

CHAPTER 33-43-01

NURSE AIDE TRAINING, COMPETENCY EVALUATION, AND REGISTRY

MEDICATION ASSISTANTS

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33-43-01-01. Definitions

1. "Abuse" includes mental, physical, sexual, and verbal abuse. "Mental abuse" includes humiliation, harassment, threats of punishment, or deprivation. "Physical abuse" includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. "Sexual abuse" includes sexual harassment, sexual coercion, sexual contact, or sexual assault. "Verbal abuse" includes any use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
2. "Agency" means home health agency.
3. "Certified nurse aide" means an individual who has successfully completed the requirements for the department-approved certified nurse aide training and competency evaluation program, or department-approved certified nurse aide competency evaluation program to provide nursing or nursing-related services to residents and is entered on the department's nurse aide registry as a certified nurse aide.
4. "Competence" means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards.
5. "Delegation" means the authorization for performance of selected nursing interventions from a licensed nurse to a certified nurse aide, home health aide, nurse aide, or medication assistant I or II.
6. "Deny" means the department's refusal to issue or renew a current registration on the nurse aide registry.

7. "Department" means the state department of health.
8. "Encumber" means to place on probation.
9. "Health care facility" means any health care facility licensed by the department which provides nursing-related services to consumers of nursing care other than nursing facilities.
10. "Home health aide" means an individual who renders personal related service under the supervision of a registered nurse and is registered on the department's nurse aide registry as a home health aide.
11. "Letter of concern" means a statement of the department's concerns regarding the conduct of a registrant.
12. "Medication administration" means the delivery of medication, by an individual delegated to and supervised by a licensed nurse, to a client whose use of that medication must be monitored and evaluated applying specialized knowledge, skills, and abilities possessed by a licensed nurse.
13. "Medication assistant" means an individual who is registered on the nurse aide registry as a certified nurse aide or nurse aide who has successfully completed the requirements of a department-approved medication assistant program for a specific employment setting. Upon successful completion of a medication assistant program, the certified nurse aide or nurse aide is eligible to be registered on the department's nurse aide registry as a medication assistant I or a medication assistant II.
 - a. Medication assistant I is a certified nurse aide or nurse aide who has completed all the requirements for a department-approved medication assistant I program. A medication assistant I is limited to employment in a setting in which a licensed nurse is not regularly scheduled.
 - b. Medication assistant II is a certified nurse aide who has completed all the requirements for a department-approved medication assistant II program. A medication assistant II may be employed both in a setting in which a licensed nurse is regularly scheduled and a setting in which a licensed nurse is not regularly scheduled.
14. "Medication assistant training program" means a program of study and clinical practice in the administration of routine, regularly scheduled medications which meets the department's requirements.
15. "Misappropriation of a resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, taking or use of a resident's belongings or money, or both, without the resident's consent.
16. "Neglect" includes failure to carry out resident services as directed or ordered by the physician or other authorized personnel, failure to give proper attention to residents, or failure to carry out resident services through careless oversight.
17. "Nurse Aide" means any individual who is registered on the nurse aide registry and who has successfully completed the competency requirements identified by the

department to provide nursing or nursing-related services to an individual in a health care facility or other setting and is registered on the department's registry as a nurse aide.

18. "Nurse Aide competency evaluation" means a testing mechanism consisting of both a written or oral and a manual skills component, testing the necessary knowledge needed by a certified nurse aide, home health aide, or nurse aide to provide safe care in a nursing facility, other health care facility, or other setting.
19. "Nurse Aide registry" means a listing of individuals who the department has determined to have successfully completed the requirements established by the department to be designated as a certified nurse aide, home health aide, or nurse aide or medication assistant I or II.
20. "Nurse Aide training program" means a program to train nurse aides offered by a public or private organization that has been approved by the department.
21. "Nursing facility" means a nursing facility licensed by the department, and does not include any institution that is for the care and treatment of persons with intellectual disabilities or persons with related conditions.
22. "Other misconduct" means a conviction of a crime or proof of behavior which has a direct bearing on the individual's ability to care for others or is a threat to the health and safety of patients or clients.
23. "Other setting" includes settings such as a clinic, outpatient service provider, or individual home where the individual on the department's nurse aide registry is employed to provide nursing-related services.
24. "Qualified instructor for a certified nurse aide training program" means a registered nurse with a minimum of two years of nursing experience, at least one year of which must be in the provision of long-term care facility services. Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides. In a nursing facility-based program, the director of nursing is prohibited from performing the actual training. However, a director of nursing who meets the qualified instructor requirements may provide the general supervision for the program. Other health-related professionals who have a minimum of one-year experience in their field may supplement the instructor.
25. "Qualified instructor for a home health aide training program" is a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care services. Other professionals may be used to provide instruction under the supervision of the qualified instructor.
26. "Qualified instructor for a nurse aide training program" is a registered nurse.
27. "Regularly scheduled presence of a licensed nurse" means that a licensed nurse is present a minimum of eight hours in a twenty-four-hour period of time in a setting where nursing care is continuously delivered.
28. "Revoke" means the withdrawal by the department of the registration of an individual to be employed as a certified nurse aide, home health aide, nurse aide, or

medication assistant I or II for a specified period of time of no less than one year. If no specified period of time is identified by the department, revocation is permanent. For a certified nurse aide, a finding of abuse or neglect will result in permanent revocation, although the finding of neglect may be requested to be removed after one year under section 33-43-01-24.

29. "Routine, regularly scheduled medication" means the components of an identified medication regimen for an individuals or groups of individuals with stable conditions which are administered on a routine basis and do not require determination of need, drug calculation, or dosage conversion.
30. "Significant requirements" means federal certification or state licensure requirements that have a serious or measurable impact on the health and safety of the resident in the facility. This includes a nursing waiver. Significant requirements shall be determined to be out of compliance based on the considerations of severity of the noncompliance issue, frequency of the noncompliance issue, and history of prior noncompliance issues.
31. "Stable" means a situation in which the patient's or client's clinical and behavioral status and nursing care needs are determined by the registered nurse or licensed practitioner to be predictable, non-fluctuating, and consistent or in which the fluctuations are expected and the interventions are planned.
32. "Supervised practical skills training" means manual skills training in a laboratory or other setting in which the nurse aide demonstrates knowledge while performing tasks on an individual while under the direct supervision of a licensed nurse under the general supervision of a qualified instructor.
33. "Supervision" means maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately. Supervision includes the assessment and evaluation of the patient or client's condition and responses to the nursing plan of care and evaluation of the competence of the person providing the nursing or nursing-related care.
 - a. "Direct supervision" means that the responsible licensed nurse or licensed practitioner is physically present in the patient or client area and is available to assess, evaluate, and respond immediately.
 - b. "Indirect supervision" means that the responsible licensed nurse or licensed practitioner is available through periodic inspection and evaluation or by telecommunication, or both, for direction, consultation, and collaboration.
34. "Suspend" means the withholding or withdrawing by the department of the registration of an individual on the department's nurse aide registry for a specified or indefinite period of time not to exceed one year.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-01, 23-44-02

Law Implemented: NDCC 23-44-01, 23-44-02

33-43-01-03. Responsibilities of training programs for screening of potential students.

1. Certified nurse aide, home health aide, nurse aide, and medication assistant training programs must screen potential students or individuals seeking entry into a training program. This screening should be completed prior to beginning the training program and should occur in sufficient advance of the training to minimize delays and allow for changes in career choices in a timely manner.
2. Those applicants with a history including conviction of a crime substantially related to the qualification, functions, or duties of a certified nurse aide, home health aide, nurse aide, or medication assistant or a finding on a state nurse aide registry or federal registry should be informed they might not be allowed to begin the training program or take the test without providing specific information relating to their background, criminal history, or impairment.
3. The training program is responsible to provide sufficient screening to identify those individuals that would be a risk to the vulnerable populations served by the certified nurse aide, home health aide, nurse aide, or medication assistant and to submit that information to the department for review prior to entering the individual into a program.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02

Law Implemented: NDCC 23-44-02

33-43-01-12. Supervision and delegation of nursing interventions.

An individual on the department's nurse aide registry may perform nursing interventions which have been delegated by a licensed nurse. An individual on the department's nurse aide registry as delegated and supervised by a licensed nurse:

1. Contributes to the assessment of the health status of clients, including interactions of clients with family members or group members by:
 - a. Collecting basic subjective and objective data from observations and interviews, including taking vital signs; and
 - b. Reporting and recording the collected data.
2. Identifies basic signs and symptoms of deviations from normal health status and provides basic information which licensed nurses' use in identification of problems and needs.
3. Contributes to the development of the plan of care for individuals by reporting basic data.
4. Participates in the giving of direct care by:
 - a. Assisting with activities of daily living and encouraging self-care;
 - b. Providing comfort measures and emotional support to the client whose condition is stable and predictable;
 - c. Assisting with basic maintenance and restorative nursing;
 - d. Supporting a safe and healthy environment;
 - e. Documenting and communicating completion of delegated nursing interventions and client responses; and
 - f. Seeking guidance and direction when appropriate.

5. Contributes to the evaluation by:
 - a. Documenting and communicating client responses; and
 - b. Assisting with collection of data.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16.1

Law Implemented: NDCC 23-44-02, 43-12.1-16.1

33-43-01-13. Medication assistant requirements for supervision.

An individual on the department's nurse aide registry may perform medication administration that has been delegated by a licensed nurse.

1. In a nursing facility, the medication assistant may perform medication administration only when a licensed nurse is on the unit and available for immediate direction.
2. In a health care facility where the licensed nurse delegates the intervention of giving medications to another individual, the individual on the department's nurse aide's registry may perform the delegated medication assistance only when a licensed nurse is available for direction.
3. In any other setting where the licensed nurse delegates the intervention of medication administration to another individual, the individual on the department's nurse aide registry may perform the delegated medication administration only if the licensed nurse has established in writing the process for providing the supervision in order to provide safeguards for the individual receiving the medication.
4. Individuals on the department's nurse aide registry may not be delegated to or perform medication administration in acute care settings or for individuals with unstable or changing nursing care needs.
5. The medication assistant requirements in this chapter do not apply to an individual who provides medication administration that is not registered under this chapter and is:
 - a. Within a correctional facility, in compliance with North Dakota Century Code section 12-44.1-29;
 - b. Within a psychiatric residential treatment facility for children licensed under North Dakota Century Code chapter 25-03.2 and North Dakota Administrative Code chapter 75-03-17;
 - c. Within a treatment or care center for intellectual or developmentally disabled persons licensed under North Dakota Century Code chapter 25-16;
 - d. Within a group home, a residential child care facility, or an adult foster care facility licensed under North Dakota Century Code section 50-11-01 or North Dakota Administrative Code chapter 75-03-16;
 - e. Within the development center at Westwood Park, Grafton, to the extent the individual who provides medications is a direct training technician or a vocational training technician as approved by the department of human services; or

f. Within a human service center licensed under North Dakota Century Code chapter 50-06.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16

Law Implemented: NDCC 23-44-02, 43-12.1-16

33-43-01-14. Medication assistant I training and competency evaluation program requirements.

The medication assistant I program requirements are applicable to settings in which a licensed nurse is not regularly scheduled and provides direct or indirect supervision. The medication assistant I program consists of the theoretical concepts of medication administration and supervised clinical administration of medication. The curriculum must meet the requirements established by the department and include at a minimum:

1. Instructor. A registered nurse is responsible for the development of the theory, the laboratory or clinical component, and supervision of the medication assistant training program.
2. Course objectives. Described in terms of student outcome competencies, including the following:
 - a. Utilize the principles of safety in the administration of medication;
 - b. Define terms related to the administration of medications;
 - c. Correctly interpret abbreviations commonly used in administration of medication;
 - d. Know and apply laws related to medication administration;
 - e. Keep accurate records; and
 - f. Identify legal parameters of the medication assistant role.
3. Curriculum. The medication assistant program I curriculum for delegated medication administration must include:
 - a. Medication concepts:
 - (1) Terminology and standardization abbreviations;
 - (2) Classification of medication;
 - (3) Generic and trade names;
 - (4) Dosage, range, and action;
 - (5) Side effects;
 - (6) Medication routes; and
 - (7) References and sources of information.
 - b. Roles, responsibilities, legal aspects, and limitations of medication assistant I and licensed nurse:
 - (1) Scope of duties for medication assistant I;
 - (2) Licensed nurse responsibilities in relationship to a medication assistant I;
 - (3) Client rights, including the right to refuse medication; and
 - (4) Knowledge of organization policy related to medication administration.
 - c. Methods for medication packaging.
 - d. Storage and disposal of medication.
 - e. Administering and charting medication:
 - (1) Preparation and administration of medication;
 - (2) Safety and six rights of medication administration;
 - (3) Use of medication administration record to:

- (a) Administer medications; and
 - (b) Document medication administration;
 - (4) Prevention of medication errors; and
 - (5) Causes and reporting of medication errors.
- f. Standard precautions for infection control.
 - g. An overview of the major classes of medications related to body systems.
 - h. Additional instruction must include those categories of medications relevant to the health care setting where the medication assistant will be employed.
 - i. Clinical instruction for the purpose of demonstration of medication administration and evaluation of individual competence.
4. Medication assistant I program students must complete the clinical portion of the medication assistant program within six months of completion of the theory portion. Failure to do so will render the individual ineligible to administer medications.
 5. A passing score of eighty-five percent is required on the theory test with an opportunity to retake the test one time. If a student fails on a retake, additional instruction is required before further testing is allowed.
 6. Medication assistant I program students shall demonstrate satisfactory performance of medication administration as evidenced by satisfactory completion of the clinical skills checklist.
 7. During the clinical learning experience, the licensed nurse shall:
 - a. Provide direct over-the-shoulder supervision with initial medication pass;
 - b. Observe and evaluate the student's performance until a ninety percent performance standard on the clinical skills checklist is obtained; and
 - c. Decreased the amount of supervision only when the student demonstrates the ninety percent performance standard.
 8. The medication assistant I program coordinator is required to submit to the department, within two weeks after completion of the course, a list of students successfully completing the medication assistant I program. The information submitted to the department for initial medication assistant I registration for each student must include:
 - a. Name and location of the institution and course title;
 - b. Date of completion;
 - c. Full name, address, and social security number of the student;
 - d. The name and qualifications of the instructors;
 - e. The clinical facility or employer and address;
 - f. The facility clinical coordinator of each student who successfully completes the course;
 - g. Copies of the completed theoretical curriculum and clinical performance testing results for the student;
 - h. A copy of a certificate of successful completion, if awarded by the teaching institution;
 - i. A completed medication assistant I application; and
 - j. A nonrefundable fee of twenty-five dollars.
 9. Medication assistant I programs shall maintain records that are available for a period of seven years. Those records must include:

- a. Program records, including curriculum and evaluation tools for student performance, both theory and clinical.
 - b. Students records, including course start and completion date, clinical skills checklist, examination scores, and a copy of the certificate of successful completion.
10. The medication assistant I program will submit a renewal application for review by the department for a determination on continued approval at least every four years.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02

Law Implemented: NDCC 23-44-02

33-43-01-15. Medication assistant II training and competency evaluation program requirements.

The medication assistant II program requirements are applicable to settings in which a licensed nurse may or may not be regularly scheduled. The medication assistant II program consists of a minimal timeframe, including forty hours of theory, eight hours of laboratory, and thirty-two hours of clinical learning experience. The curriculum must meet the requirements in this section, and include at a minimum:

1. Instructor. A registered nurse is responsible for the development of the theory, laboratory component, and supervision of the medication assistant II program. All medication administration as a part of the clinical learning experience must be supervised by a licensed nurse.
2. Course objectives. Described in terms of student outcome competencies, including the following:
 - a. Utilize the principles of safety in the administration of medications;
 - b. Define terms related to the administration of medications;
 - c. Correctly interpret abbreviations commonly used in administration of medications;
 - d. Know and apply laws related to medication administration;
 - e. Keep accurate records; and
 - f. Identify legal parameters of the medication assistant role.
3. Curriculum. The medication assistant program II curriculum for delegated medication administration must include:
 - a. Medication concepts:
 - (1) Terminology and standardized abbreviation;
 - (2) Classification of medication;
 - (3) Generic and trade names;
 - (4) Dosage, range, and action;
 - (5) Side effects;
 - (6) Medication routes; and
 - (7) References and sources of information.
 - b. Roles, responsibilities, legal aspects, and limitations of medication assistant II and licensed nurse:
 - (1) Scope of duties for a medication assistant II;
 - (2) Licensed nurse responsibilities in relationship to a medication assistant II;
 - (3) Client rights, including the right to refuse medication;

- (4) Laws related to medication administration; and
 - (5) Knowledge of organization policy related to medication administration.
 - c. Methods for medication packaging.
 - d. Storage and disposal of medication.
 - e. Administering and charting medications:
 - (1) Preparation and administration of medications;
 - (2) Safety and six rights of medication administration;
 - (3) Use of medication administration record to:
 - (a) Administer medications; and
 - (b) Document medication administration;
 - (4) Prevention of medication errors; and
 - (5) Causes and reporting of medication errors.
 - f. Standard precautions for infection control.
 - g. Major classes of medications related to body systems, including:
 - (1) Cardiovascular;
 - (2) Endocrine;
 - (3) Gastrointestinal;
 - (4) Integumentary;
 - (5) Musculoskeletal;
 - (6) Nervous;
 - (7) Reproductive;
 - (8) Respiratory;
 - (9) Sensory; and
 - (10) Urinary.
 - h. Additional instruction must include those categories of medications relevant to the health care setting where the medication assistant will be employed.
 - i. Laboratory and clinical instruction for the purpose of demonstration of medication administered and evaluation of individual competence.
4. Medication assistant program II students who complete the classroom portion of the medication assistant program have six months from the completion of classroom instruction to successfully complete the clinical portion of the program. Failure to do so will render the individual ineligible to complete the clinical portion of the program.
 5. Tests are developed for each unit in the curriculum, including a final test. A passing score of eighty-five percent is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed. The theory portion of the course must be successfully completed before beginning the clinical portion.
 6. Medication assistant students shall demonstrate satisfactory performance of medication administration as evidenced by satisfactory completion of the laboratory skills and clinical skills checklist.
 7. During the clinical learning experience, the licensed nurse shall:
 - a. Provide direct over-the-shoulder supervision with initial medication pass;
 - b. Observe and evaluate the student's performance until a ninety percent performance standard on the clinical checklist is obtained; and
 - c. Decrease the amount of supervision only when the student demonstrates the ninety percent performance standard.

8. The medication assistant II program coordinator is required to submit to the department, within two weeks after completion of the course, a list of students successfully completing the medication assistant II program. The information submitted to the department for initial medication assistant II registration for each student must include:
 - a. Name and location of the institution and course title;
 - b. Date of completion;
 - c. Full name, address, and social security number of the student;
 - d. The name and qualifications of the instructors;
 - e. The clinical facility or employer and address;
 - f. The facility clinical coordinator of each student who successfully completes the course;
 - g. Copies of the completed theoretical curriculum and clinical performance testing results for the student;
 - h. A copy of a certificate of successful completion;
 - i. A completed medication assistant II application; and
 - j. A nonrefundable fee of twenty-five dollars.
9. Medication assistant II programs shall maintain records that are available for a period of seven years. Those records must include:
 - a. Program records, including curriculum and evaluation tools for student performance, both theory and clinical; and
 - b. Student records, including course start and completion date, laboratory and clinical skills checklist, examination scores, and a copy of the certificate of successful completion.
10. The medication assistant II program will submit a renewal application for review by the department for a determination on continued approval at least every four years.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02

Law Implemented: NDCC 23-44-02

33-43-01-16. Specific delegation of medication administration.

An individual on the department's nurse aide registry may accept the delegation of the delivery of specific medication for a specific client by a licensed nurse if the following steps are followed:

1. The individual on the department's nurse aide registry must receive the organization procedural guidelines for the certified nurse aide, home health aide, nurse aide, or medication assistant I or II to follow in the administration of medication by specific delegation.
2. The individual on the department's nurse aide registry is taught by a licensed nurse for each specific client's medication administration which includes verbal and written instruction for the specific client's individual medications, including:
 - a. The medication trade name and generic name;
 - b. The purpose of the medication;
 - c. Signs and symptoms of common side effects, warnings, and precautions;
 - d. Route and frequency of administration; and

- e. Instructions under which circumstances to contact the licensed nurse or licensed health care practitioner.
3. The individual on the department's nurse aide registry is observed by a licensed nurse administering the medication to the specific client until competency is demonstrated.
4. The individual on the department's nurse aide registry has been verified as competent by a licensed nurse through a variety of methods, including oral quizzes, written tests, and observation. The individual on the department's nurse aide registry must be verified as competent in the following areas:
 - a. Knows the six rights for each medication for the specific client, which include right client, right medication, right dosage, right route, right time, and right documentation;
 - b. Knows the name of the medication and common dosage;
 - c. Knows the signs and symptoms of side effects for each medication;
 - d. Knows when to contact the licensed nurse;
 - e. Can administer the medication properly to the client; and
 - f. Documents medication administration according to organization policy.
5. Documentation that the individual on the department's nurse aide registry has received the training related to the receipt of specific delegation of medication administration for each client must be maintained and updated when further instruction is received as necessary to implement a change.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16

Law Implemented: NDCC 23-44-02, 43-12.1-16

33-43-01-17. Routes or types of medication administration.

1. Administration of the initial dose of a medication that has not been previously administered to the client must be administered according to the organization policy.
2. Medication assistant students and medication assistants may administer medications by the following routes to individuals or groups of individuals with stable, predictable conditions according to the organization policy:
 - a. Oral, sublingual, and buccal medications;
 - b. Eye medications;
 - c. Ear medications;
 - d. Nasal medications;
 - e. Rectal medications and enemas;
 - f. Vaginal medications;
 - g. Skins ointments, topical medications, including patches and transdermal medications;
 - h. Metered hand-held inhalants; and
 - i. Unit dose nebulizers.
3. Medication assistants I and II may administer medications by the following routes only when specifically delegated by a licensed nurse for a specific client:
 - a. Gastrostomy;
 - b. Jejunostomy;

- c. Subcutaneous; and
 - d. Premeasured injectable medication for allergic reactions.
4. Medication assistant students and medication assistants I and II may not administer medications by the following routes:
- a. Central lines;
 - b. Colostomy;
 - c. Intramuscular injection;
 - d. Intravenous;
 - e. Intravenous lock;
 - f. Intrathecal;
 - g. Nasogastric tube;
 - h. Non-metered inhaler;
 - i. Intradermal;
 - j. Non-unit dose aerosol or nebulizer; or
 - k. Urethral catheter.
5. Medication assistant students and medication assistants I and II may not administer the following kinds of medications:
- a. Barium and other diagnostic contrast media;
 - b. Chemotherapeutic agents except oral maintenance chemotherapy; or
 - c. Through any medication pumps, or assumes responsibility for medication pumps, including client-controlled analgesia.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02

Law Implemented: NDCC 23-44-02

33-43-01-18. Pro re nata medications.

1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration.
2. Some situations allow the administering of pro re nata medications without directly involving the licensed nurse prior to each administration.
 - a. The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse.
 - b. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication.

The written parameters:

- (1) Supplement the physician's pro re nata order; and
- (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16

Law Implemented: NDCC 23-44-02, 43-12.1-16

33-43-01-19. Medication interventions that may not be delegated.

The medication assistant I or medication assistant II, or other individual listed on the department's nurse aide registry, may not perform the following acts even if delegated by a licensed nurse:

1. Conversion or calculation to medication dosage;
2. Assessment of client need for or response to medications; and
3. Nursing judgment regarding the administration of pro re nata medications.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16

Law Implemented: NDCC 23-44-02, 43-12.1-16

33-43-01-20. Medication assistant I and II initial registration and renewal.

Individuals may not be employed as a medication assistant I or medication assistant II or hold themselves out to be a medication assistant I or medication assistant II unless the individual holds a registration as a medication assistant I or medication assistant II on the department's nurse aide registry. Individuals with delegated responsibility for administration of medication to a client as a medication assistant I must hold a current status on the department's registry as a certified nurse aide or nurse aide. Individuals with delegated responsibility for administration of medication to a client as a medication assistant II must hold a current status on the department's registry as a certified nurse aide.

1. An application for registration as a medication assistant I or II and a nonrefundable twenty-five dollar fee must be submitted to the department. Upon receipt of the required information, the department shall issue a medication assistant I or II registration consistent with the type of training and competency program completed.
 - a. A medication assistant I may work in settings where the licensed nurse is not regularly scheduled, however, may not work in a nursing facility or acute care setting, including clinics.
 - b. A medication assistant II may work in the same settings as the medication assistant I and nursing facilities, however, may not work in acute care settings, including clinics.
2. Individuals may obtain initial medication assistant I registration by successfully completing a department-approved medication assistant I program.
3. Individuals may obtain initial medication assistant II registration by successfully completing a department-approved medication assistant II program.
4. A certified nurse aide's initial and renewal medication assistant I or II registry listing will be subject to renewal on the same date as the individual's certified nurse aide registration, not to exceed two years. A nurse aide's initial or renewal medication assistant I registry listing will be subject to renewal on the same date as the individual's nurse aide registration status, on or before September thirtieth of the second year and every two years thereafter.
 - a. The individual must submit a nonrefundable twenty-five dollar renewal fee along with a completed medication assistant renewal application form, including verification of continued competency by a licensed nurse. The medication assistant's registry status will be considered temporary until such time the payment is confirmed, and may be rescinded if payment is not received.

- b. Upon receipt and approval of the required information, the department will update the nurse aide registry to reflect current registration status.

History: Effective July 1, 2011.

General Authority: NDCC 23-44-02, 43-12.1-16

Law Implemented: NDCC 23-44-02, 43-12.1-16