

Oregon State Board of Nursing

Medication Aides in Oregon

*What Certified Medication Aides
Need to Know*

The Oregon State Board of Nursing (OSBN) provides this booklet to help you understand what it means to be a medication aide in Oregon and work lawfully in this state.

Oregon Certified Medication Aides (CMAs) provide care to patients, residents and clients in a variety of settings. This booklet also explains why the Board exists, how it functions and its importance to you as a CMA.

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About The Board of Nursing

The mission of the Oregon State Board of Nursing (OSBN) is to safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

The nine OSBN members are appointed by the Governor and include: four Registered Nurses, two Licensed Practical Nurses, one Nurse Practitioner and two public members. They represent a variety of geographic locations and areas of nursing practice. They may serve a maximum of two three-year terms. The OSBN is an agency within Oregon state government.

The OSBN meets five times a year and may hold special meetings if necessary. Board meetings are open to the public. A schedule of meetings is available from the OSBN office or on its website at www.oregon.gov/OSBN. The OSBN employs a staff of more than 30 who assist Board members and provide customer service.

The laws that regulates nurses and nursing assistants is known as the Nurse Practice Act. The Nurse Practice Act is comprised of two parts: statutes and administrative rules. Statutes are created during the legislative process and can be changed only by the Oregon Legislature. As such, the statutes are worded somewhat broadly. The administrative rules are created by the OSBN and further define the statutes. For each change in the administrative rules, there is an opportunity for public comment.

The OSBN, with the help of its staff, evaluates and approves nursing assistant and medication aide training programs, instructors, classrooms, clinical sites and testing sites. In addition, the OSBN oversees nursing assistant and medication aide certification examinations, and issues and renews certificates for qualified nursing assistants and medication aides. The OSBN maintains a registry of CNAs and CMAs; investigates complaints and takes action against an individual's certificate if appropriate.

Other OSBN programs include nurse licensing, nursing education, nursing practice and investigations and the nurse-monitoring program.

Who is a Medication Aide?

Certified Medication Aides (CMAs) are CNAs who have had additional training and are authorized to administer non-injectable medications. Oregon CMAs must pass an OSBN-approved medication aide training program, pass an examination approved by the OSBN and receive CMA certification before administering medications.

Certification is Required In Oregon

CMAs are required by law to have valid Oregon CNA 1 *and* CMA certificates prior to assuming CMA duties.

The Certification Process

To become a CMA in the State of Oregon, you must:

- complete an OSBN-approved medication aide training program, **and**
- pass the OSBN-approved Medication Aide Competency Examination.

Medication Aide Training Programs

The required curriculum for medication aides includes subjects related to medication administration. Medication aide programs are available in several areas—visit the OSBN website at www.oregon.gov/OSBN (click on Educational Programs) or call 971-673-0685 for a complete listing.

Certification by Examination

You are eligible to take the OSBN-approved Medication Aide Competency Examination if you:

- hold current, unencumbered Oregon CNA 1 certification;
- are within **one** year of having successfully completed an OSBN-approved 80-hour medication aide training program;
- apply for the exam and pay the appropriate fees;
- have documented a *total* of six months (either six months fulltime or equivalent part-time hours totaling six months) paid experience as a NA.

OSBN staff process completed exam applications as quickly as possible and respond to inquiries as accurately as possible. However, there are some things **staff cannot** do:

- Disclose the results of a Oregon State Police Law Enforcement Data System (LEDS) report.
- Give examination results over the telephone *to anyone*.

CMA Renewal Requirements

Paid Employment as a CMA

To renew CMA certification, a CMA must:

- **work and be paid for at least 400 hours** (approximately three months, full-time) of CMA duties in the two years immediately preceding the expiration date on the CNA/CMA certificate. Employment as a CMA counts toward renewing your CNA certificate. However, work as a CNA does **not** count toward renewing your CMA certification. Volunteer work does **not** count for renewal.
- **Perform authorized duties** as listed in the OSBN's rules (*see page 10 for more information*) **under the supervision of a licensed nurse or under monitoring by a Registered Nurse.**

Qualifying Medication-Related Continuing Education

Medication-related continuing education hours are required to renew your CMA certificate. The number of hours required is pro-rated, depending on how long you've held your CMA certificate:

<u>Months CMA Held</u>	<u>Hours of CE Needed</u>
0-3	0
3-6	1
6-9	2
9-12	3
12-15	4
15-18	5
18-21	6
21-24	7
24+	8

The continuing education must be accrued in the two years immediately preceding your certificate's expiration date.

The inservice or continuing education requirement for CMAs may be met by participation in any program in which:

- the content of the program is primarily related to non-injectable medications;
- the CMA is an active participant, and
- the instructor is present during the entire inservice.

The class or inservice taught should pertain to those medications the CMA administers as part of his/her job.

Types of Acceptable Continuing Education For CMAs

- Facility-based classes dealing with the medications used at that facility;
- Medication classes taught by a licensed nurse, pharmacist or representative of a pharmaceutical company;
- Repeating classes offered for medication aide students;
- Video material when used as part of a presentation by an instructor;
- Infection control classes when the content is medication related;
- Noninjectable medication-related continuing education in recognized nursing journals; or
- Individual tutoring sessions by a nurse or pharmacist.

Not Acceptable Continuing Education for CMAs

- TV programs;
- Reading articles in non-nursing magazines;
- CPR classes;
- Classes dealing with injectable medications or IV medications; or
- Job orientation.

Verifying CMA Certification

Automated Verification Information

The OSBN maintains a registry of CMAs that can be accessed in two ways:

- an automated hotline available 24-hours-a-day using a touch-tone telephone at 971-673-0679. Callers must have a person's social security number or CMA certificate number to access the system. Follow the telephone prompts to obtain information.
- the OSBN website at www.oregon.gov/OSBN. Click on "License Verification" and follow the prompts.

OSBN disciplinary actions and complaints of abuse substantiated by the state Senior and People with Disabilities (SPD) department are public record and are revealed to callers who access the verification system.

Interstate Verification

If you are moving from Oregon to another state, you may need written verification of your Oregon CMA certification. Send a verification form with the required fee to the Oregon State Board of Nursing. The Board will complete the verification form and mail it to the appropriate state's registry.

Fees Paid to the OSBN

Fees paid to the OSBN are nonrefundable and deposited when received. A canceled check is notification that an application has been received. Fees paid to the OSBN may be in the form of personal check, facility check, certified check or money order. Cash and credit card payment are accepted in the OSBN office.

Certification Responsibilities of a CMA

Provide Accurate Information

Providing complete and accurate information helps us process your application quickly. Please be aware that all certification and renewal requests are run through the Oregon Law Enforcement Data System (LEDS). Including false or misleading information on your application may result in denial of certification and/or disciplinary action.

Renew Your CNA/CMA Certificate on Time

Your CNA/CMA certificate expires the midnight before your birthday, in odd years if you were born in an odd year or in even years if you were born in an even year. You may **not** work as a CNA and/or CMA with an expired certificate.

You should receive a courtesy renewal notice from the OSBN approximately six weeks before your current certificate expires. *It is your responsibility to renew on time, even if you do not receive the renewal notice*, so keep track of the expiration date.

To renew your certificate, you may use the OSBN internet renewal system. Navigate your web browser to: www.oregon.gov/OSBN and click on “License Renewal.” Simply follow the on-screen directions that will lead you through the secure renewal application process. If you do not want to use the internet renewal system, you may call the OSBN office at 971-673-0685 and request that a paper application form be mailed to you, or you can print an application from our website (click on “Forms”).

Notify the OSBN Office When You Change Your Name or Address

According to Oregon Administrative Rule, certificate-holders must keep their current name and home address on file with the OSBN at all times. If you change your name, complete a duplicate license application and send that, with legal proof of your name change and appropriate fees, to the

OSBN office. For address changes, send your old and new addresses to the OSBN office via fax, e-mail, US mail or telephone (you must speak directly with a representative—no voicemail messages are accepted for address changes). Or, you can change your address through our internet renewal system (click on “License Renewal”). By keeping us informed, we can ensure you receive license renewal notifications, newsletters and other information in a timely manner.

Report Care Violations

Contact the OSBN if you have questions, or to report incompetent, unethical or illegal practice of any health care provider.

Understand the Complaint Investigation Process & Disciplinary Options

According to Oregon state law, all information about specific investigations is confidential, including who makes a complaint, when the complaint is made, the nature of the complaint and who the complaint is filed against. This encourages consumers and licensees to make valid complaints because they need not fear reprisal or other negative acts based on their complaint.

- 1. Complaints:** Complaints may be filed anonymously, in writing, over the phone or in person. Approximately 50-60 percent of complaints come from nursing employers. The remainder come from state agencies, other professionals, coworkers or patients/families.
- 2. Investigations:** Investigations into complaints are performed by OSBN staff investigators. In the case of an anonymous complaint, investigators first validate whether there is concern about the certificate-holder’s practice or conduct. The investigation includes:
 - the gathering of pertinent documents, such as a written summary of the incident;
 - interview(s) with the complainant(s), coworkers or employer; and,
 - a review of patient records, the nurse’s personnel record or court records.

If there is evidence of a practice or conduct problem, staff meet with the nursing assistant or medication aide in person or by phone. If there are grounds for disciplinary action, the investigator of record makes a recommendation to the Board based on the OSBN discipline theory model and past OSBN decisions.

3. **Resolution:** Disciplinary cases may be resolved by:

- **Stipulated agreement**—The certificate-holder signs a document acknowledging the facts of the incident, violations of law and OSBN rules, the proposed disciplinary action and any terms and conditions to be imposed. The agreement goes to the OSBN for adoption and a Final Order is issued. Most disciplinary cases (98 percent) are resolved by stipulated agreement.
- **Notice**—If agreement is not reached, a “Notice” document is sent to the CNA/CMA. The Notice contains a time frame within which a hearing can be requested, and specifies the level of sanction that has been proposed. The CNA/CMA is entitled to a hearing and is granted every opportunity to exercise that right. If the CNA/CMA does not request a hearing within the allotted timeframe, the case goes to the OSBN for a decision by default. If the CNA/CMA has a hearing and does not agree with the OSBN’s final decision, she/he can appeal to the Oregon Court of Appeals. If there is disagreement with the Court’s decision, the CNA/CMA can appeal to the Oregon Supreme Court.

4. **Disciplinary Sanctions:** The OSBN can impose a range of disciplinary sanctions:

- **Reprimand**—A formal notice to the CNA/CMA that OSBN standards have been violated. Their certificate is not “encumbered” since there are no terms or conditions with which the CNA/CMA must comply.
- **Civil Penalty**—A fine of up to \$5,000.
- **Probation**—An imposition of restrictions or conditions under which a CNA/CMA must practice, including the type of employment setting or job role.
- **Suspension**—A period of time during which a person may not practice nursing.
- **Revocation**—A removal of certification for an unspecified period of time, perhaps permanently.
- **Voluntary Surrender**—An action on the part of the CNA/CMA to give up her/his certificate instead of facing potential suspension or revocation.
- **Denial of Licensure**—An action by the OSBN not to issue a certificate.

If the Board issues a Notice of Proposed Disciplinary Action to a nurse or CNA/CMA, that Notice is a public document and may be requested by the complainant. The Notice is essentially a statement of charges against the nurse or CNA/CMA in question.

Approximately 70 percent of all complaints received by OSBN staff members are closed without disciplinary action. Upon investigation, OSBN investigators may determine the nature of a case doesn't warrant action, based on board disciplinary policies. Or, it might be determined that no violations of statute or administrative rule occurred. Complainants may request a written explanation for cases that are closed without disciplinary action.

Unfortunately, due to the state law mentioned earlier, OSBN staff members are not allowed to discuss specific investigations. Any disciplinary action taken by the OSBN during a Board Meeting is public information, however details of the investigations leading up to such actions are not.

If you have questions concerning the complaint investigation process and disciplinary options, please contact the OSBN office at 971-673-0685.

The Regulatory Process

Law Enforcement Data System (LEDS)

By Executive Order, the Oregon State Board of Nursing is designated as a criminal justice agency. This designation provides authority for the OSBN to access the Law Enforcement Data System (LEDS). This authority is limited in the following ways:

- The Board may only access LEDS for information on those individuals it licenses or certifies or intends to license or certify;
- The information obtained from LEDS may be used only to determine eligibility for licensure or certification, not for other purposes;
- The Board has no authority to disclose the information found on LEDS.

Since January 1996, LEDS inquiries have been conducted for every application received. Read the questions on the application carefully and answer them truthfully. It is against the law to provide false, incomplete, inaccurate or misleading information to, or withhold pertinent information from, the OSBN. **If you have ever been arrested, charged, convicted or sentenced, you should answer "yes" and give details.** The fact that a conviction has been pardoned, expunged, dismissed or that civil rights have been restored **does**

not mean you should answer “no” to the question(s) about convictions. If you have questions about personal circumstances, call the OSBN office and speak to one of the Practice Advisors.

Criminal Conviction History or Falsification of Application

A Notice to Deny Certification will be sent to an applicant for certification or for recertification as a nursing assistant for the following crimes:

- Aggravated murder, as in ORS 163.095 and 115;
- First Degree Manslaughter, as in ORS 163.118;
- Second Degree Manslaughter, as in ORS 163.125;
- First Degree Assault, as in ORS 163.185;
- Second Degree Assault, as in ORS 163.175;
- First Degree Criminal Mistreatment, as in ORS 163.205;
- Second Degree Criminal Mistreatment, as in ORS 163.200;
- First Degree Kidnapping, as in ORS 163.235;
- First Degree Rape, as in ORS 163.375;
- Second Degree Rape, as in ORS 163.365;
- Third Degree Rape, as in ORS 163.355;
- First Degree Sodomy, as in ORS 163.405;
- Second Degree Sodomy, as in ORS 163.395;
- Third Degree Sodomy, as in ORS 163.385;
- First Degree Unlawful Sexual Penetration, as in ORS 163.411;
- Second Degree Unlawful Sexual Penetration, as in ORS 163.408;
- First Degree Sexual Abuse, as in ORS 163.427;
- Second Degree Sexual Abuse, as in ORS 163.425;
- Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;
- Sexual Misconduct, as in ORS 163.445;
- Child Abandonment, as in ORS 165.535.

All other crimes, including drug-related crimes, will be evaluated individually. The evaluation will consider:

1. Length of time since the conviction;
2. Evidence of rehabilitation;
3. Circumstances surrounding the crime which demonstrate that repeat offense is not likely; and
4. Character references.

Complaints to/Findings by Seniors & People with Disabilities (SPD)

If there has been a finding of abuse, neglect or misappropriation determined by SPD, that information is noted on the registry.

Authorized Duties and Standards for Certified Medication Aides

851-063-0070:

1. Under supervision by a licensed nurse, CMAs may administer:
 - a) Oral, sublingual and buccal medications;
 - b) Eye medications with the exception of eye medications to new post-operative eye clients;
 - c) Ear medications;
 - d) Nasal medications;
 - e) Rectal medications;
 - f) Vaginal medications;
 - g) Skin ointments, topical medications including patches and transdermal medications;
 - h) Medications by gastrostomy and jejunostomy tubes;
 - i) Premeasured medication delivered by Aerosol/Nebulizer; and
 - j) Medications delivered by metered hand-held inhalers.
2. Administration of PRN Medications. CMAs may administer PRN medications (including controlled substances) to stable clients according to physician's or nurse practitioner's orders in the following circumstances:
 - a) In response to specific client requests:
 - A) Client request must be reported to licensed nurse; and
 - B) Client response must be reported to licensed nurse.
 - b) At the direction of the licensed nurse, when:
 - A) A licensed nurse assesses the patient prior to administration of the PRN medications; and
 - B) A licensed nurse assesses the patient following the administration of the PRN medication.
3. CMAs **may**:
 - a) administer regularly scheduled controlled substances;
 - b) jointly witness wasted controlled substances with a licensed nurse;
 - c) count controlled substances with a licensed nurse or another CMA;
 - d) Perform capillary blood glucose (CBG);
 - e) Turn oxygen on and off at predetermined, established flow rate;

- f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags; and
 - g) Accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following settings under the specified administrative rule(s):
 - A) Adult Foster Homes, as permitted under OAR 411-050-0447(4)(b);
 - B) Residential Care Facilities, as permitted under OAR 411-055-0210(f)(D); and
 - C) Assisted Living Facilities, as permitted under OAR 411-056-0015(4).
4. CMAs **may not** administer medications by the following routes:
 - a) Central lines;
 - b) Colostomy;
 - c) Intramuscular;
 - d) Intrathecal;
 - e) Intravenous;
 - f) Nasogastric;
 - g) Nonmetered inhaler;
 - h) Subcutaneous;
 - i) Intradermal;
 - j) Urethral;
 - k) Epidural; or
 - l) Endotracheal.
 5. CMAs **may not** administer the following kinds of medications:
 - a) Barium and other diagnostic contrast media; or
 - b) Chemotherapeutic agents except oral maintenance chemotherapy.
 6. Certified Medication Aides may not administer medication by, nor assume responsibility for, medication pumps, including client-controlled analgesia.
 7. A CMA may not act as a preceptor to a student in a medication aide training program.
 8. The CMA may, as an unlicensed person, provide care as delegated or assigned by a licensed nurse pursuant to the terms and conditions in OAR 851-047-0000 through 851-047-0040.
 9. Standards of Care for Certified Medication Assistants. In the process of client care the CMA shall consistently apply standards set for CNAs and:
 - a) Establish competency as a CMA;

- b) Maintain competency as a CMA;
- c) Perform within Authorized Duties;
- d) Follow written instructions of a licensed health care professional authorized to independently diagnose and treat as transcribed in the Medication Administration Record (MAR); and
- e) Accurately record on the Medication Administration Record (MAR) medications administered, medications withheld or refused and the reason why a medication was withheld or refused.

Conduct Unbecoming a Certified Medication Aide

OAR 851-063-0100: Certified Medication Aides are subject to discipline as CNAs as described in OAR 851-063-0080 and 851-063-0090. In addition, CMAs are subject to discipline for conduct unbecoming a medication aide. Conduct unbecoming a medication aide includes, but is not limited to:

1. Failing to administer medications as ordered by a health care professional authorized to independently diagnose and treat;
2. Failing to document medications as administered, medications withheld or refused and the reason a medication was withheld or refused.
3. Altering/falsifying medication administration record;
4. Altering/falsifying CNA or CMA certificate;
5. Diverting drugs for use by self or others;
6. Accepting a verbal order or telephone order for medication from a licensed health care professional who is authorized to independently diagnose and treat, except as allowed in authorized duties;
7. Performing acts beyond the authorized duties for which the individual is certified;
8. Working as a CMA without CMA Certification;
9. Performing client care tasks other than authorized in these rules;
10. Representing oneself as a CMA without current CMA certification; or
11. Failing to conform to the standards and authorized duties in these rules.

For More Information

Please call us at 971-673-0685 between 8 a.m.–4:30 p.m.,
Monday–Friday, or write us at:

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224-7012

FAX: 971-673-0684 • E-Mail: oregon.bn.info@state.or.us

Automated License Verification Line: 971-673-0679

Internet License Renewal & License Verification: www.oregon.gov/OSBN



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