nurse Delegation Program is the MAS Nurse (RN/LPN) assessment of the person's ability to self-medicate. Criteria for the person who can **self-medicate**,

- The person can effectively verbalize understanding of the purpose of the medication(s)
- The person can effectively verbalize common possible **side effects**, including:
  - i. What to do if a dose is missed
  - ii. What to do if extra dose(s) taken
  - iii. What to do if adverse reactions occur
- The person can recognize the medication(s)
- Verbalize/demonstrate the steps of administration to include the correct med, time, and use of PRN medication, documentation
- The person can perform a medication return demonstration, securing medication correctly.

**Self-medicators are not required to have approval from the MAS nurse prior to PRN medication.** All other NDP guidelines apply for self-medicators – meds must be locked/double locked as required.

- Self-medication observation records (SMOR, SMAR, or MAR) must be documented.
- There must be written accountability for ALL medication.
- MAC Worker must contact the MAS Nurse if there are any concerns or problems.

**Example:** PRN Tylenol 325mg 2 tablets every 4 to 6 hours for complaints of headache. The Nurse would only want to put enough Tylenol in the medication area for a couple of days. The nurse would have a count of how many are put in the med area and review the number of PRNs taken for accuracy. If the person served does not take PRNs according to the prescriber's orders, then he/she cannot fully self-medicate.

For persons who **partially self-medicate** or **cannot self-medicate**, the MAC Worker must contact the MAS Nurse before assisting with all PRN medications.

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

The family, person, nor the Agency have the right to demand self-medication when assessment by a MAS Nurse (RN/LPN) determines the person does not meet the criteria to self-medicate.

### Pill Planners, Pill Boxes, and Medication Dispensers

A licensed nurse may sit with a person who is capable of self-medication administration while the person fills his/her pill box (this oversight cannot be delegated to a MAC Worker). The medications must be removed from the medication bottle/package and placed into the pill box by the person. The nurse is NOT allowed to pre-fill the pill box for the person. The MAS Nurse may **NOT** package or repackage medications, this includes self-medication dispensers. ALL medications must be locked (double locked for controlled) and stored in a safe and secure area to ensure there is no unauthorized access.

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

### Emergency Medications

Emergency medications prescribed for a person such as asthma inhalers, Epi-pens or nitroglycerine, etc. must be kept wherever the person receives services. The Agency is required to have a policy that addresses emergency medications, including who educates the MAC worker, who obtains medication, and who is responsible for checking the availability of the medication (For example the MAS Nurse assigned to the service area). The MAS Nurse must be contacted any time emergency medications are used. ALL medications are locked, and controlled medications are double-locked.



## SECTION 8

### *The MAS-MAC Connection*

**\*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-(19) Supervision, Direct:** Responsible licensed nurse physically present in the 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 registered nurse is required for new graduates practicing on a temporary permit.

**\*ABN Regulation 610-X-2-.20 Supervision, Indirect**

A responsible licensed nurse is AVAILABLE for periodic inspection and evaluation through physical presence and, electronic or telephonic communication for direction, consultation, and collaboration.

### **NOTES TO MAS NURSE**

**ABN Regulation 610-X-6-.03 Conduct and Accountability**

The RN or LPN shall:

- Be responsible for monitoring and evaluating the quality of patient care delivered by personnel under the individual nurse's supervision.
- Be responsible and accountable for the delegation of selected nursing activities in selected situations to unlicensed individuals.

**{The licensed nurse retains accountability for the accurate and timely completion of tasks delegated to unlicensed assistive personnel (MAC Workers).}**

ABN Regulation 610-X-6-.11 Assignment, Delegation, and Supervision

- The licensed nurse 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 task.
  - (c) Health Status of the patient.
- Supervision shall be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.

**{The responsible licensed nurse is AVAILABLE for periodic inspection and evaluation through physical presence and/or electronic or telephonic communication for direction, consultation, and collaboration.}**

ABN Regulation 610-X-7-.06 Alabama Department of Mental Health Residential Community Programs.

- The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention.

# The MAS-MAC Connection

## **DELEGATING NURSES MUST BE AVAILABLE AND MUST RESPOND PROMPTLY (15 -30 MINUTES) TO ALL CALLS FROM MAC WORKERS.**

The On-Call Nurse must be MAS trained with a current MAS Certification.

The On-Call MAS Nurse does not have to be the MAS Nurse who trained the MAC worker. The On-Call MAS Nurse may delegate 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.

### **What is the MAS-MAC Connection?**

- The MAC Worker is an extension of the MAS Nurse.
- The MAS Nurse is responsible and accountable for nursing care provided by ADMH Nurse Delegation Certified 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:

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

- The persons served by the agency are patients of the MAS Nurse. This is comparable to a Nurse/Patient Assignment in a hospital setting. The nurse is required by the Nurse Practice Act to be responsible and accountable for nursing care.
- The MAC Worker shall have access to a MAS Nurse via physical presence, electronic or telephonic twenty-four hours a day, seven days a week without exception.
- The MAS Nurse shall include information regarding how to contact him/her AND what to do if there is no response within 30 minutes. Contact Information and instructions shall be available to the MAC Worker.

•A MAS Nurse shall be available to the MAC Worker 24/7. The MAS Nurse needs 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

*Under Alabama Law, ALL MAC WORKERS ARE REQUIRED to have a Delegating MAS Nurse/s.*

### **MAC WORKERS: STAY CONNECTED TO YOUR MAS NURSE –**

- Call your MAS Nurse anytime you have a question and/or concern.
- Remember to document all calls to the MAS Nurse on the MAC Worker Call Log or form approved by your agency for communication between MAC Worker and MAS Nurse.
- Notify your MAS Nurse of any illness, accident, injury, status change, medication issue, or error.

**NAME OF MAS NURSE:** \_\_\_\_\_


(\_\_\_\_) \_\_\_\_\_  
**TELEPHONE NUMBER**

## SECTION 9

### *Agency Policies and Procedures to Review During MAC II*

#### *NOTES TO MAS NURSE*

**The MAS Nurse must review all NDP-related policies and procedures during ALL MAC II Training.**

***REMEMBER:***  **ALL LICENSED NURSES ARE REQUIRED BY THE ALABAMA NURSE PRACTICE ACT TO PRACTICE IN ACCORDANCE WITH STANDARDIZED PROCEDURES FOR NURSING PRACTICE, INCLUDING BUT NOT LIMITED TO FACILITIES POLICIES AND PROCEDURES.**

**ABN Regulations 610-X-6-.04(2) (a) (iii) and 610-X-6-.05(2) (a) (iii)**

## **NDP-Related Policies and Procedures**

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

- Staffing/Training – MAS Nurse, MAC Worker (Including required updates)
- Supervision – MAC Worker, MAS RN/LPN (Direct and Indirect Supervision)
- MAR – Use of and required documentation (Include how documentation of medications by persons who can self-medicate will be handled)
- Medication Reconciliation by Nurse – order, medication, MARs
- Consent/Acknowledgment of risks and benefits of psychotropic medications
- Standing Orders
- Prescription and 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
- Controlled Medication (medication, security, accountability, documentation)
- Medication Disposal and documentation (Must involve a licensed nurse, an unlicensed person can witness)
- Decertification of a MAC Worker (Unlicensed person, not MAC certified CANNOT handle medications)
- Reporting a licensed nurse to the ABN (Procedure and forms can be located on the ABN webpage)
- Infection Control- managing equipment (glucometers, O2 concentrators, manage sharps... etc)
- Documentation (See ABN Regulation 610-X-6-.06)
  - Abbreviations
  - Communications
  - Observations
  - Self-administration
  - Lab values
  - Treatment orders
  - Informing Family/Significant Others of use the of NDP the at agency
- MAS/MAC Files
- Emergency Management
- Seizure Management
- Tracking trends noted based on incident review data for medication errors, falls, or nursing/medical concerns.

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

## SECTION 10

### *Medication Errors*

#### *NOTES TO MAS NURSE*

**All Medication errors by licensed and unlicensed staff must be reported to the ADMH in accordance with the Division's Guidelines.**

## *Medication Errors*

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 state:

*The MAS RN/MAS LPN shall have applied knowledge of medication administration and safety, including safety precautions 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 & UNLICENSED PERSONS SHALL BE REPORTED IN THE ADMH INCIDENT PREVENTION & MANAGEMENT SYSTEM.**

### *Medication Errors are entered into IPMS by TYPE:*

Many medications are prescribed for use other than FDA classification. A “wrong reason” medication error occurs when **a medication is administered for a reason other than prescribed.**

- Example #1: Benadryl prescribed for allergy relief cannot be used as a sleep agent. Unless a separate order is obtained from a legally authorized prescriber.
- Example #2: Depakote prescribed for seizures cannot be used as a mood stabilizer. Unless a separate order is obtained from a legally authorized prescriber.
- Example #3: Lorazepam prescribed (PRN) as a pre-sedation medication cannot be used as a chemical restraint for behavioral issues. Unless a separate order is obtained from a legally authorized prescriber.

**Forgetting to give a dose** of medication is called a “missed dose”. This is also a medication error.



A **“wrong person”** medication error is **when someone is administered medication prescribed for another person.**

A **“wrong medication”** error is when a medication is given that has been **discontinued, contaminated, expired, or is listed as an allergy.**

A **“wrong time”** error occurs when the **medication is given outside of the window of administration time** (one hour before/one hour after MAR time).

A **“wrong dose”** medication error is when a person **receives more or less than the prescribed order.**

## **The severity of medication errors are noted in Levels – I, II, and 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 than monitoring or observation within the agency 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 consequences AND treatment or intervention in addition to monitoring is required. Sending a person to the emergency room, urgent care, or unscheduled Primary care physician in response to a medication error is a Level II medication error. An evaluation from a health care professional outside the agency.

A **Level III** medication error is a **sentinel (serious) event**. A Level III medication error is an incident in which the person experienced life-threatening and/or permanent adverse consequences (loss of bodily function). Hospital admission in response to a medication error is a Level III medication error.

***The delegating MAS Nurse must be notified immediately of ALL medication errors upon discovery.***

***The NDP Coordinator is notified of Level II and III medication errors within 24 hours.***

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, pharmacists, MAS RNs, and MAS LPNs, occur regularly 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 merit. The occurrence of a medication error does not imply the MAC Worker or licensed professional is incompetent or negligent.

Repeated medication errors despite re-education or flagrant, reckless behavior that causes risk to persons require immediate action for correction or revocation of MAC privileges. The MAS RN/MAS LPN HAS THE AUTHORITY TO **DE-CERTIFY** a MAC Worker.

**The Agency Administrator/designee and the MAS Nurse must assess all Level II and Level III Medication errors within 24 hours of the discovery of the error.**

**MAC Certification is suspended for all Level II & III errors until the MAS Nurse has determined that the MAC Worker can resume MAC responsibilities OR the MAC Worker is decertified.**

**All Staff who input medication errors into the IMPS are required to know the TYPES and Levels of MEDICATION ERRORS.**

**Anytime there is a medication error other than a documentation error, the MAC worker is trained using the **NDP 21 Medication Error Training Form.****

# SECTION 11

## Forms

### *NOTES TO MAS NURSE*

ADMH Certification Surveyors will be looking for the **standardized NDP Forms** noted. At agencies where electronic medical records are in place **and the NDP Forms cannot be mirrored**, the agency must have a policy and procedure approved by the agency's Board of Directors that notes the approved form(s) and how it will be used.

*The Nurse Delegation Program includes the following standardized forms:*

- NDP 2 - Delegation Form – **MANDATORY**
- NDP 3 - Annual Direct Supervision Form – **MANDATORY**
- NDP 4- Level 2/3 Medication Error Form – **MANDATORY**
- NDP 5- Self-Administration Assessment Form – **MANDATORY**
- NDP 6- MAC Worker Call Log – **MANDATORY**
- NDP 7- Certificates – (A certificate is required. Agency can create their own with the same wording)
  - MAC II (MINIMUM 8 HOURS TRAINING)
  - MAC Update/Recertification (Required every 2 years) (MINIMUM 4 HOURS)
  - MAS Renewal/Update (Required every 2 years) (MINIMUM 4 HOURS)
- NDP 8- MAS RN Assessment (use of NDP form is optional; ***completion of a comprehensive assessment is not optional; agency assessment shall contain ALL the components of NDP 8)***
- NDP 9- MAS Nurse Education/Training Log – **MANDATORY**
- NDP 11- MAC Education/Training Log – **MANDATORY**
- NDP 12- MAS Nurse Call Log **Optional**
- NDP 13- Competency Verification Checklist – **MANDATORY**
- NDP 14- Healthcare Practitioner Consultation Form – **Optional**
- NDP 15- MAC Revocation of Delegation Form – **Optional**
- NDP 16- Medication Destruction Form **Optional**
- NDP 17- Control Substance Count - Federal Law/Agency may use their form
- NDP 18- Shift to Shift Accountability (controlled meds) - Required by Law/may use your form
- NDP 19- Off Site Chain of custody - All medication requires accountability documentation.
- NDP 21- Medication Error Training Form- **MANDATORY**

**If a form is labeled as MANDATORY and the agency uses Electronic Health Record (EHR), the agency is required to mirror the form in the EHR if possible. If this CAN NOT be done, then the Agency shall have a Policy & Procedure approved by the Board of Directors that address's how the information is documented. EHRs shall have a backup process in case the EHR fails.**

**NOTE: ID/MH/SUD COMPREHENSIVE AGENCIES**

NDP is the same for all Divisions. **Each Division has specific operational guidelines that must be assessed by certification surveyors IN ADDITION TO the NDP score sheet.** Those specifics by Divisions could impact the agency score.

### **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 the supervision of the MAC Worker and the nursing care provided in ALL ADMH Certified Community Programs***

The date the MAC Worker 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 **and** the date of verification of competency of all **delegated** nursing tasks on the skills checklist.

**Column 2,** “DATE DELEGATION SUSPENDED”, is the date the MAC Worker’s delegation privileges are stopped for a brief period (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. Suspensions should be documented on MAC Direct Annual Supervision Form.

**Column 3:** This contains the date delegation begins.

**Column 4:** MAS Nurse signature, credentials, and date.

By signing this form, the MAS Nurse has acknowledged that the MAC Worker has satisfactorily completed the MAC II training and Skills competency checklist. The MAS Nurse signs and dates each time action, i.e., successful completion of MAC II or redelegation after suspension of delegation duties.

**ABN Regulation 610-X-6-11(3) Assignment, Delegation, and Supervision state:**

*“The MAS RN/MAS 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”*

The delegation form must be maintained in the active MAC Worker file throughout the duration of the delegation.

All MAC Workers must have (4) hours of recertification/update training performed by a MAS Nurse with a current certificate. The 4- hour recertification covers the agency’s policy and procedures related to NDP, and a review of all delegated tasks at a minimum every two (2) years.

**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:***

- MAC Worker has an HS diploma/GED/College Transcript
- Successful completion of MAC I as evidenced by certificates (note date on delegation form)
- Successful completion of eight (8) hours of MAC II as evidenced by a certificate signed by a MAS Nurse (If the certificate is not available, the MAS Nurse must teach 8 hours of MAC II)

Competency of the MAC Worker to perform all nursing tasks delegated as indicated by completion of the Skills Checklist (date must be noted on delegation form).

The date noted on the NDP skills checklist is the date that must be documented on the delegation form.

When ***there is a team of Delegating Nurses*** at an agency, the 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 that they have accepted the delegation by signing the Delegation form.

## REVOCAION/DECERTIFICATION OF DELEGATION ( NDP 15)

### THIS FORM HAS TWO PURPOSES:

The **first** is when delegation privileges are permanently revoked, a “Revocation/Decertification of Delegation Form, NDP 15, must be completed by the MAS Nurse.

- A copy should be placed in the MAC Worker file
- If this action occurs, it should be documented on the Delegation form and Supervision form as well

When a MAS Nurse leaves an agency where he/she has been the delegating nurse, as evidenced by his/her signature on the delegation form, **revocation of the MAC Worker/s** privileges may be documented on the letter of resignation. The professional letter of resignation, including the revocation of MAC Worker/s, shall be maintained in the MAS Nurse’s personnel file.


OR the MAS Nurse may complete the Revocation/Decertification form and list (attach a list) of the MAC WORKERS

NDP personnel files shall be maintained for as long as the employee is active in the agency.

**Inactive files shall be maintained for a minimum of five years.**

### MAC Annual Direct Supervision Form (NDP-3)

This form is used to document direct supervision (*face-to-face*) of MAC Workers by the MAS RN/MAS LPN. ABN regulation 610-X-2-.06(19), “Supervision, Direct” states: “*Responsible licensed nurse physically present in the 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 form has a 90-day grace period.
- Direct supervision will be documented as needed, in addition to the annual requirement (Retraining, reprimand, suspension, and decertification)
- 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.
  - **REMEMBER:**  A SCORE OF 1 REQUIRES A PLAN TO ASSIST THE MAC WORKER ACHIEVE COMPETENCY
- The MAS Nurse and the MAC Worker must discuss the evaluation, and sign, and date the form.

## **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 the Assessment of MAC Workers***

### **Quality Monitors**

1. Competency
  - Assists with medications without serious, avoidable errors.
  - Any Level III medication error is serious and requires immediate re-assessment of competency.
  - Demonstrates appropriate techniques for assisting with all types of medications.
  - Monitors for side effects of medications.
  - Demonstrates appropriate technique for the 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 promptly.
  - Legible handwriting.
  - Appropriate correction of any documentation errors without using **whiteout**, **OBLITERATING THE ENTRY** or destroying incorrect documentation. (The correct process is one line through the entry, with the staff initials, and date).
3. Error Reporting
  - Appropriate recognition of medication errors.
  - Completes the medication error report (where applicable)
  - Report's medication errors correctly and timely to the MAS Nurse.
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.
  - Provide assistance and encouragement to persons 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 persons.
  - Communicates and responds to persons and others with an appropriate attitude.

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

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

The Level II/III Medication Error Report Form should be **completed by the MAS RN/MAS LPN any time a Level II/III error occurs.** The form shall be emailed directly to the ADMH/NDP office within 24 hours of notification/discovery of the error. All requested information shall be provided with a “description of the error” focusing on the outcome to the person – signs, symptoms, ER visit, hospital admission, etc. For Level II & III errors, the agency shall have a plan of correction to prevent future occurrences. The MAS Nurse shall describe a plan of correction on the NDP 4 form.

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 II OR LEVEL III** errors are to be reported using this form. The purpose is to get information from the MAS Nurse related to how the incident occurred, the person's status after a Level 2 and Level 3 error, and the agency's plans to prevent future errors. This is in addition to reporting to ADMH using the required divisional reporting forms.

The form shall be emailed to the NDP Director within 24 hours of notification/discovery of a Level II or III medication error

### REMEMBER

ALL MED ERRORS, LEVEL I, II, AND III MUST BE REPORTED TO ADMH. THE DIVISIONAL INCIDENT AND PREVENTION MANAGEMENT PROCEDURE AND FORMS MUST BE USED TO REPORT ALL MED ERRORS.

## *Self-Medication Administration Assessment Form (NDP 5)*

This form documents the assessment of a person's ability to self-administer medications by a MAS RN/MAS LPN. This form shall be completed within seventy-two hours of admission, annually and any time the person has a change in status that affects their ability to self-medicate. Until the self-medication administration assessment form is completed, the person shall not be allowed to self-medicate and should be assisted with medication administration by a MAC Worker or a nurse. MAC workers must be under the supervision of a MAS RN/MAS LPN.

This form must be included in the person'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. A copy of the self-medication assessment shall be available to the MAC worker.

NDP supports individualizing and maximizing the people served in the certified ADMH program's right to independence, choice, privacy, and dignity. Assessing for safe and accurate medication administration is the MAS nurse's responsibility and should be completed with the expectation that the people served in ADMH-certified community programs are both encouraged and allowed to maintain as much independence as possible, including the right to retain control of their medications when it can be done safely. A person with the mental and physical capacity to develop increased independence in medication administration should be supported with self-administration instruction/education/training.

The MAS Nurse is an advocate for people served through ADMH-certified programs. Nurses should document goals and/or rationale to promote independence with medication administration when possible. MAS Nurses shall document any pertinent information related to medication administration.

## MAC Worker Call Log (NDP 6)

The MAC Worker call log shall be used to document **all calls** from MAC Workers to MAS Nurses. Agencies that use electronic medical records to document calls between the MAC Worker and the MAS Nurse shall mirror this form. **NDP 6 is a mandatory form. If an Agency has an EHR this form is used as the backup.** 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. A PRN medication shall be documented on the call log. A MAS Nurse shall assess the need for PRN before administration.

Regardless of the method used to document MAC Worker communication with the MAS Nurse, the MAS Nurse shall review the documentation at least monthly to verify that instructions were followed, or to follow up on pertinent issues/problems. The agency policy and procedure shall state how the MAS Nurse will document that communication has been reviewed.

The MAC Worker Call log is not a part of the person'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. A Call Log may include documentation for more than one person in the Agency. The form must be maintained by the agency for a minimum of five years.

## Certificate of Completion (NDP 7a)

This form is provided to be used as a template for certificates of completion for the MAC II Training. Saving as a template allows agencies to type the agency's name in the designated place for future use. All agencies shall use a certificate of completion to facilitate standardization throughout the State. The certificate shall include the following statement: *has completed a minimum of eight (8) hours of MAC II training by a MAS Nurse with current ADMH approval, using ABN approved curriculum.* The certificate must include the date of training and expiration date. The certificate shall have the signature of the MAS nurse with credentials.

Certificates are to be maintained in the MAC files for the duration of employment. The certificates must be available to ADMH Monitors/Certification Surveyors upon request.

The MAC II certificate is given upon successful completion of MAC II Training (a minimum of eight hours).

**MAC I MUST BE COMPLETED BEFORE MAC II TRAINING AS EVIDENCED BY THE MAC I DOCUMENTATION.**

## *Certificate of Recertification (NDP 7b)*

The MAC Update/Recertification certificate is given upon completion of the required four hours of MAC Update Training every two years. The certificate shall include the following statement: *has completed a minimum of four (4) hours of MAC Recertification training, using the NDP MAC Update/Recertification guidelines, including review of all delegated tasks.*

Certificates are to be maintained in the MAC files for the duration of employment. The certificates must be available to ADMH Monitors/Certification Surveyors upon request.

## *MAS RN Assessment (NDP 8)*

NDP 8 is an optional form. The MAS RN Comprehensive assessment is NOT optional. It is REQUIRED. Agencies may use their assessment as long as it contains the same information as NDP 8. ABN Regulation 610-X-7-.06 ADMH Residential Community Programs states:

*“The MAS 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 MAS 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 MAS RN to judge a patient’s health and illness status and actual or potential health needs.*

*The 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 MAS RN may use a form of choice as directed by the agency’s policies and procedures to document the required elements of the Comprehensive Assessment. The MAS 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 (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 MAS LPN to assist the MAS RN in the comprehensive assessment by the completion of pages 1-6 of form NDP 8. The MAS LPN must sign and date at the noted place on the form. The MAS RN shall complete the systems review as evidenced by his/her signature/date/credentials noted on the form.

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

## **MAS Education Log (NDP 9)**

This form must be used by all MATT s when providing all ABN approve NDP training to MAS Nurses. In addition to the Education Log (NDP 9), the MATT must submit a Nurse Information Form/link (<https://forms.gle/yHVqYBYmf3gxwrZc7>) to the NDP office within 10 business days of completion of any NDP training. The form works best with Google Chrome.

## **MAC Worker Training Record (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 a **minimum of eight (8) hours** of MAC II Training. The 8 hours may be split between multiple days.

MAC II recertification/update is completed every two years and is a minimum of 4 hours.

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 ***SIGNATURES*** in the second column.

MAC Worker Education Records must be maintained for a minimum of five years.

## **MAS Nurse Call Log (NDP 12)**

The use of this form by the MAS Nurse is optional. This form intends 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 persons or issues and document accordingly in the medical record.

## **NDP Skills Checklist (NDP 13)**

- Unlicensed staff working in All ADMH Certified Programs who will be assisting persons served with the nursing task(s) including but not limited to assisting with medication administration must have a MAS RN /MAS LPN validate the staff’s competency for all delegated tasks (s).
- The NDP Skills Check List is a standardized and mandatory checklist. This is the only form to be used for validating the competency of unlicensed staff.
- It is the MAS Nurse’s responsibility to determine whether the unlicensed staff demonstrates competency in performing the tasks by using the guidelines and checklist.
- This form is to be used when the MAC is initially trained and for recertification/update.

## *Directions for completing the NDP Skills Check List*

1. The name of the staff and MAS Nurse is PRINTED on page one of the checklist.
2. All documentation on the checklist is to be in ink (Black).
3. The MAS Nurse/(s) completing the Skills check-off shall sign in the appropriate signature column.
4. MAS Nurse documents the date of skill check off
5. When a staff has demonstrated competency for a task, the staff will initial in the designated block. If the staff needs further training in an area, this should be noted in the designated “comments” section on the last page of the document.
6. Section I, VI, and VII – Competency may be determined by demonstration or by written test.
7. Sections II-V– The staff must be observed performing each delegated task/skill initially and be able to verbalize and demonstrate how the task would be performed for recertification/update.
8. The MAS Nurse signs and dates that the demonstration has occurred. The MAC Worker must initial and date the checklist after the completion of the tasks.
9. Additional validated tasks may be added to the original form and signed/dated by the MAS nurse and staff later OR a new checklist may be used and filed in the MAC file.
10. The “comment” section may be used to document any additional information, including a signature.
11. In the second column the MAS nurse can document the review of skills as needed and MAC Update completion every two years.
12. The last page is a note page where the MAS nurse can document any special/other training.
13. The checklist must be maintained in the MAC File.

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.

## *Health Care Practitioner Consultation Form (NDP 14)*

### *Optional but must have a process for communicating with other healthcare providers*

The Health Care Practitioner (HCP) Form may be used to accompany persons to all health care appointments and document the reason for the visit. Many HCPs have stated that person(s) 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 diagnoses/meds, and any other orders. The second page of the form was designed to assist the MAS Nurse in following up after the person returns from the HCP.

The use of the form is optional; however, the agency **shall 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 shall state the specific method/format used to communicate this information to HCPs and where the required follow-up by the MAS Nurse will be found in the medical record.

## **MAC Delegation Revocation/Decertification 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. A copy of the revocation form should also be placed in the appropriate MAC file.

When a MAS Nurse leaves an agency, the professional standard is to give a 30-day notice. Agency P & P shall address reasonable notice for MAS Nurse's resignation revocation shall be documented on the form. The completed form(s) shall accompany a letter of resignation, or the MAS Nurse can include in the letter of resignation the revocation of MAC workers. The date of the revocation shall be included in the letter of resignation. A copy of the revocation form and resignation letter shall be filed in the MAS Nurse's personnel file.

**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 the continuation of nursing care”*

## **MAS-MAC CONNECTION**

Any telephonic communication (voice, text, chat, facetime, zoom, Microsoft Teams, etc.) with the MAS nurse shall be logged on the MAC Worker Call Log (NDP 6). Nurse Contact information **shall** be available to MAC workers 24/7.



## ***SECTION 12***

### ***Guidelines to Complete Skills Checklist***

#### ***NOTE 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.**

## *Guidelines for Completing the Nurse Delegation Program Skills Check List*



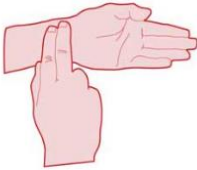

<b>Section 1</b>	<b>Basic Medication Information and Medical Terminology</b>														
A. States common medical abbreviations and meanings.	The staff can match common medical abbreviations with their meaning and knows the location of a list of abbreviations and meanings when needed. Sent to ABN														
B. Describe common dosage forms of medication and routes of administration.	<p>The staff can state the common forms and routes of medication.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>FORMS</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>ROUTES</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">• Tablet</td> <td style="text-align: center;">PO</td> </tr> <tr> <td style="text-align: center;">• Capsule</td> <td></td> </tr> <tr> <td style="text-align: center;">• Liquid</td> <td></td> </tr> <tr> <td style="text-align: center;">• Suppository</td> <td style="text-align: center;">rectal/vaginal</td> </tr> <tr> <td style="text-align: center;">• Inhalant</td> <td></td> </tr> <tr> <td style="text-align: center;">• Topical</td> <td></td> </tr> </tbody> </table>	<u>FORMS</u>	<u>ROUTES</u>	• Tablet	PO	• Capsule		• Liquid		• Suppository	rectal/vaginal	• Inhalant		• Topical	
<u>FORMS</u>	<u>ROUTES</u>														
• Tablet	PO														
• Capsule															
• Liquid															
• Suppository	rectal/vaginal														
• Inhalant															
• Topical															
C. 1st check of Medication Administration. This step includes identifying the person and matching the medication label against the MAR utilizing the following 7 rights.	<p>Using the 7 Rights of Medication Administration staff will complete the 1<sup>st</sup> check.</p> <ul style="list-style-type: none"> <li>• Right person</li> <li>• Right medication</li> <li>• Right time</li> <li>• Right dose</li> <li>• Right route</li> <li>• Right reason</li> </ul>														
2 <sup>nd</sup> check of Medication Administration. This step includes identifying the person and matching the medication label against the MAR utilizing the following 7 rights.	<p>Using the 7 Rights of Medication Administration staff will complete the 2<sup>nd</sup> check.</p> <ul style="list-style-type: none"> <li>• Right person</li> <li>• Right medication</li> <li>• Right time</li> <li>• Right dose</li> <li>• Right route</li> <li>• Right reason</li> </ul>														

<p>3rd check of Medication Administration. This step includes identifying the person and matching the medication label against the MAR utilizing the 7 rights.</p>	<p>Using the 7 Rights of Medication Administration staff will complete the 3rd check.</p> <ul style="list-style-type: none"> <li>• Right person</li> <li>• Right medication</li> <li>• Right time</li> <li>• Right dose</li> <li>• Right route</li> <li>• Right reason</li> <li>• Right documentation</li> </ul>
<p>D. Describes what constitutes a medication error.</p>	<p>The staff can describe or give an example of a med error related to the 7 Rights The staff can explain the agency’s policy/procedure related to med errors:</p> <ul style="list-style-type: none"> <li>• recognize error</li> <li>• action in response – notifications, forms, observations</li> </ul>
<p>E. Describes a person’s rights related to refusal, privacy, and respect.</p>	<p>The staff can describe what he/she would do to facilitate and comply with the person’s right to refuse treatment/meds, right to privacy and right to be treated with respect.</p> <p><b>Refusal</b> – the person has the right to refuse meds; should not be forced to take meds; review the agency’s policy and procedure regarding notifications.</p> <p><b>Privacy</b> – Knock on closed doors before entering; do not discuss meds in the presence of others.</p> <p><b>Respect</b> – Address the person by their name; explain what you are planning before doing it; answer questions asked.</p>
<p>F. Defines a medication allergy and signs of a possible allergic reaction.</p>	<p>The staff can state the definition of a med allergy and give examples of symptoms of an allergic reaction.</p> <p>Med Allergy – a reaction occurring as the result of unusual sensitivity to a med/substance; maybe life-threatening symptoms: rash, itching, trouble breathing</p>

	<p>Some adverse drug reactions</p>  <p>Itch      Swelling</p> <p>Difficulty breathing      Skin reaction</p>
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**Section 2**

**Demonstrated Appropriate Techniques to Obtain and Record the Following:**

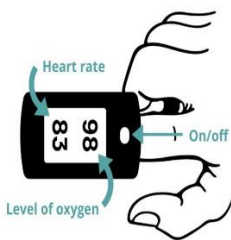
 <p>A. Blood Pressure</p>	<p>The staff can demonstrate how to check a BP by using the agency’s BP device with the correct size cuff; indicate if manual or electronic on the form (MAS Nurse responsible for assuring equipment is checked for accuracy according to the manufacturer’s recommendations). Discuss how the cuff size impacts the accuracy of BP.</p>
 <p>B. Temperature</p>	<p>The staff can demonstrate how to obtain the person’s temp using the agency’s thermometer (Electronic thermometers encouraged); The staff can state things that may affect the temp – activity, food, liquids, and smoking.</p>
 <p>C. Pulse</p>	<p>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 the site and method on the checklist.</p>
 <p>D. Respirations</p>	<p>The staff can demonstrate how to count the number of breaths a person takes for a full minute.</p>



E. Finger Stick Blood Sugar

The staff can demonstrate how to utilize the agency's/ person's glucose monitoring device using the following steps:

- Obtain the equipment
- Wash hands
- Call a person to a clean/quiet area
- Put on gloves
- Clean finger with alcohol(allow to air dry)
- Complete the finger stick using the lancet, squeeze a drop of blood and wipe away using a cotton ball/paper towel
- Insert test strip in glucometer
- Apply the second drop of blood to the glucometer strip
- Apply a band-aid while resulting
- Document results according
- Dispose of the test strip and lancet using appropriate infection control measures (The MAS Nurse is responsible for assuring the device is properly calibrated).



F. O2 Saturation Monitor

Staff can state the normal O2 saturation using Pulse Oximetry. Staff can demonstrate how to correctly place and read Pulse Oximetry

Wong-Baker FACES® Pain Rating Scale



G. Wong-Baker Faces Pain Rating Scale

Staff recognizes the faces pain rating scale. Staff can state how the scale rating works. Staff state examples of reasons for using the pain rating scale.

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ADLs = BAITED  
(Activities of Daily Living)

H. Changes in functional ability

Staff can describe what Function ability is and what changes to be aware of and report.

*(Functional ability is the actual or potential capacity of an individual to perform the activities and tasks that can be normally expected. The physical, psychological, cognitive, and social ability to carry on the normal activities of life.)*

## Section 3 Administration of Medications

A. Verifies use of appropriate medication delivery system with pharmacy label as required.



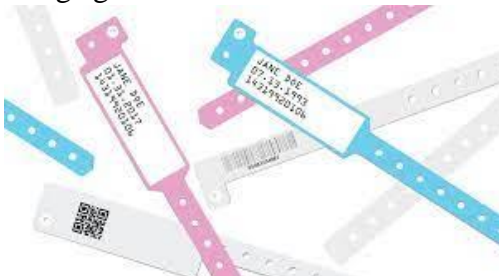
The staff can state that OTC Meds should be unit doses; however **individual** multidose containers are acceptable. (All meds must have an order from a legally authorized prescriber.)

The staff can state what system is used at the agency and where PRN orders are located.

B. States proper medication storage guidelines.

The staff can demonstrate/verbalize proper storage of meds at the agency – This is a clean room/area with proper ventilation.

- It stores medication and medication-related supplies/equipment ONLY.
- Meds must be stored by the manufacturer’s recommendations; refrigeration may be required.
- Refrigerated meds must be LOCKED and ONLY store Medications-NO FOOD PRODUCTS (Refrigerator must have a thermometer and a temp log).

	<ul style="list-style-type: none"> <li>• Internal and External meds must be stored in separate containers to avoid cross-contamination.</li> <li>• If the medication comes in a box or package with the label on the box or package, the medication container must stay in the original box/package</li> </ul>
 <p>C. Wash hands (may use hand sanitizer if soap and water are not available).</p>	<p>The staff demonstrates the proper hand washing procedure.</p> <ul style="list-style-type: none"> <li>• Turn on the water</li> <li>• Obtain Soap</li> <li>• Lather hands for 20 seconds</li> <li>• Rinse hands</li> <li>• Dry paper towel</li> <li>• Turn off the water with a paper towel</li> </ul>
<p>D. Locates a clean and private area.</p>	<p>The staff verbalizes the infection control principles dictating a clean place and how he/she will comply with the person's right to privacy; meds are not to be touched or handled by the staff hands; meds are transferred from the med container into a cup and given to the person; if requested med may be poured from the cup into the person's hands.</p>
 <p>E. Gathers equipment needed depending on the meds to be assisted with.</p>	<p>The staff gathers/verbalizes at a minimum:</p> <p>MAR, med cup, water/food substance, tissue/paper towel, tray/box if different forms of meds are assisted with at one time; gloves as required.</p>
 <p>F. Identify the person and brings/goes to the medication area.</p>	<p>The staff verbalizes the agency policy for a person's identification.</p> <p>There <b>shall be two forms of identification</b>. The most common methods are date of birth and a photograph (requires a signed consent form); MAS Nurse should ensure the name of the person and the date the photo is taken is noted.</p> <p>Photos shall be updated as a <b>significant</b> change in appearance occurs or at least every five years.</p>

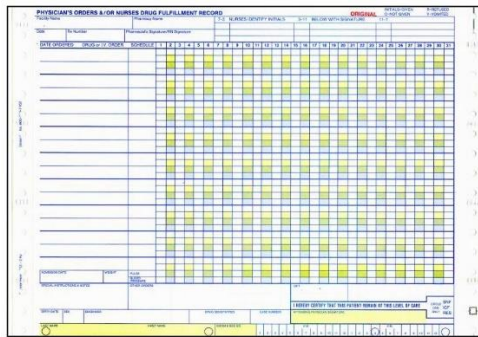


G. Locked medication storage area.



The staff verbalizes/demonstrates the med room is kept always locked when not in use.  
Controlled meds are required to be double-locked. Control meds may be kept in a separate locked storage bin inside the locked med area.  
The keys shall be on the Nurse/MAC staff or in a designated locked area.

H. Read MAR and compare with the label and the medication container, check the expiration date of the medication applicable and 7 Rights.



The staff should compare the label to the MAR 3 times.  
1<sup>st</sup> check - Remove med from the locked area.  
The staff verbalizes the information on the MAR and the med label match.

A med label can only be changed or altered by a licensed pharmacist.  
Only a Nurse or Pharmacist can add medication to or discontinue medications on the MAR. Only the MAS Nurse can make changes to time, dose, and medications on the MAR.  
**THE MAS NURSE CAN NOT DELEGATE MAR TRANSCRIPTION TO A MAC WORKER UNDER ANY CIRCUMSTANCES.**



I. Acknowledges Allergies

The Staff shall verbalize the Noted Allergies


J. Double-check the med label with the MAR using the 7 Rights.


2<sup>nd</sup> check-The staff shall compare the label on the medication to the MAR once more before removing the medication from the medication container.


K. Performs 3<sup>rd</sup> check of the med label with MAR using 7 Rights

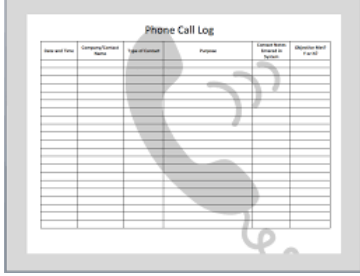
3<sup>rd</sup> check- After the med has been removed from the pharmacy container **BUT** before the med is given, the staff shall compare the label to the MAR one more time to ensure they match.



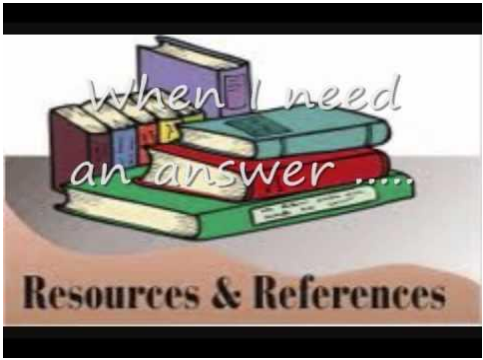
<p>L. Performs tasks satisfactorily. Verifies med was taken/administered.</p>	<p>The staff is to demonstrate/verbalize checking to ensure meds are swallowed by offering sufficient fluids and/or asking the person to their mouth and lift their tongue when applicable.</p>
<p>M. Returns med to proper storage.</p>	<p>The staff is to ensure the medication container is clean and dry before returning the medication to the proper storage; meds are to be locked and/or double locked per Alabama State Law and the Agency policy and procedures; Staff shall always have direct observation of the meds 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).</p>
<p>N. Documents appropriately on the MAR or using the EHR.</p>	<p>Document on the MAR/EHR after the meds are given; follow agency policy and procedures regarding how to document meds refused, held, NPO, sent with the person on leave, controlled substances, etc.</p>
<p>O. Wash hands between medication administration</p>	
<p>O. State name and location of med references/resources available in the facility to reference potential adverse effects.</p>	<p>The staff can state the location of med references/ resources i.e., location of potential adverse effects/medication reactions, Quick Facts MACs (VS checklist, abbreviations &amp; meanings, measurement tips, med errors), a posted contact info for the MAS Nurse/s On-call schedule, Agency Policy and Procedure, etc.</p>
<p><b>Section 4</b> <b>Staff can demonstrate the correct medication application to be delegated</b></p>	
<p>Performs tasks satisfactorily.</p>	<p>The staff is to perform/demonstrate each step of assisting with various meds in various routes and forms of meds. All forms and routes delegated must be validated by the MAS Nurse.</p>


	
<b>Section 5 EMERGENCY MEDICATIONS &amp; APPLICATIONS</b>	
	<p>The staff shall verbalize the steps to appropriately identify an Emergency, use Emergency Medications, and follow Agency Emergency procedures and documents.</p>
<b>Section 6 Medical Equipment</b>	
	<p>Staff can demonstrate the use of medical equipment used at the Agency as required.</p> <p>Staff states how to properly clean/disinfect/store equipment</p>
<b>Section 7 DOCUMENTATION COMPETENCY VERIFICATION</b>	
	<p>Medication Administration documentation- MAR, SMAR, SMOR, Holds, PRNs, refusals</p>
	<p>The staff is to demonstrate the correct way to document all approved NDP/Agency required forms. Competency may be determined by asking questions or by written tests. All questions asked must be documented.</p> <p><i>THE MAS NURSE SHOULD HAVE A COPY OF EACH APPROVED NDP/AGENCY FORM FOR EACH MAC WORKER DURING MAC II TRAINING.</i></p>
	<p>Narcotics count upon administration, and a shift-to-shift-verification of narcotic</p>

 <p>Types of medication errors</p> <ul style="list-style-type: none"> <li>Wrong person</li> <li>Wrong medication</li> <li>Wrong dose</li> <li>Wrong time</li> <li>Wrong route</li> </ul>	<p>Medication error definitions and documentation</p>
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	<p>MAS Nurse shall review MAC call Log/equivalent documentation. What is expected when the MAC calls? When to call. What to document</p>
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**Section 8  
OTHER SKILLS VALIDATED**

<p>Resources &amp; Reference Materials</p> 	<p>The staff is knowledgeable of the facility’s policy and procedures. The MAC worker can locate the agency’s Policy and Procedure manual(s) and the Quick Facts for MAC’s Manual for reference at each certified site. Competency may be determined by asking questions or by written tests. All questions asked must be documented. <b>THE MAS NURSE MUST REVIEW THE NDP POLICY AND PROCEDURES DURING MAC II.</b></p>
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 <p>MAS-MAC Connection</p>	<ul style="list-style-type: none"> <li>MAS nurse shall be available to the MAC Worker in person or by telephone 24/7. <b>A MAS Nurse Must authorize PRN medications.</b></li> <li>MAS NURSE SHALL RESPOND IN 15-30 MINUTES TO MAC CALL.</li> </ul> <p>MAS Nurse’s phone contact number shall be available to the MACs.</p>
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Infection Control

Staff is aware of universal precautions, and how to prevent the spread of germs/bacteria.

- Handwashing techniques,
- Cleaning and Sanitizing surfaces and Equipment. Knowledge of personal protective equipment (PPE).

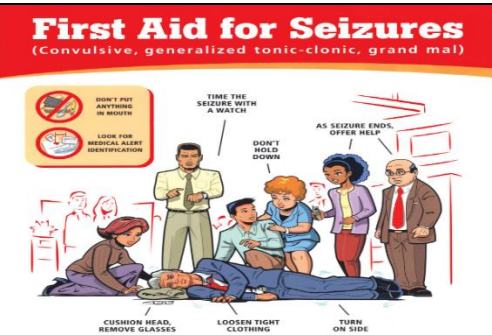
**Section 8  
OTHER SKILLS VALIDATED**



First Aid/Emergency Management

Staff shall have access to and knowledge of the first aid kit.

- What is in the kit, where it is stored, and when items are to be replaced
- Staff shall be knowledgeable of the agency emergency management plan.
- Staff shall know emergency medications (Diasat, Epi-pen, Narcan, etc)




Seizure Management

Staff shall know the agency seizure management plan.

- Who has a Seizure Diagnosis? Type/Description
- Describe how to manage seizure activity

Med/Med Room Security

- Only a MAS nurse or the MAC Worker shall have access to the meds/med room.
- The KEYS must always be secure (only the MAS nurse or MAC worker has access).
- ALL MEDICATIONS are locked.
- Control Medications are secured in a lock inside another lock (double locked).

 <p>PROPER MEDICATIONS STORAGE</p> <p>Medication Storage</p>	<ul style="list-style-type: none"><li>• Clean Room (Meds and medication supplies stored there)</li><li>• Meds stored per pharmaceutical recommendations</li><li>• Internal and External separated (avoid contamination)</li></ul>

## NURSE DELEGATION PROGRAM SKILLS CHECKLIST

\_\_\_\_\_  
Agency Name Here

Staff Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

MAS Nurse \_\_\_\_\_ Date \_\_\_\_\_  
(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.

MAS Nurse Signature			
2 <sup>nd</sup> MAS Nurse Signature (If Applicable)			
	New	Recert	Recert
Date of Check off			
CRITERIA	MAC candidate Initials/Date	MAC Initials/Date	MAC Initials/Date
<b>Section 1 - Basic Medication Information and Medical Terminology</b>			
A. States common medical abbreviations and meanings			
B. Describes common dosage forms of medications and routes of administration			
C. States the 7 rights Verbalizes the "3 checks"			
D. Describes what constitutes a medication error			
E. Describes consumer rights related to: <ul style="list-style-type: none"> <li>• Refusal of meds</li> <li>• privacy and</li> <li>• respect</li> </ul>			
F. Defines a medication allergy and signs of a possible allergic reaction			

**Section 2 Demonstrated Appropriate Technique to Obtain and Record the Following:**

A. Blood Pressure				
B. Temperature				
C. Pulse				
D. Respiration				
E. Finger stick blood sugar				
F. O2 Saturation Monitor				
G. Wong-Baker Faces Pain Rating Scale				
H. Changes in functional ability				

**Section 3: Administration of Medications**

A. Verifies use of appropriate medication delivery system with pharmacy or factory label				
B. States proper medication storage guidelines				
C. Washes hands appropriately				
D. <b>Locates a clean and private area</b>				
E. Gathers equipment needed				
F. Identifies the correct person and brings them to the medication area				
G. Unlocks medication storage area				
H. Reads MAR and compares with label on medication container; checks expiration date of med; 7 rights				
I. Checks allergies				
J. Double-checks the med label with the MAR using 7 rights				
K. Performs the third check of the medication label with the MAR				

L. Performs tasks satisfactorily. Verifies medication was taken/administered				
M. Returns medication to proper storage				
N. Documents appropriately on MAR				
O. Washes hands between people				

**Section 4: Competency Verification of ALL Medications Delegated**

<input type="checkbox"/> . oral – pills/tablets/capsules				
<input type="checkbox"/> . oral – liquid				
<input type="checkbox"/> . oral – buccal/sublingual				
<input type="checkbox"/> . eye – drops				
<input type="checkbox"/> . eye – ointments				
<input type="checkbox"/> . eye – patches				
<input type="checkbox"/> ear – drops				
<input type="checkbox"/> ear – topical (creams/lotions)				
<input type="checkbox"/> hearing aids				
<input type="checkbox"/> nose – drops				
<input type="checkbox"/> nose – sprays/inhalers				
<input type="checkbox"/> topical – creams/ointments/paste				
<input type="checkbox"/> topical – lotions/suspensions				
<input type="checkbox"/> topical – sprays/powders				
<input type="checkbox"/> topical – patches				
<input type="checkbox"/> topical – shampoo				
<input type="checkbox"/> respiratory inhalers				
<input type="checkbox"/> rectal medication (Suppositories/Enema/Gels)				
<input type="checkbox"/> Other:				
<input type="checkbox"/> vaginal medication (Suppositories/Enema/Gels)				
<input type="checkbox"/> Other:				




**Section 5: Emergency Medications & Application (P & P)**

<input type="checkbox"/> Naloxone Auto-Injector				
<input type="checkbox"/> Epi-pen				
<input type="checkbox"/> Glucose injection				
<input type="checkbox"/> Diastat				
<input type="checkbox"/> Nitroglycerin				

**Section 6: Medical Equipment/ Infection Control( clean/disinfect/store)**

<input type="checkbox"/> Nebulizer				
<input type="checkbox"/> CPAP				
<input type="checkbox"/> Oxygen concentrator/cannula/mask				
<input type="checkbox"/> Vagus Nerve Stimulator				
<input type="checkbox"/> Hospital Bed				
<input type="checkbox"/> Glucometer				
<input type="checkbox"/> Mechanical Lift				
<input type="checkbox"/> Weight Scales				

**Section 7: MAR/Documentation**

<input type="checkbox"/> After Assisting with meds				
<input type="checkbox"/> Refused Meds				
<input type="checkbox"/> PRN meds				
<input type="checkbox"/> Missed dose other med error				
<input type="checkbox"/> Meds Held				
<input type="checkbox"/> Self Administration (SMOR/SMAR)				
<input type="checkbox"/> Narcotic Count Sheet				
<input type="checkbox"/> Narcotic Shift to Shift Verification				

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**Section 8: Other Documentation**

<input type="checkbox"/> Seizure Record				
<input type="checkbox"/> Treatment Record				
<input type="checkbox"/> Health Care Practitioner Sheet				
<input type="checkbox"/> Medication Error Report Form				
<input type="checkbox"/> Incident Report Form				
<input type="checkbox"/>				
<input type="checkbox"/> MAC Call Log/Any other Agency Required Form				
<input type="checkbox"/>				
<input type="checkbox"/> Infection Control (Equip Cleaning/Refrig log)				
<input type="checkbox"/> First Aid/ Emergency Management				
<input type="checkbox"/> Seizure Management				
<input type="checkbox"/>				
<input type="checkbox"/> Med/Med Room Security				
<input type="checkbox"/>				
<input type="checkbox"/> Quick Fact for MACs				

- On-Site Observation
- Skills Lab Observation

**SKILLS CHECKLIST SIGNATURE PAGE**

***ALL MAC TRAINING MUST BE DOCUMENTED ON THE MAC WORKER TRAINING RECORD (NDP 11)***

DATE MAC II COMPLETED \_\_\_\_\_

***Every MAC Worker must have a minimum of 8 hours of MAC II Training Documented in the MAC File [ABN 610-X-7-.06(5)(a)(2)]***

MAC Worker SIGNATURE \_\_\_\_\_

*The signature indicates that MAC has completed initial training with a MAS Nurse and is prepared to accept delegation of the tasks.*

MAC Worker Initials \_\_\_\_\_ DATE \_\_\_\_\_

**ONGOING MAC WORKER SKILLS CHECKS**

(ADD NEW SKILLS UNDER OTHER)

Date	Skills Verification	Amount of Time	MAC Worker Initials	MAS Nurse Signature
	<input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Other (Explain)			

**COMMENTS/NOTES** (signature required with comments)

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## SECTION 13

### Principles of First Aid

#### *NOTES TO THE MAS NURSE*

**The MAS Nurse must cover the following information in ALL MAC II Training.**

## First Aid

First Aid is used in emergencies – 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/MAS LPN. No items included in the First Aid kits are considered PRN medications. OTC and PRN medications are required to have a prescriber's order and **are not included** in the First Aid Kit. The First Aid Kit shall be always accessible to the MAC Workers. Any item in the First Aid kit, including triple antibiotic ointments (TAO) 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 person's allergies**. In the case of First Aid the MAC should care for the person first, then call the MAS Nurse.

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

Items you may see in the First Aid Kit

- Gauze
- Alcohol preps/Antiseptics
- Band-aid
- Antibiotic ointment
- Anti-itch cream
- Medical Tape
- Gloves

***NOTE: Any ointments, creams, or liquids opened will expire in 30 days, therefore it must be dated when opened, discarded after 30 days, and replaced.***

## **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 and 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: Dr. Smith ordered Susie; Head and Shoulders shampoo every other day 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: Sunscreen**

- Treatment: Dr. Smith ordered to apply sunscreen to Joe before going outside due to skin sensitivity.
- Personal Care: Joe uses sunscreen before going outside because he heard it helps protect him from skin problems.

### **Example #3: Skin Barrier**

- Treatment: Dr. Smith ordered to apply of Baza cream to Jenny's buttocks after each incontinent episode.
- Personal Care: Apply Destin (or preferred moisture barrier) to Jenny's buttocks after each incontinent episode.

**Treatments ARE documented on the MAR.**

**Personal Care is not required to be documented on the MAR.**

*Follow the MAC II PowerPoint to cover at a minimum:*

**First Aid and Emergency Management are part of all MAC trainings by the MAS Nurse (initial and update)**

- When to call “911”
- **Common First Aid Situations** and how to handle them at your Agency
- Agency’s **Emergency Management Plan**
  - **Emergency Medications**
  - **Seizures**
  - **Choking**
  - **Falls**
  - **Cardiac Arrest**

**The Red Cross intervention for choking**

**Don’t perform the five-and-five method on a child. You should only give a child the Heimlich maneuver.**

- *Send someone to call 9-1-1*
- *Lean person forward and give 5 back blows with heel of your hand.*
- *Give 5 quick abdominal thrusts by placing the thumb side of your fist against the middle of the victim’s abdomen, just above the navel. Grab your fist with the other hand.*
- *Repeat until the object the person is choking on is forced out and person breathes or coughs on his or her own.*

<https://www.redcross.org/flash/brr/english-html/conscious-choking.asp>

Last updated: 1/24/2023

After removing the object that caused the choking, **keep the person still and get medical help.** Anyone who is choking should have a medical examination. Complications can occur not only from the choking, but also from the first aid measures that were taken.

Feb 12, 2021

<https://medlineplus.gov> › Medical Encyclopedia

The complications of choking include throat irritation, throat damage, and death from asphyxiation. After the Heimlich complications such as **rib fracture, diaphragm rupture, pneumomediastinum, acute thrombosis of abdominal aortic aneurysm, mesenteric laceration, and traumatic injury of the gastrointestinal tract could occur.**

**Anyone who chokes in a ADMH certified agency and the MAC worker has to physically assist the person to dislodge the object shall be immediately follow up with a physician.**

**None contact intervention should be assessed by the MAS nurse**

### **Some Dangerous Foods**

Hot dogs	Sausages
Chunks of meat or cheese	Whole grapes
Fish or meat with bones	Raisins
Marshmallows and marshmallow fluff	Popcorn
Hard, gooey or sticky candy	Chewing gum
Chunks of peanut butter	Lollipops
Raw vegetables	Nuts and seeds
Whole olives	Ice cubes
Potato / corn chips	Pretzels



## SECTION 14

# Principles of Infection Control and Universal Precautions

### *NOTES TO THE MAS NURSE*

**This information must be covered in MAC II Training.** The MAS Nurse is expected to build on the following outline to include specifics mandated by the agency's policies and procedures and current CDC guidelines.

## *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 person 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., the common cold.
- **A communicable disease 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 must 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

## ***Air Borne Infections***

- SARS
- Flu
- TB
- Covid
- Viral Meningitis

## ***Contagious Skin Infections***

- Scabies
- Bed Bugs
- Lice (Capitis/Pubis)
- Ringworm
- Athlete's Feet
- Shingles
- Bacterial Meningitis

### ***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 personal protective equipment (PPE) such as gloves, masks, and gowns when exposure to infectious agents is possible.
- Maintain a clean environment.
- Store, defrost and cook foods at the proper temperature.
- Properly dispose of wastes, garbage, and used medical supplies promptly.
- Get protective vaccines and immunizations.
- Persons should be encouraged to wash their 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 are to be considered potentially infectious.
- *Universal Precautions* were 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.
- Launder the person's clothes, and linen separately.
- Body fluids include the following:
  - blood
  - vomit
  - saliva
  - stool
  - urine
  - drainage from nose or sinuses
  - drainage from wounds or sores
  - secretions from mucous membranes
  - vaginal secretions
  - semen

## *Personal Protective Equipment*

- Gloves must be worn when
  - direct contact with body fluids is anticipated.
- handling clothes, diapers, or linens soiled by urine, feces, vomit, or Gloves must only be used once and then appropriately disposed of.
- 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 clothing.

# SECTION 15

## Seizure Management

### *NOTES TO THE MAS NURSE*

**This information must be covered in MAC II Training.**

Review the agency's seizure management plan.

Focus on keeping the persons safe.

## *Seizures*

- Seizure disorder is the same as epilepsy.
- Seizures are produced by abnormal electrical activity in the brain.
- Seizures are usually distressing to the person and can be life-threatening.
- Antiseizure or anti-epileptic medications help prevent the abnormal firing of brain cells.
- Noncompliance with anti-epileptic medications is a common cause of recurrent seizures.
- Seizures commonly occur in persons with mental disorders.
- Some people know before they are about to have a seizure (aura). They may say “I feel funny” or “I smell something strange.”
- There are several types of seizures. Make staff aware of what type they may see in the agency.
- The best-known type of seizure is called a 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.
- May cause irregular breathing pattern

## *MAC Worker Responsibilities*

- Stay with the person.
- Protect the person’s privacy.
- Protect the person from injury during a seizure.
- Observe the time started and ends.
- Never put your hands, fingers, or any object in the mouth of a person having a seizure.
- Call your MAS Nurse.
- Remove all potentially harmful objects.
- Protect the person’s head from any injury.
- **Do not hold** any part of the person down.
- If possible, place a person on their side during a seizure: if not during then promptly after the seizure.
- 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 person.
- Non-compliance with seizure medication is a common reason people have more seizures. Notify your MAS Nurse any time a person is non-compliant with medications.
- A new onset seizure for persons 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 person was doing, and what the person looked like.
- Document all information required by your agency’s seizure management policies and procedures including the time you call your MAS Nurse.

# SECTION 16

## Emergency Medications

### NOTES TO THE MAS NURSE

**This information must be covered in MAC II Training.**

Review the agency's Emergency management plan.

Focus on the person's safety.

**Anytime that an emergency medication or Emergency intervention is used in ADMH-certified programs the person must be assessed by a Health Care Professional outside of the Agency. Unless there is a physician's order that states otherwise.**

# NDP allows the MAS Nurse to delegate assistance with the administration of some Emergency medications

## Emergency Medication shall be available where the person is located

**Below are some illustrations of different types of emergency medications that MAY be used. NDP has no preference regarding brands or delivery systems. The Prescriber manages the persons orders. It is the MAS Nurses responsibility to be knowledgeable on the medication and delivery system and educate the MACs**

**1** Put person on their side where they can't fall.

**2** Get medicine.

**3** Get syringe.  
*Note: Seal Pin is attached to the cap.*

**4** Push up with thumb and pull to remove cap from syringe. Be sure Seal Pin is removed with the cap.

**5** Lubricate rectal tip with lubricating jelly.

**6** Turn person on side facing you.

**7** Bend upper leg forward to expose rectum.

**8** Separate buttocks to expose rectum.

**9** Gently insert syringe tip into rectum.  
*Note: Rim should be snug against rectal opening.*

**10** SLOWLY COUNT OUT LOUD TO THREE...1...2...3  
Slowly count to 3 while gently pushing plunger in until it stops.

**11** Slowly count to 3 before removing syringe from rectum.

**12** Slowly count to 3 while holding buttocks together to prevent leakage.

**13** ONCE DIASTAT® IS GIVEN  
Keep person on side facing you, note time given and continue to observe.

**DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL**

**14a**

- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.

**14b**

- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

At the completion of step 13:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

This step is for Diastat® AcuDial™ users only  
At the completion of step 14a:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

**CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR**

- Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor's instructions.
- Seizure behavior is different from other episodes.
- You are alarmed by the frequency or severity of the seizure(s).
- You are alarmed by the color or breathing of the person.
- The person is having unusual or serious problems.

**Local Emergency Number:** \_\_\_\_\_  
*(please be sure to note if your area has 911)*

**Doctor's Number:** \_\_\_\_\_

**Information for Emergency Squad:**  
Time DIASTAT given: \_\_\_\_\_  
Dose: \_\_\_\_\_

**Diastat suppositories** are one of the Emergency medications that can be delegated to a MAC Worker. Persons 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 person 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 a medical emergency, status epilepticus. The utilization of this intervention requires:

- Transport to ER, Urgent Care, or Primary Physician for evaluation of the emergency event.
- Diastat (emergency medication) can be administered without prior approval of the on-call MAS Nurse.
- The use of Diastat shall be reviewed after each administration by the MAS Nurse to determine efficacy, appropriateness, and opportunities for improvement of seizure management.
- Repeated use of Diastat by persons may require the need for further consultation by a specialist to maximize prescribed therapy that prevents seizures.
- Diastat is an emergency medication that shall be included in the agency Seizure Emergency Management Plan.



**EpiPen Auto-Injectors** are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPens are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

- Transport to ER, Urgent Care, or Primary Physician for evaluation of the emergency event.
- EPIPEN (emergency medication) can be administered without prior approval of the on-call MAS Nurse.
- The use of EpiPen shall be reviewed after each administration by the MAS Nurse to determine efficacy, appropriateness, and opportunities for improvement of seizure management.
- EPIPEN is an emergency medication that shall be included in the agency Emergency Management Plan

## **Indications and Usage for Naloxone Auto-Injector**

Naloxone Auto-Injector is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression in adults and pediatric patients.

Naloxone Auto-Injector is intended for immediate administration as emergency therapy in settings where opioids may be present.

Naloxone Auto-Injector is not a substitute for emergency medical care.

## **INFORMATION ON HOW TO ADMINISTER NALOXONE**

Naloxone can be administered in a couple of different ways:

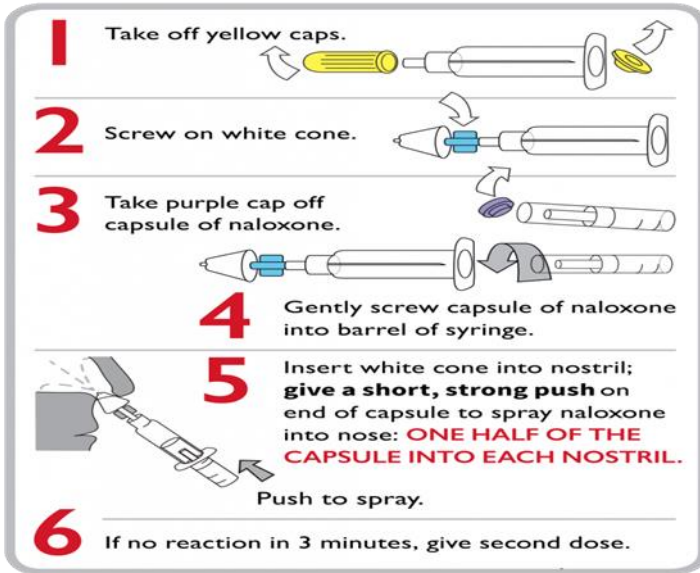
1. By spraying the medicine into the nose (intranasal or IN administration)
2. By auto-injector; a pre-filled, ready-to-use dose of the medication is administered simply by pressing the medicine against a person's upper leg (intramuscular or IM)

(1) Naloxone administration via nasal spray (Luer-lock nasal atomizer):



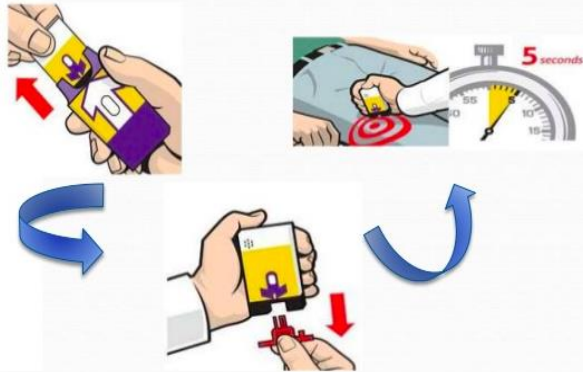
**ADMINISTERING NARCAN NASAL SPRAY** • Remove Narcan Nasal Spray from the box • Peel back the tab to remove the device from the packaging • Hold the Narcan Nasal Spray with your thumb on the bottom, middle and index finger on either side of the nozzle **PEEL PLACE PRESS** • Tilt the person's head back and support their neck with your hand • Insert the tip of the nozzle into 1 nostril until your fingers on either side of the nozzle are against the bottom of the person's nose

- Press the plunger firmly to give the dose of Narcan Nasal Spray • Remove Narcan Nasal Spray from the nostril • Call 911 and place the person in the recovery position • Repeat the dose using the 2nd nasal spray in 2 to 3 minutes in the other nostril if the person does not respond.



## Administration of Naloxone

- Intramuscular Auto-Injector Evzio®



Evzio® Auto-Injector [package insert] Richmond, VA: kaleo;2014.

(2) Naloxone administration with the Evzio auto-injector:

On April 3, 2014, the U.S. Food and Drug Administration (FDA) approved the Evzio auto injector for non-clinical settings. This device is ready to use. A single dose of naloxone is administered with a retractable needle. Accidental needle sticks are avoided, and the device is easy to use. You do not have to fill a needle or attach a cartridge or nasal piece. It also has a voice recording that tells you step-by-step how to administer the naloxone. (Note: Make sure you push hard—until you hear the voice again- when the device is placed on the person's thigh)

## **SECTION 17**

### **Vital Signs**

#### **NOTES TO THE MAS NURSE**

**This information must be covered in MAC II Training.**


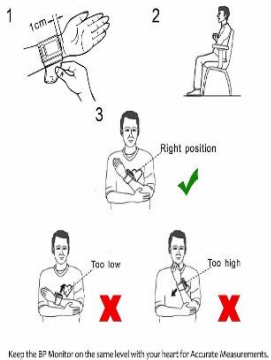
**Automatic blood pressure cuffs are encouraged.**


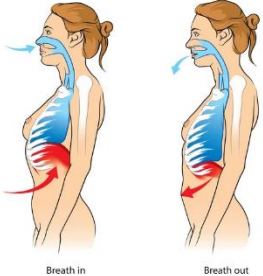

**Digital thermometers are encouraged.**

## Vital Signs

- Vital Signs include the following:
  - Temperature
  - Pulse
  - Respiration
  - Blood Pressure
  - O2 Saturation
- Taking and documenting vital signs is an important function for MAC Workers.
- Vital signs can indicate the health of the person.
- Changes in vital signs may require immediate action by the MAS Nurse.
- The agency shall have policies and procedures that address how often vital signs should be taken. (Not to supersede prescriber's order)
- Review the vital signs monitoring check sheet on the following page. (You may want to copy this check sheet and post it the in-medication area for easy reference by the MAC Worker.)

### VITAL SIGNS MONITORING CHECK SHEET

Vital Sign	Normal Range	Abnormal Range <b>CALL MAS NURSE</b>	Possible Cause for Abnormal Values
 <p>Blood Pressure</p>	<p>Top Number 90-120</p> <p>cdc.gov</p>	<p><b>CALL MAS NURSE</b></p>	<p><b>Hypertension</b> (High Blood Pressure)</p> <p>Pain, fear, anxiety, med side effects, noncompliance with BP med, seizure, drug intoxication</p>
	<p>Bottom Number 60-80</p> <p>cdc.gov</p>	<p><b>CALL MAS NURSE</b></p>	<p><b>Hypotension</b> (Low Blood Pressure) Internal bleeding, dehydration, heart problems, excessive BP medication, med side</p> <p>The effect, of drug intoxication</p>

<p>Temperature</p> 	<p>97-100</p>	<p><b>CALL MAS NURSE</b></p>	<p><b>High</b> – infection, drug reaction, heat stroke  <b>Low</b>- Shock, severe infection</p>
<p>Pulse</p> 	<p>60-100</p>	<p><b>CALL MAS NURSE</b></p>	<p><b>Fast</b> – pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication  <b>Slow</b> – heart problems, med side effects, drug overdose</p>
<p>Respiration</p> <p>Deep breath</p> 	<p>12-20</p> <p>cdc.gov</p>	<p><b>CALL MAS NURSE</b></p>	<p><b>Fast</b> – asthma, pain, lung disease, heart problems, seizures, low oxygen in blood pneumonia, drug overdose  <b>Slow</b> – sedation, low blood sugar, drug overdose</p>
<p>O2 SATS</p> 	<p>95-100</p> <p>cdc.gov</p>	<p><b>CALL MAS NURSE</b></p>	<p>COPD, Asthma, pneumonia, bronchitis, emphysema, congestive heart failure, anemia, sleep apnea</p>

## **SECTION 18**

### **Use and Care of Durable Medical Equipment**

#### **NOTES TO THE MAS NURSE**

***This information must be covered in MAC II Training.***

## **Durable Medical Equipment**

- Medical/nursing equipment includes but is not limited to:
  - Glucometer/strips
  - Nebulizer
  - CPAP machine
  - Oxygen concentrator
  - Vagal Nerve Stimulators
  - Blood pressure cuff
  - Thermometer
  - Pulse oximeter
  - Weight scales
  - Mechanical lifts
  - Hospital beds
  - Wheelchairs
  - Walkers
  - Bedside commode
  - Enteral Feeding Pump
  - 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 checklist and agency policy and procedure for use of all medical/nursing equipment. **(If the heck list is not available in this manual, the checklist must be developed by the MAS Nurse along with an outline of what was taught regarding the equipment)**
- Before delegating the use of any medical/nursing equipment, the skills competency checklist must be completed by the MAS Nurse and taught to the MAC worker.
- If lifting or transfer assistance is required, proper positions and other risk management issues (***whom to contact in case of an employee injury***) should be reviewed. At a minimum review the following:
  - MAS Nurse's expectations/Person needs.
  - Review the four points of safe lifting:
    - Keep your head up, and back straight, and bend your knees.
    - Bring the load close to the body.
    - Stagger the stance (one foot *slightly* ahead of the other), feet shoulder-width apart with toes pointed outward.
    - Don't twist; change the position of your feet to change direction (pivot).
  - Test the person's weight before lifting; if the weight is too heavy find another person or mechanical lift (Requires physician's order and requires 2-person use).
  - Communicate plan and/or seek assistance from the person before initiating the lift.
  - Encourage stretching at work to prevent back injury.

**REMEMBER:** INFECTION CONTROL AND EQUIPMENT GO HAND IN HAND. Medical supplies and equipment must be disinfected routinely and documented.



## **SECTION 19**

# **TRAINING REVIEW**

**NOTES TO THE MAS NURSE**

## **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 the health needs of the persons served at the agency
- MAC Workers must achieve sufficient knowledge to safely care for persons and monitor for side effects (adverse reactions) 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 changes in status
  - The MAS-MAC Connection – review PRN medication approval including reporting and documenting the effectiveness
  - Principles of First Aid
  - Emergency Management
  - Seizures
  - Principles of Infection Control
  - Forms
  - Documentation (paper and/or electronic record)
  - 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 shall also be reviewed.*

### **THE MAS NURSE SHALL COMPLETE A MINIMUM OF EIGHT HOURS OF DOCUMENTED MAC II TRAINING**

***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 the competency of ALL skills/tasks delegated – this involves the observation of the successful performance of all skills to be delegated by the new MAS nurse OR the new MAS nurse shall use nursing judgment to accept the verification of competency of the previous MAS nurse. The new MAS nurse verifies the competency of the MAC Worker's ability to complete a med pass or perform any other nursing tasks (vital signs, finger sticks, nebulizer treatments, etc.) that will be delegated by the new MAS nurse.**

## **ABN REGULATIONS**

- **610-X-2-.06(6)** Delegation – the act of authorizing a **COMPETENT individual to perform selected nursing activities supportive to /s 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 nurses' supervision.
- **610-X-6-.03(17)** The RN/LPN shall accept individual responsibility and accountability for the proper delegation of nursing care activities to other healthcare workers
- **610-X-6-.03(18)** The RN/LPN assesses 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 MAS RN/MAS 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 MAS RN/MAS 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 MAS RN/MAS 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 a minimum 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.)**
- **The NDP Delegation Form (NDP 2 ) was signed by a MAS nurse and the MAC Worker.**
- **Development of MAC files containing required documentation.**

**Current Employee MAS/MAC files including training records shall be maintained as long as the employee is active. Previous employees MAS/MAC files may be destroyed after five years.**

**REMEMBER:**

**MAC II is NURSE DRIVEN!**

**The MAS Nurse cannot DELETE any material from the MAC II Training.**

**The MAS Nurse shall 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 15)**


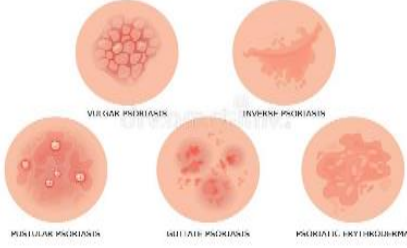
## Changes in Physical Appearance

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*

*(WHEN IN DOUBT, CALL 911)*




<b>Appearance of Person</b>	<b>Possible Cause</b>	<b>The action of MAC Worker</b>
 Cold, Sweaty	Infection, low blood pressure, low blood sugar, drug overdose	<b>CALL MAS NURSE</b>
 Pale	Anemia, infection	<b>CALL MAS NURSE</b>
 Grey, Dusky	Low oxygen, low blood pressure, low blood sugar	<b>(Call 911 first)</b> <b>CALL MAS NURSE</b>
 Red-faced, Warm	Infection, drug allergy, high blood pressure, drug intoxication	<b>CALL MAS NURSE</b>


 <p>Red eye</p>	<p>Infection, increased blood pressure, eye injury, drug intoxication</p>	<p><b>CALL MAS NURSE</b></p>
 <p>Rash</p>	<p>Drug or food allergy, fever, infection</p>	<p><b>CALL MAS NURSE</b></p>

**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**

<p><b>Person Appearance</b></p>	<p><b>Possible Cause</b></p>	<p><b>The action of MAC Worker</b></p>
<p>Sleepy</p> 	<p>Infection, med toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug overdose</p>	<p><b>CALL MAS NURSE</b></p>
<p>Irritable</p> 	<p>Pain, drug toxicity, low blood sugar</p>	<p><b>CALL MAS NURSE</b></p>
<p>Confused</p> 	<p>Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug overdose</p>	<p><b>CALL MAS NURSE</b></p>

<p style="text-align: center;">Agitated, Aggressive</p> 	<p style="text-align: center;">Drug toxicity, pain, UTI, seizures, low blood sugar, constipation, drug intoxication</p>	<p style="text-align: center;"><b>CALL MAS NURSE</b></p>
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**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 “WILL NOT/CAN NOT”, i.e., will not/cannot walk, will not/cannot talk, will not/cannot eat, and will not wake up.

**CHANGES IN BEHAVIOR**

**(WHEN IN DOUBT CALL 911)**

<b>Person Will Not/Can Not:</b>	<b>Possible Cause</b>	<b>The action of MAC Worker</b>
<b>Walk</b>	<b>Pain, stroke, heart problems, sedation/overdose, broken bone</b>	<b>CALL MAS NURSE</b>
<b>Talk</b>	<b>Stroke, sedation/overdose</b>	<b>CALL MAS NURSE</b>
<b>Eat</b>	<b>Stroke, stomach problems, bowel problems, infection, teeth problems, sore tongue</b>	<b>CALL MAS NURSE</b>
<b>Wake up</b>	<b>Stroke, overdose <b>Medical Emergency</b></b>	<b>CALL 911 CALL MAS NURSE</b>



**NDP COMMON  
ABBREVIATIONS**

<b>DOSES</b>	<b>ROUTES OF ADMINISTRATION</b>
gm = gram mc = milligram mcg = microgram cc = cubic centimeter ml = milliliter tsp = teaspoonful (5cc/5ml) tbsp = tablespoonful (15cc/15ml) gtt = drop oz = ounce (30cc/30ml) mEq/L = milliequivalent	PO = by mouth OD = right eye OS = left eye OU = both eyes AD = right ear AS = left ear AU = both ears BUC = buccal (between gum and cheek) IM = intramuscular PR = per rectum SL = sublingual (under the tongue) SQ = subcutaneous SUPP = suppository TD = transdermal ODT = oral dissolving tablet (melts in the mouth)
<b>TIMES</b>	<b>OTHER</b>
PRN = as needed Stat = immediately	OTC = over-the-counter meds MAR = medication administration record SMAR = self-medication administration record SMOR = self-medication observation record NPO = Nothing by mouth

## Joint Commission Do Not Use Abbreviations

### Official “Do Not Use” List

- This list is part of the Information Management standards
- This does not apply to preprogrammed health information technology systems (i.e. electronic medical records or CPOE systems) but remains under consideration for the future

Organizations contemplating the introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols, and dose designations from the software.

Official “Do Not Use” List Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four), or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg Write 0.X mg
Lack of leading zero (.X mg)		
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO4 and MgSO4	Confused for one another	Write "magnesium sulfate"

#### For more information

- Contact the Standards Interpretation Group at 630-792-5900.
- Complete the Standards Online Question Submission Form

This applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

**\*Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

#### Development of the “Do Not Use” List

In 2001, The Joint Commission issued a *Sentinel Event Alert* on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its “Do Not Use” List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01. 9/18

## 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 is placed on the tongue
- Buccal tablets are placed between the cheek and the gum
- Oral dissolving tablet (ODT) placed on the tongue (examples: Zofran, Zyprexa Zydis) No liquids for 5 minutes after administration.

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

*For a list of medications that cannot be crushed go to: <https://denalirx.com>*

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 and uniformly dispersed in a liquid
- suspensions – dispersion of fine solid particles in a liquid; **must be shaken before assisting with administration**
- syrup – thick, sweet, a 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 the manufacturer. Suppositories may be administered by the 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:

- |            |                       |
|------------|-----------------------|
| • Ointment | Lotion                |
| • Paste    | Cream                 |
| • Shampoo  | Patches (transdermal) |

- Powder 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 the medicated side of a patch) **ENSURE THE OLD PATCH IS REMOVED AND DISPOSED OF PROPERLY before APPLYING the NEW PATCH**
11. Vaginal – by way of the vagina

## Oral Route

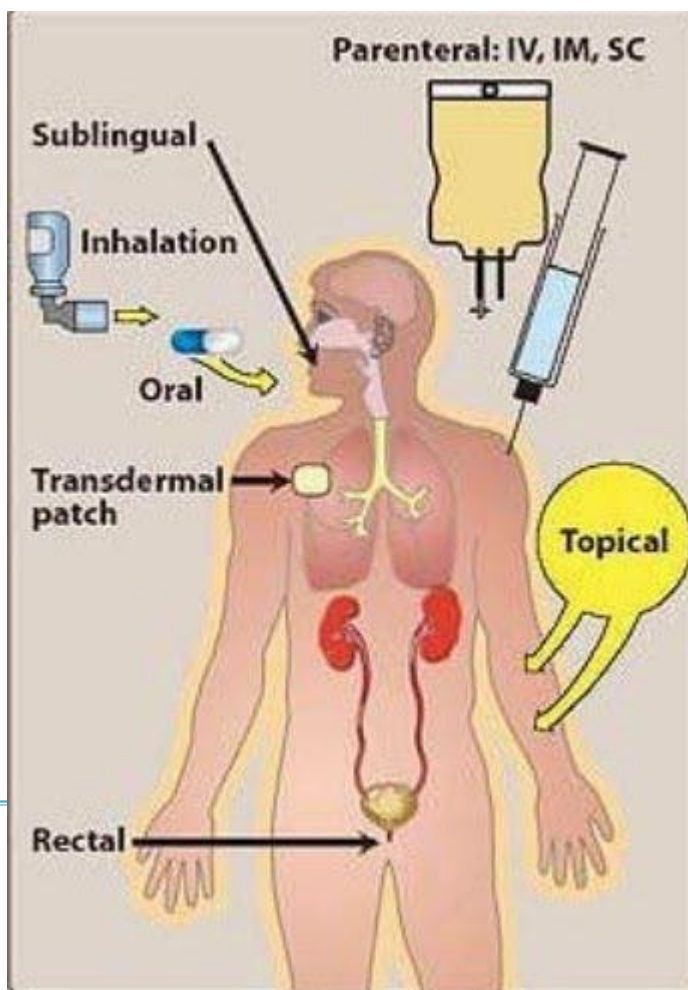
The most common route of drug administration. In which drug is given through the **mouth**.  
Drug Examples: Capsules, Tablets, Syrup



**Sublingual**



**Buccal**



Do **NOT** use these devices to measure liquid medicines



Clear Cap

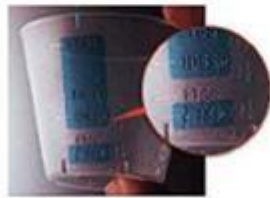
Hypodermic Syringe



A child died after a cap was accidentally left on a hypodermic syringe used to administer oral liquids



Baking Spoons



Measuring cup with both TBS (tablespoon) and TSP (teaspoon) markings



Kitchen Spoons

Recommended devices for measuring liquid medicine



Dosing Cup



Oral syringe with colored cap



Medicine Dropper



Dosing Spoons



Oral dosing syringe for infants

**REMEMBER**



Dosing Cup

**1CC = 1ML**

**10CC = 10ML**

**20CC = 20ML**

**A CENTIMETER IS THE SAME AS A MILLILITER**

**NEVER USE HOUSEHOLD SPOONS WHEN**

**MEASURING MEDICATIONS**

Some liquid medicines have special measuring tools. Use an **ORAL** syringe for amounts less than 5ml



oral syringe



medicine dropper



dosing spoon



dosing cup

To accurately measure liquid medications, place the medicine cup on a flat surface and pour prescribed amount of medication at eye level.



**DO NOT** use household teaspoons. This is not an accurate measurement

**mg. is NOT the same as an ml**

NDC 0000-0000-00

**Fakelixir<sup>®</sup>**  
(mixturezole difakate, USP)

Route: **ORAL SOLUTION**

**350 mg/5 mL**

SHAKE WELL BEFORE EACH USE

100 mL (after reconstitution) Lot: 000000S  
Exp: 01/2050

Rx Only

This bottle contains: 7 g mixturezole difakate, USP  
Description: Each 5 mL contains 350 mg mixturezole difakate, USP  
Dosage: See pamphlet included with the medication package.  
Reconstitution: To prepare add 50 mL of water to bottle and shake thoroughly. This prepares a 100 mL oral solution.  
Solution should be discarded after 14 days from preparation.  
Storage: Keep refrigerated at 35-46 °F. Keep away from light.

Manufactured and Distributed by: SarBena, Corp. Somewhere, DD 00000 USA

**AUGMENTIN<sup>®</sup>**

125mg/5mL  
NDC 0029-6069-39

**AUGMENTIN<sup>®</sup>**  
AMOXICILIN/  
CLAVULANATE POTASSIUM  
FOR ORAL SUSPENSION

When reconstituted, each 5 mL contains: AMOXICILIN, 125 MG, as the trihydrate. CLAVULANIC ACID, 31.25 MG, as clavulanate potassium

**75mL** (when reconstituted)

SB SmithKline Beecham

Tear along perforation

NSN 6595-01-340-0847  
Directions for mixing: Tap bottle until all powder flows freely. Add approximately 2/3 of total water for reconstitution (total = 67 mL). Shake vigorously to wet powder. Add remaining water, again shake vigorously.  
Dosage: See accompanying prescribing information.

Keep tightly closed. Shake well before using. Must be refrigerated. Discard after 10 days.

NDC 0000-0000-00

**Imagimed<sup>®</sup>**  
(factitiousomide Injection, USP)

Route: **5 mg/5mL**  
(1mg/mL)

For Intravenous or Intramuscular Use

5 mL Single Dose Vial Lot: 000000S  
Exp: 01/2080

Rx Only

Description: Each 1 mL contains factitiousomide USP, 1 mg  
Dosage: See pamphlet included with the medication package.  
Storage: Keep refrigerated at 35-46 °F. Keep away from light.  
Warning: Keep away from children and pets.

Manufactured and Distributed by: SarBena, Corp. Somewhere, DD 00000 USA

NDC 0121-0766-16

**Quality<sup>®</sup>**  
**Calcium Carbonate Oral Suspension**

**1250 mg/5 mL**

Maximum Strength  
**ANTACID**

Daily source of calcium

SUGAR FREE | ALCOHOL FREE  
SODIUM FREE

16 fl oz (473 mL)

Pharmaceutical Associates, Inc. Greenville, SC 29615

**Drug Facts** (continued)  
Keep out of reach of children.  
Directions: • See 1st and 2nd panels.  
• See 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th.  
Other Information: • See 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th.  
Questions? 1-800-345-8210



## ***Training Tips:***

### **MAC I**

- Six eLearning Modules
- Must pass with a score of 90%.
- Must have High school diploma/GED/Certified College transcript
- After 5 attempts candidate is locked out of the system
- All modules must be taken and passed in 30 days

### **MAC II**

- A minimum of 8 hours of hands-on training with a MAS nurse
- Successfully demonstrate competency of skills delegated
- Agency NDP policy and procedures reviewed in training
- New staff must complete MAC II training within 90 days of MAC I

### **MAC II Update**

- A minimum of 4 hours of hands-on training with a MAS nurse.
- Successfully demonstrate competency of skills delegated
- A review of the Agency's Policies and Procedures related to the NDP
- Have a current MAC II certificate

### **Becoming An Approved Delegating Nurse:**

- Unencumbered License
- Submit the required prerequisites:
  - 4 ABN CE courses (**MATT Nurse ensures the courses are the most current**)
  - 6 MAC I Module certificates
- Three opportunities to pass a competency test with a score of 90% or above
  - May retake class after six months if not successful

### **MAS Update (4 Hours minimum)**

- Unencumbered License
- Must be taught by a MATT RN
- Completed at least every two years using the ABN/ADMH-approved curriculum
- Submit the required prerequisites:
  - 4 ABN CE courses (**MATT Nurse ensures the courses are the most current**)
  - Copy of the current MAS certificate



Please be sure to attend the quarterly MAS/MATT meeting to stay up to date on changes in NDP.

Thanks