

**DEPARTMENT OF REGULATORY AGENCIES
DIVISION OF REGISTRATIONS**

3 CCR 716-1

CHAPTER XII

**RULES AND REGULATIONS FOR APPROVAL OF MEDICATION AIDE TRAINING
PROGRAMS**

Specific Authority section 12-38.1-110.5(1), C.R.S.

1. STATEMENT OF BASIS AND PURPOSE

The rules contained in this Chapter are adopted to specify the procedures relevant to the approval of Medication Aide Training Programs for Certified Nurse Aides whose graduates shall be eligible to take the Competency Evaluation.

2. DEFINITIONS

- 2.1. Active Status: The status in which an approved program is admitting or plans to admit and graduate a class of students.
- 2.2. Approved Clinical Resource: A facility that is approved by the Board for the purpose of providing medication aide students with a suitable and compliant Clinical experience.
- 2.3. Approval: Recognition that a Medication Aide Training Program (herein after referred to as "program") meets the standards established by the Board.
 - 2.3.1. Interim Approval: Recognition by the Board or the Board's Designee that a program may admit students and implement the program pending Full Approval.
 - 2.3.2. Full Approval: Recognition by the Board that a program meets the standards and requirements of this Chapter.
- 2.4. Board: The State Board of Nursing.
- 2.5. Client: The individual receiving nursing care.
- 2.6. Classroom: The portion of the approved training program in which medication aide students receive instruction in the theory that comprises the basis for safe and compliant medication administration.
- 2.7. Clinical: The portion of the approved training program in which medication aide students, under the direct supervision of qualified instructors, apply the knowledge and skills of a medication aide in the direct care of Clients.
- 2.8. Clinical Preceptor: The qualified registered or practical nurse or licensed psychiatric technician responsible for the direct supervision and instruction of the student in the Approved Clinical Resource.
- 2.9. Closed Program: A program that no longer has the Board's Approval to operate.
- 2.10. Certified Nurse Aide (CNA): means a person who meets the qualifications specified in Colorado Revised Statutes Title 12 Article 38.1 and who is currently certified by the Board as a nurse aide.

- 2.11. Competency Evaluation: The examination approved by the Board that must be taken and passed as a condition for granting Medication Aide Authority.
- 2.12. Curriculum: The theory, Laboratory and Clinical education content that the program is required to provide as a condition of program Approval.
- 2.13. Inactive Status: A status that allows a program to retain its Approval when it has no plans to admit or graduate students for an extended period of time.
- 2.14. Laboratory: The portion of the program where students in a simulated care setting practice medication aide skills and theory application under the direct supervision of qualified instructors.
- 2.15. Medication Aide Authority: The permission granted by the Board to perform the duties and services of a medication aide.
- 2.16. Medication Aide Training Program: A course of study that is approved by the Board that meets the requirements of this Chapter.
- 2.17. Practitioner: A person authorized by law to prescribe treatment, medication or medical devices and acting within the scope of such authority.
- 2.18. Primary Instructor: The qualified registered nurse that is responsible for delivering Classroom and Laboratory instruction and on-site supervision during Clinicals.
- 2.19. Program Coordinator: The qualified registered nurse that is responsible for the program's compliance with this Chapter.
- 2.20. Unencumbered: No pending disciplinary action or current restriction to practice in the state of Colorado.

3. INITIAL PROCEDURES FOR APPROVAL

- 3.1. Any institution, facility, agency or individual desiring Approval of a program:
 - 3.1.1. Must submit an application and all attachments for such a program in the manner required by the Board.
 - 3.1.2. Must designate a Program Coordinator who will be responsible for compliance with this Chapter.
 - 3.1.3. May make inquiries of the Board or the Board's designee for the purpose of clarifying the requirements of this Chapter.
- 3.2. The Board or the Board's designee is responsible for:
 - 3.2.1. Reviewing program applications within 90 days of the date of receipt of the application by the Board and advising the Program Coordinator whether or not the program has met applicable standards for Approval.
 - 3.2.2. Requesting any needed additional information from the Program Coordinator.
 - 3.2.3. Conducting site visit to determine if all applicable standards have been met.
 - 3.2.4. Notifying the Program Coordinator of the recommendation to grant or not to grant Interim Approval based upon the demonstrated compliance of the application and the site visit.

- 3.2.5. Providing the Program Coordinator with a written description of any observed non-compliance.
- 3.3. Interim Approval to admit students may be granted after the Board or the Board's designee determines the program to be in substantial compliance with all applicable rules and regulations.
- 3.4. The program shall not enroll students until Interim Approval is obtained. Students attending and graduating from a non-approved program are not eligible to take the Competency Evaluation.
- 3.5. Programs that are granted Interim Approval must achieve Full Approval within twelve months of being granted Interim Approval in order to continue operations.
- 3.6. A Medicare or Medicaid-certified facility submitting an application must not have been either terminated from participation in Medicare/Medicaid or have been subject to penalties that would bar the facility from offering a nurse aide training and Competency Evaluation program within the two years preceding the submission of the application.

4. CRITERIA FOR EVALUATING PROGRAM ADMINISTRATION

- 4.1. Program Organization and Administration:
 - 4.1.1. There shall be a governing body that has the authority to conduct the program, determine general policy and provide adequate financial support. Individuals that comprise the governing body shall be disclosed in writing to the Board.
 - 4.1.2. There shall be an organizational plan that demonstrates and describes the relationship of the program to the governing body.
 - 4.1.3. There shall be a qualified Program Coordinator with the conferred authority and responsibility to administer the program in accordance with the policies of the governing body and in relation to the job duties specified in section 7.5.1 of this Chapter.
 - 4.1.4. There shall be sufficient qualified program instructors to provide effective assistance and supervision to the students.
- 4.2. The program shall comply with all applicable state and federal statutes, rules and policies including those in this Chapter.
- 4.3. The program must ensure that students do not perform any services for which they have not been trained and found proficient by the Clinical Preceptor.
- 4.4. The program must ensure that students who are providing services to Clients are under the direct supervision of a Clinical Preceptor.

5. PROGRAM ADMISSIONS

- 5.1. All applicants wishing to enroll in a training program to become a medication aide shall meet all of the following pre-enrollment criterions:
 - 5.1.1. Proof of High School Diploma or GED.
 - 5.1.2. Proof of being at least eighteen (18) years of age.
 - 5.1.3. Proof of completion of a state-approved nurse aide training program and certification as a CNA by the board.

- 5.1.4. At least one thousand (1000) hours of documented work experience as a CNA within the last twenty-four (24) months.
- 5.1.5. A written recommendation from the CNA's supervising nurse, director of nursing or nursing home administrator supporting the CNA's enrollment in the program.
- 5.1.6. Demonstrated ability, via enrollment pre-test administered by the program, to read and write in English and the ability to perform the four basic mathematical functions:
 - 5.1.6.1. Addition
 - 5.1.6.2. Subtraction
 - 5.1.6.3. Multiplication
 - 5.1.6.4. Division

6. CURRICULUM

- 6.1. The Curriculum shall be developed, implemented, managed and evaluated by the Program Coordinator and Primary Instructor(s).
- 6.2. The Curriculum content shall be developed from a Board-approved textbook that addresses the required Curriculum content.
- 6.3. The Curriculum shall include no less than one hundred (100) hours of training which shall include no less than sixty (60) hours of Classroom and Laboratory instruction and no less than forty (40) hours of Clinical experience.
- 6.4. Classroom and Laboratory training in the required content must be completed before students proceed to Clinical experience.
- 6.5. Classroom and Laboratory training and general Clinical supervision are performed by a qualified registered or practical nurse.
- 6.6. Clinical training and experience is directly supervised by a qualified registered or practical nurse that ensures that students demonstrate medication aide competencies and who documents the student's success with the competencies on a state approved Clinical experience checklist.
- 6.7. The Curriculum shall include a review of the following:
 - 6.7.1. Communication and interpersonal skills including:
 - 6.7.1.1. Techniques for addressing the unique needs and behaviors of individuals with dementia, Alzheimer's, and other cognitively impaired residents.
 - 6.7.1.2. Communicating with the cognitively impaired.
 - 6.7.1.3. Understanding the behavior of cognitively impaired residents.
 - 6.7.1.4. Appropriate responses to the behavior of cognitively impaired residents.
 - 6.7.1.5. Methods to reduce the effects of cognitive impairments.
 - 6.7.1.6. Appropriate responses to combative residents.

- 6.7.2. Infection control.
- 6.7.3. Safety/emergency procedures including the Heimlich maneuver.
- 6.7.4. Client Independence.
- 6.7.5. Resident Rights.
- 6.7.6. Preventing and Reporting abuse, neglect and misappropriation of Client property.
- 6.8. The program shall include Classroom/Laboratory training and Clinical experience in:
 - 6.8.1. Fundamentals of pharmacology.
 - 6.8.2. Medication orders.
 - 6.8.3. Care of long term care Clients and monitoring the effects of medication usage.
 - 6.8.4. Fundamentals of the following systems and medications affecting each system:
 - 6.8.4.1. Gastrointestinal.
 - 6.8.4.2. Musculoskeletal.
 - 6.8.4.3. Skin and sensory.
 - 6.8.4.4. Urinary.
 - 6.8.4.5. Cardiovascular.
 - 6.8.4.6. Respiratory.
 - 6.8.4.7. Endocrine.
 - 6.8.4.8. Male and female reproductive.
 - 6.8.4.9. Nervous.
 - 6.8.5. Psychotherapeutic medications.
 - 6.8.6. Inflammation, infection, immunity and malignant disease.
 - 6.8.7. Nutritional deficiencies.
 - 6.8.8. Principles of administering medications.
 - 6.8.8.1. Six Rights of Medication Administration.
 - 6.8.8.2. Preparing or altering medication for administration in accordance with manufacturer's instructions and Practitioner's orders.
 - 6.8.8.3. Count, administer and document controlled substances.
 - 6.8.9. Documentation of medication administration.
 - 6.8.10. Minimizing distractions and interruptions.
 - 6.8.11. Hand washing/standard precautions.

- 6.8.12. Positioning of Client in preparation for medication/treatment administration including the following:
 - 6.8.12.1. Supine position.
 - 6.8.12.2. Lateral position.
 - 6.8.12.3. Sim's position.
 - 6.8.12.4. Fowler's position.
 - 6.8.12.5. Prone position.
- 6.8.13. Measuring and recording temperature via oral, axillary, otic, temporal or rectal route using a thermometer (glass and electronic).
- 6.8.14. Measurement and recording of vital signs including pulse, respiratory rate, and blood pressure, and reporting all abnormalities to the practical or registered nurse that would prohibit medication administration.
- 6.8.15. Scope of Practice for the Medication Aide.
- 6.8.16. Reporting of observations to the practical or registered nurse and documentation of those observations in the medical record.
- 6.8.17. Clean technique in handling medications and dressings.
- 6.8.18. Administration of oxygen per nasal canula or non-sealing mask.
- 6.8.19. Obtaining oxygen saturation utilizing an oximeter.
- 6.8.20. Administration of medications:
 - 6.8.20.1. Via oral, ophthalmic, otic, nasal, topical, sublingual, buccal, vaginal, rectal and transdermal routes.
 - 6.8.20.2. Via G-tube, J-tube and NG tube.
 - 6.8.20.3. Via metered dose inhaler.
- 6.8.21. Finger stick blood glucose testing and reporting of results to the practical or registered nurse.
- 6.8.22. Administering insulin subcutaneously via syringe, insulin pen, or insulin pump in accordance with scope of practice.
- 6.8.23. Administering pro re nata (PRN) medications in accordance with scope of practice.
- 6.8.24. Hemocult testing.
- 6.8.25. Applying dressing to minor skin tear.
- 6.8.26. Applying dressing to a healed G-tube or J-tube site.
- 6.8.27. Emptying and changing colostomy bag (may not change apparatus).
- 6.8.28. Instilling a commercially prepared disposable enema.

- 6.8.29. Administering a sitz bath.
- 6.8.30. Applying a cold dry compress.
- 6.8.31. Conducting diabetic urine testing.
- 6.8.32. Collecting fecal or urine specimens.
- 6.9. The program shall use an evaluation system that appropriately assesses the student's ongoing progress. Documentation of the student's ongoing progress and competency during the training program must be available for review by the Board.
- 6.10. No individual class session shall exceed eight clock hours.
- 6.11. The Clinical experience shall be completed within three (3) months of the completion of the Classroom and Laboratory instruction.

7. INSTRUCTORS

- 7.1. In a long-term care facility based program, the Director of Nursing may be the Program Coordinator, but not the Primary Instructor.
- 7.2. Student to qualified Primary Instructor ratios shall not exceed the following:
 - 7.2.1. 20:1 in classroom.
 - 7.2.2. 10:1 in Laboratory.
 - 7.2.3. 5:1 in Clinical.
- 7.3. The ratio of students to qualified Clinical Preceptors shall be 1:1.
- 7.4. Instructor Qualifications:
 - 7.4.1. The Program Coordinator shall:
 - 7.4.1.1. Be a registered nurse with an active, Unencumbered, registered nursing license valid to practice in the state of Colorado.
 - 7.4.1.2. Have at least two years of registered nursing experience in direct patient care.
 - 7.4.1.3. Have documented formal training in teaching adult learners or one year of full-time documented experience in teaching adult learners.
 - 7.4.2. The Primary Instructor shall:
 - 7.4.2.1. Hold an active, Unencumbered, registered nursing license valid to practice in the state of Colorado.
 - 7.4.2.2. Have at least two years of registered nursing experience in direct patient care at least one of which is in a long term care facility.
 - 7.4.2.3. Have documented formal training in teaching adult learners or one year of full-time documented experience in teaching adult learners.
 - 7.4.3. The Clinical Preceptor shall:

- 7.4.3.1. Hold an active Unencumbered registered or practical nursing license or psychiatric technician license valid for practice in the state of Colorado.
- 7.4.3.2. Have at least two years of experience in medication administration at the level for which they hold their license.

7.5. Instructor Responsibilities

7.5.1. The Program Coordinator shall:

- 7.5.1.1. Serve as the program's primary point of contact for the Board.
- 7.5.1.2. Assist with the development of the budget.
- 7.5.1.3. Develop a student handbook that demonstrates the program's written policies and notifications, including but not limited to, policies for admission to, dismissal from and completion of the program and written notification of program costs.
- 7.5.1.4. Conduct initial and ongoing development, implementation and evaluation of the program including planning for Classroom, Laboratory and Clinical learning experiences.
- 7.5.1.5. Secure and supervise an adequate number of qualified instructors who will deliver Classroom, Laboratory and Clinical instruction.
- 7.5.1.6. Ensure Classroom and Laboratory facilities meet established standards and ensure the program maintains adequate stocks of supplies and equipment for training the enrolled students.
- 7.5.1.7. Secure written agreements between the administration of the program and each Approved Clinical Resource.
- 7.5.1.8. Assure that each student is clearly identified as a medication aide student in a manner easily recognizable to Clients, family members, visitors and staff of the Approved Clinical Resource.
- 7.5.1.9. Ensure an orientation of the medication aide students to each Approved Clinical Resource. Such orientation may not be included as part of the minimum 100 hours training program.
- 7.5.1.10. Develop and implement a systematic plan to evaluate the program which includes evaluation of the following:
 - 7.5.1.10.1. Curriculum effectiveness. (e.g. content, method of delivery, apportionment of hours)
 - 7.5.1.10.2. Primary Instructor effectiveness.
 - 7.5.1.10.3. Testing and evaluation effectiveness.
 - 7.5.1.10.4. Student performance on the Competency Evaluation.
- 7.5.1.11. Provide for the safe keeping of a system of permanent records and reports essential to the operation of the program and verification of graduate's preparation for a minimum of two years, which shall include but not be limited to, the following:

- 7.5.1.11.1. Student Attendance.
- 7.5.1.11.2. Student Test Scores.
- 7.5.1.11.3. Laboratory skills checklist that demonstrates satisfactory performance of all required skills for each student.
- 7.5.1.11.4. Clinical experience checklist that demonstrates a satisfactory and compliant Clinical experience for each student.
- 7.5.1.11.5. Student records such as applicable education verification, scored entrance exams, health screenings, criminal background screenings, program application, letters of recommendation, etc.
- 7.5.1.11.6. Instructor records such as license verification, qualifications, and training.
- 7.5.1.11.7. Annual report submitted to the Board in the manner established by the Board.

7.5.1.12. Report to the Board, in the manner established by the Board, the names of all individuals who have satisfactorily completed the training program within 30 days of course completion.

7.5.2. The Primary Instructor shall:

- 7.5.2.1. Maintain communication with the Program Coordinator related to student issues.
- 7.5.2.2. Prepare and deliver theoretical content as required by the Board and this Chapter.
- 7.5.2.3. Provide Laboratory instruction in and evaluation of the practical skills that comprise the medication aide's scope of practice.
- 7.5.2.4. Provide general, on-site supervision of students at the Clinical site.
- 7.5.2.5. Prepare, administer and evaluate each student's course examinations.
- 7.5.2.6. Counsel students about academic performance.
- 7.5.2.7. Provide the Program Coordinator with the names of all students who complete the program for submittal to the Board.

7.5.3. The Clinical Preceptor shall:

- 7.5.3.1. Provide direct instruction to and supervision of students at the Clinical site.
- 7.5.3.2. Provide evaluation and feedback on the student's performance and competence.

8. EDUCATIONAL FACILITIES

- 8.1. Classrooms, laboratories and instructor offices shall be adequate in size, number and type.

- 8.2. Classrooms and laboratories shall be in a clean and safe condition, at a comfortable temperature and with adequate lighting.
- 8.3. Instructional materials shall be provided and be available to students and instructors.
- 8.4. Equipment must be kept clean and in good working order.
- 8.5. Supplies and equipment must be sufficient in number to meet the learning needs of the students enrolled in the program.

9. CLINICAL RESOURCES

- 9.1. Facilities selected for Clinical experience shall provide adequate learning experiences in medication administration as determined by the Board or the Board's designee.
- 9.2. Programs that utilize outside providers of Clinical resources must have a signed written agreement with each outside provider of Clinical resources.
- 9.3. Clinical resources must not have been terminated from the Medicare/Medicaid programs during the past two years or have been subject to penalties that would bar them, by federal regulation, from offering a nurse aide training and Competency Evaluation program.
- 9.4. Those Clinical resources requiring licensure shall be licensed in accordance with state and federal regulations.
- 9.5. Other considerations in the evaluation of a facility as an Approved Clinical Resource for students are:
 - 9.5.1. Clinical resource's compliance with applicable state and federal regulations.
 - 9.5.2. Amount and type of administrative support.
 - 9.5.3. Numbers and types of other programs and students using the Clinical resource.
 - 9.5.4. Average daily census.

10. CONTINUING APPROVAL

- 10.1. Annual reports, which approved programs shall provide timely to the Board in the manner established by the Board, will be used for evaluating continuing Approval.
- 10.2. In all reviews other than initial application reviews, the Board or the Board's designee will conduct an onsite survey of the program. At minimum, programs will receive an onsite survey every two years. All surveys will evaluate a program's compliance with the requirements set forth by state and federal regulation and this Chapter. All surveys may also utilize:
 - 10.2.1. The quality of care provided by medication aide students that are monitored during any state inspection or certification survey.
 - 10.2.2. Record of complaints received about the program.
 - 10.2.3. Medication Aide Competency Evaluation pass rates.

- 10.3. Onsite surveys may be conducted in conjunction with visits by other state survey agencies and may be conducted in conjunction with reviews for other Board-regulated education programs.
- 10.4. A report of the Board's survey findings will be sent to the Program Coordinator with any requirements for the correction of any non-compliance identified during the survey.
- 10.5. Approval of the program will be continued by the Board, provided that the program is compliant with state and federal regulations and the requirements of this Chapter.
- 10.6. The program may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board or the Board's designee.
- 10.7. Significant changes in the program shall be reported to the Board prior to implementation. Significant changes shall be defined to include, but not be limited to, changes in:
 - 10.7.1. Program Coordinator.
 - 10.7.2. Primary Instructor.
 - 10.7.3. The number of program hours required for completion of the program.
 - 10.7.4. Curriculum content.
 - 10.7.5. Status of the program (e.g., inactive, closing).
 - 10.7.6. Clinical Site or Clinical Resource.
 - 10.7.7. Program contact information.
- 10.8. Any change in the governing body must be reported to the Board prior to the change's implementation. Such change may necessitate an onsite survey visit.

11. SANCTIONS AND WITHDRAWAL OF APPROVAL

- 11.1. For the protection and safety of the public, any program that engages in non-compliance that jeopardizes the safety of the public shall not be permitted to admit new students or proceed with new cohorts/classes. Non-compliance that jeopardizes the safety of the public includes, but is not limited to:
 - 11.1.1. Failure to utilize qualified instructors;
 - 11.1.2. Failure to supervise students during Clinical experience;
 - 11.1.3. Failure to provide adequate training hours;
 - 11.1.4. Failure to ensure students complete Classroom and Laboratory training before the students proceed to Clinical experience.
- 11.2. Any sanction imposed upon a program shall not be lifted unless or until the program receives written correspondence from the Board or the Board's designee acknowledging the program has returned to full compliance with applicable regulations and this Chapter.
- 11.3. The Board may withdraw Approval when:
 - 11.3.1. Notified that the Medicare or Medicaid-certified facility operating the program has lost its privileges to conduct an approved nurse aide training program except where a waiver for that facility to continue nurse aide training has been granted by the Colorado Department of Public Health and Environment.

- 11.3.2. The program refuses to permit an unannounced visit by the Board or the Board's designee.
- 11.3.3. The program's non-compliance jeopardizes the safety, health or well-being of the public.
- 11.3.4. When the program is unable to successfully address its graduate's low performance on the state Competency Evaluation.
- 11.4. The Board may withdraw Approval when the Board determines the program is non-compliant with state and federal regulations and this Chapter after evaluating the program's response to the Board's request for documentation/proof of compliance.
- 11.5. Programs whose Approval is withdrawn shall not be able to apply for Approval of a new program until a period of twelve months has elapsed from the date Approval is withdrawn.

12. INACTIVE AND CLOSED PROGRAMS

- 12.1. A program will be deemed inactive when:
 - 12.1.1. No trainees have been admitted or are not expected to be admitted for a period of twelve months; or
 - 12.1.2. A program is determined to have ceased operation as evidenced by lack of current contact information for its governing body or Program Coordinator.
- 12.2. Inactive programs shall not be required to submit an annual report or complete their scheduled biennial inspection.
- 12.3. In order to return to Active Status, an inactive program shall:
 - 12.3.1. Furnish the necessary information documenting the names and qualifications of the Program Coordinator and Primary Instructor(s).
 - 12.3.2. Furnish a copy of the course schedule which outlines the delivery of the Curriculum.
 - 12.3.3. Furnish (where applicable) a copy of the contract with each Approved Clinical Resource.
 - 12.3.4. Submit to a site survey visit.
- 12.4. Inactive programs will be considered closed when the program does not return to Active Status within a period of twelve months.
- 12.5. Closed and Inactive Status programs shall retain student records for a period of no less than two years.
- 12.6. Closed and Inactive Status programs shall service student records for no less than one year from the date a student completed the program.

ADOPTED DATE: AUGUST 25, 2010

EFFECTIVE DATE: JANUARY 1, 2011