

A Model Curriculum for Medication Administration by Unlicensed Assistive Personnel (UAP)



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Introduction

The emergent shortage of nurses and the aging of the population in the U.S. are both driving the increased use of UAPs in the health care arena. These issues also affect global health care concerns. The World Health Organization (WHO) developed the Millennium Development Goals (MDGs) that recommended initiatives to help combat the shortage of health care workers. These include the delegation of simple health care tasks now assigned to highly skilled personnel to less skilled workers trained to deliver them competently. As the aging population increases, it is likely that more nursing functions, such as medication administration, will be delegated to nonnurses in nonhospital settings. The mounting data gathered in the U.S. concerning patient safety, particularly preventable medication errors, compels regulators to require standardization of curriculums to teach UAPs who will be administering medications.

Why a Model Curriculum is Necessary

Variations exist across the U.S. concerning the regulation of UAPs who administer medications to clients. These divergent regulations include the abundant regulatory agencies, the variety of titles these health care providers use, the array of training requirements, the extent of medication administration restrictions, and the types of health care and nonhealth care settings. Under the boards of nursing state and territory nurse practice acts, medication administration is the responsibility of registered nurses (RNs) and licensed practical nurses (LPNs). Only 14 of the 59 NCSBN member boards regulate UAPs who administer medications. Comprehensive and consistent regulation, titles, training and restrictions are needed in the U.S. for UAPs to safely administer medications. To assure that the task is done safely, nurses must not delegate their judgment and must remain involved in the process, through appropriate delegation and adequate supervision.

Regulatory Agencies Responsible for UAPs

- Boards of Nursing
- Bureau of Health Facility Licensing
- Cabinet for Health Services
- Care Quality Assurance Commission and Department of Health
- Department of Commerce and Consumer Affairs
- Department of Disabilities, Aging & Independent Living
- Department of Health and Environment
- Department of Health and Senior Services Division of Aging
- Department of Human Services
- Department of Inspections and Appeals
- Department of Mental Retardation and Developmental Disabilities and Board of Education
- Division of Health Licensing
- Bureau of Developmental Services
- Division of Licensing Regulations and Policy
- Office of the Professions

Various Titles of UAPs

- Approved Medication Administration Personnel
- Assistive Living Medication Aide
- Certified Medication Aide
- Certified Medication Technicians
- Direct Care Providers
- Level 1 Medication Aide
- Medication Administration Personnel
- Medication Aide
- Medication Assistant I, II and III
- Medication Assistive Persons
- Medication Nursing Assistant
- Medication Technician
- Qualified Medication Aide
- Trained Medication Employees
- Unlicensed Medication Technician
- Validated Direct Service Provider

Medication Administration Restrictions

There are different regulatory restrictions that determine whether UAPs can administer any medications, the routes that are allowed to be used to administer medications, and certain medications that are or are not allowed to be administered. Some states do not allow UAPs to pass/administer medications or give injections because it is a nursing function that must be performed by a licensed health care professional, which cannot be delegated. If medication administration is delegated to UAPs, it is most common that UAPs are allowed to administer routinely scheduled oral and less common to be allowed to administer topical, nasal, vaginal or rectal medications.

Various Ranges in Course/Training Hours and Requirements

The training requirements for UAPs to learn how to administer medications vary across the U.S. There can be as little as eight and as many as 100 total hours to a medication administration course. Examples of the ranges for course hours are listed below.

Course Hours

- Board-approved medication training program
- Trained by a licensed nurse or physician assistant, and the person's training and ability are verified
- Standard curriculum approved by the Office of Mental Retardation and Developmental Disabilities
- 8 hour medication administration class taught by a DHS nurse-trainer using DHS medication administration curriculum
- 8 credit hours and 2 administration medication credit hours
- 20 hour training program with 4 hours pretesting and clinical observation
- Between 30 and 40 hours
- No less than 60 hours of classroom instruction; 20 hours of skills laboratory; and 40 hours of correlated, supervised clinical practice
- Board-approved training program taught over several weeks with a 72-hour oversight requirement (Recertification by exam and 10 hours CE required every 2 years)
- 75 total hours, which shall include a minimum of 25 hours of clinical instruction
- Minimum of 80 hours. A minimum 20 hour clinical practicum
- 100 hours
- At least 100 hours of pharmacology

Elements of a Model Medication Assistant Curriculum

The NCSBN Model Practice Act, relating to nursing assistive personnel, suggests that UAPs should be regulated by boards of nursing. The suggested title for these medication administration providers is medication assistant – certified (MA-C). Minimum qualifications include being a certified nursing assistant (CNA); successful completion of a board approved MA-C training program conducted in a manner that assures that clients receive safe and competent care; and successful completion of a board-approved competency examination. Minimal requirements for a MA-C, as is required for a CNA, must include the ability to read, speak, and write English, and basic math skills.

The model curriculum consists of 60 hours of didactic training, which can include work in a skills lab and/or simulation facility, in addition to 40 hours of supervised clinical practicum. The elements of this standardized curriculum include the essential content (modules), practical/actual experience, demonstration of skills and a competency examination. Once certified, the MA-C is at an entry-level position that allows them to administer medications to individuals in settings as determined by state and federal laws under the supervision of a licensed nurse.

MA-C Curriculum Modules

1. Medication Fundamentals

- a. Functions involved in the management of medications
- b. Mathematics, weights and measures
- c. Forms of medication
- d. Medication basics
- e. Rights of medication administration
- f. Preparation and actual medication administration

2. Safety

- a. Prevention of medication errors
- b. Incident reporting

3. Communication and documentation

- a. Reporting of symptoms or side effects
- b. Techniques to check and record vital signs
- c. Documentation of medication administration

4. Medication administration

- a. Routes of administration
- b. Body systems
- c. Common medication actions
- d. Factors affecting how the body uses medication
- e. Classes of medication related to body systems

5. Ethical and legal issues

- a. Role of the MA-C
- b. Delegation
- c. Role of the delegating/supervising nurse
- d. Rights of individuals
- e. Legal issues

6. Practicum – supervised clinical experience

Conclusion

Across the U.S., many variables exist relating to the regulation of UAPs who administer medications. With the aging population and workforce as well as the emergent shortage of nurses, a consequence may be additional regulatory changes that result in the current responsibility of medication administration by nurses being delegated to UAP. NCSBN has developed a Model Curriculum for Medication Administration by Unlicensed Assistive Personnel to assist member boards.



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