

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 12 NURSING AND HEALTH CARE RELATED PROVIDERS
PART 8 TRIAL PROGRAM FOR MEDICATION AIDES TO SERVE STUDENTS IN PUBLIC SCHOOLS

16.12.8.1 ISSUING AGENCY: New Mexico Board of Nursing.
[16.12.8 NMAC - N, 1-2-04]

16.12.8.2 SCOPE: The rule applies to a trial program for medication aides and medication aide training programs which serve students in public schools.
[16.12.8.2 NMAC - N, 1-2-04]

16.12.8.3 STATUTORY AUTHORITY: Section 61-3-10.4 NMSA, permits the operation of a trial program for certification of medication aides and training programs in public schools. Section 61.3-10-4 NMSA directs the board of nursing to adopt rules to establish a school medication aides training pilot program to educate and certify persons as school medication aides to administer prescription drugs or other medication to public school students during school hours. Section 61-2-6 NMSA (1975) Pamphlet and the Uniform Licensing Act Section 61-1-1 NMSA, et. Seq. sets forth conditions for hearing and discipline.
[16.12.8.3 NMAC - N, 1-2-04]

16.12.8.4 DURATION: Ends December 15, 2004.
[16.12.8.4 NMAC - N, 1-2-04]

16.12.8.5 EFFECTIVE DATE: January 2, 2004 unless a later date is cited at the end of a section.
[16.12.8.5 NMAC - N, 1-2-04]

16.12.8.6 OBJECTIVE: Pursuant to the nursing practice act, this part establishes the requirements for fees, examination, recertification, standards and functions, supervision/direction, and disciplinary action for medication aides who serve students in public schools. It also establishes requirements for approval of medication aide programs, minimum standards for medication aide programs, and the medication aide task force/advisory committee for medication aides who serve students in public schools.
[16.12.8.6 NMAC - N, 1-2-04]

16.12.8.7 DEFINITIONS:

- A. “Administrator”** means the operating officer (superintendent or principal) of a public school/school district.
- B. “Board”** means the NM board of nursing.
- C. “certified medication aide (CMA)”** means a person who under the supervision/direction of a registered nurse in public schools is permitted to administer medications as outlined in these rules.
- D. “Curriculum”** means a detailed course outline, description, or syllabus, which includes objectives, content, teaching-learning activities and evaluation strategies.
- E. “Delegation of medication administration”** means authorizing and supervising licensed and certified staff (certified medication aides) in the performance of medication administration.
- F. “Medications”** means substances intended for use in diagnosis, care, mitigation, treatment or prevention of a disease.
- G. “Medication aide program”** means the formal program of study, certification, continuing education, standards of functions, disciplinary action, and minimum standards.
- H. “NPA”** means the nursing practice act.
- I. “OTC medications”** means medications that are purchased over the counter without a prescription, OTC medications must be stored in original manufacturer’s packaging and affixed with the original manufacturer’s labeling. Physician’s orders (see Paragraph 1of Subsection B of 16.12.5.10 NMAC) with adequate instructions must be obtained prior to the administration of OTC medications by the certified medication aide.
- J. “Properly labeled container”** means a medication container which includes the name, address and telephone number of the pharmacy, the name of the prescriber, the full name of the resident, the date the order was filled, the brand and generic name of the drug, the dosage of the drug, strength of the drug, lot number, expiration date, adequate instructions for use and cautionary label as necessary.

- K.** “PRN” means instruction to give a medication as needed. Requires judgment.
- L.** “Public schools/school district” means the area of land established as a political subdivision of the state for the administration of public schools and segregated geographically for taxation and bonding purposes.
- M.** “Students/school aged child” means school aged child who is enrolled in a public school, and who receives care through the school health office in a public school setting.
- N.** “Routine medication” means a medication for which the frequency of administration, amount, strength, and method of administration are specifically fixed as determined by the physician or person authorized to order medications in the state of New Mexico. Routine does not include medications for which the time of administration, the amount, the strength of dosage, the method of administration or the reason for administration is left to judgment or discretion.
- O.** “School health assistant” means an unlicensed person who is hired by a public school/school district to assist the SDE licensed school nurse in the care of students.
- P.** “SDE licensed school nurse”: means a school nurse who is currently licensed as an associate, professional or supervisory school nurse by the state of department of education.
- Q.** “Supervision/direction” means initial verification of a person’s knowledge and skills in the performance of a specific functions and/or activity followed by periodic observation, direction and evaluation of that person’s knowledge and skills as related to the specific function and/or activity.
- R.** “ULA”: means the uniform licensing act.
- [16.12.8.7 NMAC - N, 1-2-04]

16.12.8.8 FEES:

- A.** Payment of fees will be accepted in the form specified by the board of nursing. Fees are not refundable.
- (1) Initial medication aide certification by examination.....\$30.00
 - (2) Re-examination.....\$15.00
- B.** During the trial program, approved training programs shall, by contract or agreement, provide remuneration to the board of nursing for costs associated with oversight of the medication aide program, as well as for initial certification by examination. Re-examination fees are the responsibility of the CMA candidate(s).
- [16.12.8.8 NMAC - N, 1-2-04]

16.12.8.9 CERTIFICATION BY EXAMINATION REQUIREMENTS FOR MEDICATION AIDES:

- A.** Prerequisites:
- (1) be a minimum of eighteen (18) years of age;
 - (2) be a high school graduate or hold a g.e.d.;
 - (3) have completed a 16 hour department of health and state department of education approved health assistant training by October 3, 2003;
 - (4) obtain approval from the supervisory school nurse, at the participating, public school/school district prior to the initiation of training as a medication aide;
 - (5) provide proof of current CPR and first aid certification;
 - (6) successfully complete a board-approved program for the preparation of medication aides;
 - (7) complete the required application forms within the deadlines and according to all policies;
 - (8) remit the required fee (not applicable during the pilot period).
- B.** Applications and fees for the medication aide examination must be submitted to the board office at least thirty (30) days prior to the date of the examination.
- (1) Applications containing fraudulent or misrepresented information could be the basis for denial of certification.
 - (2) Incomplete applications for certification become null and void one (1) year after date of last noted activity.
 - (3) Verification of successful completion, indicating the date of completion of the medication aide program, including the clinical practice part of the program, must be received, in the board office directly from the agency which provided the medication aide program, at least thirty (30) days prior to the exam date.
 - (4) An admission letter, which includes the time, date and place of the examination will be issued to all eligible candidates.
 - (5) If an applicant is scheduled to write the medication aide examination and is unable to attend, the applicant must give written notification to the board no later than seven (7) days subsequent to the examination date.
 - (6) The reexamination fee will be charged for all failed examinations and non-excused absences.

(7) Results of the examination shall be reported, by mail only, to individual applicants approximately two (2) weeks following the examination date. Successful candidates shall also be issued a certificate.

(8) Candidates' examination results will be mailed to employing school district three (3) working days after release to the candidates.

C. Medication aide certification examination.

(1) The board shall develop and maintain the board approved examination for medication aides.

(2) The examination may be administered at board approved exam administration centers.

(3) Board approved examination centers shall comply with the security procedures, developed by the board, for distribution and administration of the examination.

(4) The task force shall set the examination date(s) during the trial program.

(5) Applicants for certification as a medication aide shall be required to pass the medication aide examination with a minimum of 80% of the items answered correctly.

(6) Failed examinations must be repeated in their entirety on all subsequent attempts.

(7) The examination may be taken a maximum of three times. After the third failure, the applicant must provide proof of repeating and completing the board approved medication aide program to be eligible to sit for the exam.

(8) Applicants observed giving and/or receiving unauthorized assistance during the writing of the examination shall be physically removed from the examination center and the individual(s) shall be referred to the board by a written complaint(s) filed by the examiner.

[16.12.8.9 NMAC - N, 1-2-04]

16.12.8.10 STANDARDS OF FUNCTIONS FOR THE MEDICATION AIDE:

A. The purpose of this section is to establish standards for the supervision/direction of medication aides; to identify basic functions for the medication aide and to identify prohibited functions for the medication aide.

B. Authorized functions of the medication aide - medication aides who have been certified by the NM board of nursing may, under the supervision/direction of a registered nurse, administer routine medications with the exception of intramuscular, intravenous, or subcutaneous.

(1) The medications must have been ordered by a person authorized in this state to prescribe them.

(2) The medications must be prepared by the person who will administer it.

(3) The medication must be removed from a previously dispensed, properly labeled container and verified with the physician's order.

(4) The student's identity must be verified before the medication is administered.

(5) The actual act of swallowing must be witnessed.

(6) The medication must be recorded in the student's chart or medication administration record including: the name of the drug, dose administered, date and time of administration, and any adverse effect of the drug. The person who administers the drug must affix their signature to the chart according to facility policies.

(7) Drug administration errors must immediately be reported to the registered nurse, by the medication aide.

(8) Adverse reactions must immediately be reported to the registered nurse, by the medication aide.

(9) Administer PRN medications only after receiving authorization from an SDE licensed registered nurse to administer the PRN medication. Authorization is required for each individual instance of PRN administration of a medication. In addition, to recording the information required in Subsection B of paragraph (6) of 16.12.7.10 NMAC, the effectiveness of the drug must also be recorded.

C. Prohibited functions of the medication aide:

(1) shall not administer medication by intramuscular, intravenous or subcutaneous route;

(2) shall not take medication orders;

(3) shall not alter medication dosage as ordered by the prescriber;

(4) shall not perform any function or service for students for which a nursing license is required under the nurse practice act;

(5) shall not administer medication without the supervision/direction of an SDE licensed registered nurse.

D. Supervision/direction.

(1) An SDE licensed registered nurse shall periodically provide supervision/direction to certified medication aides administering medications as follows:

(a) instruction regarding medication, dose, time, route, method of administration, documentation, and resident observation;

(b) a registered nurse shall be available (on call) during school hours to supervise medication aides as needed;

(c) for the first six (6) months after a medication aide begins administering medications, observe at least six (6) separate medication passes for each medication aide, once per month, to ensure that medications are properly prepared and administered, and to verify that medication aides are performing within their scope of practice; after the first six (6) months, the SDE licensed registered nurse must observe each CMA at least once every three (3) months (quarterly); if a medication aide is not administering medications regularly, the nurse must determine an appropriate schedule for observation not to be less than every three (3) months;

(d) develop and institute a yearly performance evaluation of each CMA; the performance evaluation shall be based upon the standards listed in Paragraph 1 of Subsection A of 16.12.7.17 NMAC of these rules; the performance evaluation shall also include a review of the number of medication errors committed by the CMA; the performance evaluation process shall be reviewed and approved by the board.

(2) An SDE licensed registered nurse shall monitor a school's medication aides, not less than once (1) every month to include the following:

(a) review the student's medication record;

(b) review all drug administration errors and incident reports filed since the SDE licensed registered nurse's last review;

(c) review the controlled substance record, if applicable;

(d) meet with each medication aide to review and discuss problems, difficulties, or irregularities in administering medications and to provide appropriate instruction;

(e) meet with the school administrator to report, review, and discuss problems or irregularities occurring in medication administration;

(f) prepare and submit to the school administrator, and the board of nursing, a written, signed report of findings, observations, problems, irregularities, and recommendations in medication administration;

(g) submit a written, signed report of medication errors and other safety violations to the board of nursing and the administrator of the agency;

(h) submit a work schedule for CMAs and the supervising nurse to the board of nursing as requested.

(3) The SDE licensed registered nurse assures the proper procurement, storage, labeling and returning of medication according to school/school district policies and the guidelines established in the New Mexico school health manual.

[16.12.8.10 NMAC - N, 1-2-04]

16.12.8.11 DISCIPLINARY ACTION:

A. The board shall conduct hearings upon charges relating to discipline of a CMA or the denial, suspension or revocation of a medication aide certificate in accordance with the ULA [61-3-10 NMSA, 1978] for the purpose of protecting the public.

B. Grounds for action.

(1) Incapable of functioning as a medication aide which is defined to include, but not limited to, the following:

(a) inability to function with reasonable skill and safety as a medication aide for any reason including, but not limited to, the use of drugs, alcohol or controlled substances which could impair judgment;

(b) performance of unsafe or unacceptable care of students in the administration of medications or failure to conform to the essential standards and prevailing standards of medication aides, in which actual injury need not be established;

(c) omitting to record information regarding medications and medication administration, which could be relevant to the student's care.

(2) Incapable of functioning as a responsible member of the health care team which is defined to include, but not limited to, the following:

(a) falsifying or altering student records, or personnel records for the purpose of reflecting incorrect or incomplete information;

(b) misappropriation of money, drugs, or property;

(c) obtaining or attempting to obtain any fee for student services for one's self or for another through fraud, misrepresentation or deceit;

(d) obtaining, possessing, administering or furnishing prescription drugs to any person, including, but not limited to, one's self, except as directed by a person authorized by law to prescribe;

- (e) failure to follow established procedures and documentation regarding controlled substances;
- (f) obtaining or attempting to obtain a certificate to function as a medication aide for one's self or for another through fraud, deceit, misrepresentation or any other act of dishonesty in any phase of the certification by examination or recertification process;
- (g) failure to report a medication aide, who is suspected of violating the nursing practice act, administrative rules and/or 16.12.5 NMAC;
- (h) exceeding the scope of functions of a medication aide;
- (i) intentionally abusing, neglecting or exploiting a student;
- (j) intentionally engaging in sexual contact toward or with a student in a manner that is commonly recognized as outside of the medication aide's scope of practice;
- (k) administering medications without the supervision/direction of a registered nurse;
- (l) conviction of a felony.

[16.12.8.11 NMAC - N, 1-2-04]

16.12.8.12 APPROVAL OF MEDICATION AIDE PROGRAMS:

A. The purpose of the rules, related to medication aide programs in public school settings is to set reasonable requirements that protect the health and well-being of students in public schools in New Mexico. Nursing practice act Section 61-3-10-2 NMSA, 1978]. The objectives include promoting safe and effective care of students receiving medications from CMAs; establishing minimum standards for the evaluation and approval of medication aide programs; granting recognition and approval that a medication aide program is meeting the required minimum standards; and establishing eligibility of graduates of the medication aide program to apply for certification by examination.

B. All new medication aide program's approved nurse educators shall participate in an orientation/curriculum training that will be presented by department of health and board staff.

[16.12.8.12 NMAC - N, 1-2-04]

16.12.8.13 TYPES OF APPROVAL:

A. Initial program approval - any school/school district wishing to participate in the department of health standardized medication aide program shall submit, in writing, an application for approval to the board's task force. Incomplete applications will not be reviewed. The task force shall evaluate the application and make a recommendation to the board regarding the approval of the medication aide program. The board of nursing shall approve medication aide programs at regularly scheduled board meetings.

(1) The initial application for approval shall be consistent with the minimum standards for medication aide programs and shall contain the following:

- (a) objectives of the medication aide program;
- (b) organizational chart;
- (c) name of the superintendent, supervisory nurse, principals, nurses, and health assistants at participating sites;
- (d) name and resume of the nurse educator(s) and other faculty;
- (e) standardized program curriculum;
- (f) hours to be spent on each topic;
- (g) evaluation tools (written and clinical proficiency);
- (h) required fee.

(2) Representatives of the medication aide program may be scheduled to meet with the task force to present the proposed program.

(a) Upon the task force's approval of the application, a recommendation for approval shall be made to the board.

(b) Applications not approved will be returned and may be resubmitted for approval when complete and deficiencies have been corrected.

(3) After receipt of the task force's report and recommendation(s), the board may:

- (a) grant approval of a program;
- (b) defer a decision regarding approval;
- (c) deny approval;
- (d) direct staff to make a pre-approval evaluation visit.

B. Full approval, for a period not to exceed the time limits of the trial program (December 31, 2004), shall be granted to medication aide programs if, in the opinion of the board, the program demonstrates compliance with 16.12.7.17 NMAC, minimum standards for medication aide programs.

(1) To ensure continued compliance with 16.12.7.17 NMAC, minimum standards for medication aide programs, the trial medication aide programs shall be evaluated through a written report.

(a) During the period of full approval, at least one site-visit will be made to medication aide program sites to evaluate compliance with these administrative rules [Section 61.3-10-2 NMSA, 1978].

(b) Periodic written board approved evaluation reports shall be submitted to the task force by designated deadlines for task force review and for compilation into a final written report with recommendations to the board of nursing.

(c) A representative of the medication aide program may request or be requested to meet with the task force to clarify and respond to questions regarding the written evaluation.

(d) The board shall submit a final report with recommendations for continuation to the legislature in December 2004.

(e) All activity of the trial medication aide program shall cease until direction has been received from the legislature regarding continuation of the program as either a trial or permanent program.

(2) Prior to the expiration of the trial program (December 15, 2004), an approval visit shall be made by at least two (2) representatives appointed by the board. The report of the visit shall be submitted to the task force for review and findings therein will become part of the final written report to the board.
[16.12.8.13 NMAC - N, 1-2-04]

16.12.8.14 WITHDRAWAL OF TRIAL PROGRAM/SITE APPROVAL:

A. The board may withdraw approval of a trial medication aid program/site at any time within the trial period when a program/site fails to provide evidence of compliance with the minimum standards for medication aide programs or any other portion of these rules.

B. When the board withdraws approval, a written notice detailing the reasons shall be provided to the officials of the medication aide program.

C. The medication aide program/site shall be removed from the list of board approval trial medication aide programs.

[16.12.8.14 NMAC - N, 1-2-04]

16.12.8.15 PROGRAM/SITE VISITS:

A. Types.

(1) Evaluation visit: visit made to a medication aide program/site by board representatives, as required by the trial program evaluation protocol or at the request of the board, for the purpose of evaluating a program's progress and compliance with the rules governing this trial medication aide program.

(2) Consultation visit: visit made to the medication aide program/site by the board representatives at the request of the program officials.

(3) Course visit: visit which may be done at anytime to a participating medication aide program/site.

B. The board reserves the right to make unannounced visits.

C. A report of the visit made by representative(s) of the board shall be provided to the medication aide program, the task force, and the board for final disposition.

D. The survey team for visits shall be comprised of a least one professional board staff member and one member of the task force.

[16.12.8.15 NMAC - N, 1-2-04]

16.12.8.16 CHANGES REQUIRING NOTIFICATION TO THE TASK FORCE OR BOARD APPROVAL:

A. Once a trial medication aide program has been granted approval by the board, there shall be no:

(1) major curriculum changes and/or reorganization of the curriculum;

(2) major changes in the program's objectives or goals;

(3) changes in the required didactic and/or clinical hours.

B. Changes requiring notification to the task force and board.

(1) Changes in the internal, administrative or organizational plan of the agency which affects the medication aide program.

(2) Changes in the licensure status of the agency.

- (3) Changes in medications aide program faculty.
 - C. The board shall determine whether a trial program site program experiencing any or all of the changes requiring notification may continue to participate in the trial program.
 - (1) A trial medication aide program site may be asked to cease operation when there is evidence of:
 - (a) substantial non-compliance with the minimum standards for medication aide programs in this trial;
 - (b) disruption in retaining qualified nurse educators resulting in disorganization of the program and breakdown of supervision and teaching in the program;
 - (c) non-compliance with the medication aide program's stated philosophy, objectives, policies, and curriculum resulting in unsatisfactory student achievement;
 - (d) failure to provide clinical experience and/or supervision necessary to achieve the objectives of the medication aide program;
 - (e) substantial non-compliance with any portion of these rules.
 - (2) The medication aide program shall be advised, in writing, of the board's decision regarding continuing participation in the program.
- [16.12.8.16 NMAC - N, 1-2-04]

16.12.8.17 MINIMUM STANDARDS FOR MEDICATION AIDE PROGRAMS:

- A. Objectives - there shall be written objectives for the medication aide program which serve as the basis for the planning, implementation, and evaluation of the program.
 - (1) The objectives shall be developed by the medication aide program faculty and shall describe the competencies of the medication aide and shall include:
 - (a) principles of safety in the administration of medication;
 - (b) six (6) rights of preparing and administering drugs;
 - (c) methods commonly used to safeguard drugs;
 - (d) process of infection control;
 - (e) terms related to administration of medications;
 - (f) abbreviations commonly used when prescribing and administering drugs;
 - (g) uses, dosages, and necessary precautions in administering drugs;
 - (h) ability to correctly calculate dosages;
 - (i) appropriately reporting changes in a student's condition;
 - (j) importance of remaining with student while he/she ingests medication;
 - (k) accurate documentation of medication administration;
 - (l) legal parameters of the medication aide role;
 - (m) authorized and prohibited functions;
 - (n) responsibility for own actions;
 - (o) maintenance of confidential information;
 - (p) appropriate skills in medication administration and;
 - (q) understanding of the student population.
 - (2) The objective shall be written clearly; and shall identify expected competencies of the beginning medication aide.
 - (3) The objectives shall be reviewed annually and revised as necessary by the nurse educator.
- B. Curriculum.
 - (1) The curriculum shall be developed, implemented, evaluated by the medication aide program faculty within the framework of the objectives.
 - (2) The curriculum shall extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop competence consistent with principles of learning and sound educational practice.
 - (a) There shall be a minimum of forty (40) hours of classroom study, in addition to the prerequisite sixteen (16) hours provided through the department of health/state department of education approved school health assistant training
 - (b) There shall be a minimum of twenty (20) hours of clinical experience supervised by a SDE licensed school nurse. Supervised clinical experience shall provide opportunities for the application of theory and for the achievement of stated objectives in a resident care setting and shall include clinical learning experiences to develop the skill required by the individual to function safely as a medication aide. The nurse educator or clinical preceptor must be physically present and accessible to the CMA candidate in the student care area.

(3) The curriculum shall provide, at a minimum, instruction in the subject areas listed in attachment A (see 16.12.5.20 NMAC).

(4) A standardized evaluation tool shall be developed by the task force for pilot program.

C. Administration and organization.

(1) There shall be a current organizational chart showing the position of the medication aide program within the overall structure of the agency, clearly indicating the lines of authority and responsibility and channels of communication.

(2) The administration of the agency shall provide support for the medication aide program to obtain the resources needed for the program to achieve its purpose.

(3) There shall be a nurse educator to administer the program who shall be responsible for:

- (a) the development and implementation of the medication aide program;
- (b) creation and maintenance of an environment conducive to teaching and learning;
- (c) liaison with other personnel;
- (d) arrangement for direct supervision of the student's clinical experience by the clinical

preceptor;

(e) provision for a system of permanent records, and records and reports essential to the operation of the medication aide program;

(f) communication with the board of nursing.

D. Faculty.

(1) Each program shall have a nurse educator who is a registered nurse holding a current license to practice in New Mexico.

(2) The nurse educator shall have a least two (2) years of recent, within the last five (5) years, nursing practice experience including at least six (6) months experience in the public school setting.

(3) The nurse educator shall select the clinical experience for students and a nurse educator/clinical preceptor must be physically present in the school while students are engaged in clinical experience.

(4) The ratio of preceptor to students, during supervised clinical experience, shall be one-on-one.

(5) The nurse educator shall be responsible for instruction and evaluation of student performance, termination, grading and progression.

(6) Other health care providers, in addition to the nurse educator, may be appropriate faculty for classroom instructions such as physicians and pharmacists.

E. Records.

(1) The nurse educator's record shall include:

- (a) verification of current licensure as a registered nurse in New Mexico;
- (b) continuing education record reflecting minimum standard met for relicensure period;
- (c) resume;
- (d) teaching experience;
- (e) verification of board of nursing orientation for nurse educators;
- (f) board of nursing appointment letter to position of nurse educator.

(2) The student's record shall include:

- (a) admission date;
- (b) pre-test, testing and evaluation records;
- (c) classroom and clinical attendance;
- (d) final course grade;
- (e) copy of application for certification examination;
- (f) continuing education attendance records (post-certification);
- (g) current CPR certification.

(3) The clinical preceptor's record shall include:

- (a) verification of current licensure as a registered or licensed practical nurse in NM;
- (b) clinical teaching experience;
- (c) verification of orientation for clinical preceptors conducted by nurse educator.

[16.12.8.17 NMAC - N, 1-2-04]

16.12.7.18 MEDICATION AIDE TRIAL PROGRAM IN PUBLIC SCHOOL TASK FORCE:

A. Composition and appointment of task force - the board shall appoint an advisory committee composed of individuals with expertise in school health, including at least one representative from the university of New Mexico, the department of health and the New Mexico school nurse association.

- (1) Facilities, agencies and individuals shall be requested to submit nominations for task force appointments.
 - (2) Members of the committee shall serve for the duration of the trial program (December 15, 2004).
 - B.** Responsibility of the task force.
 - (1) Oversight of the trial program.
 - (2) The advisory committee shall review applications for initial program approval.
 - (3) Advise the board on development and implementation of the program.
 - (4) Participate in the evaluation of trial program.
 - (5) Produce a written evaluation with recommendations to the board of nursing that shall serve as the basis for the board's written evaluation report on the program to the legislature no later than December 15, 2004.
 - (6) Members of the task force shall accompany board professional staff on evaluation/site visits to programs participating in the trial medication aide program.
- [16.12.8.18 NMAC -N, 1-2-04]

16.12.8.19 ATTACHMENT A - SUBJECT/CURRICULUM AREAS:

- A.** Overview of programs
 - (1) number of hours
 - (2) classroom
 - (3) clinical
 - (4) tests
 - (5) final
 - (6) classroom/clinical rules
 - (7) pilot program review
 - (8) certification by exam requirements for medication aides
- B.** Orientation to federal, state and local regulations
 - (1) nurse role
 - (2) medication aide role
 - (3) drug laws and regulations
 - (4) state board of pharmacy
 - (5) state board of nursing
- C.** Orientation to the medication aide position
 - (1) review of job specifications
 - (2) expectations and responsibilities
 - (3) personnel policies and procedures
- D.** Orientation to the school age child population
 - (1) types of students in facility
 - (2) challenges of administering medications in a public school setting
 - (a) disabilities of students
 - (i) physical
 - (ii) psychological
 - (b) number of medications
 - (c) changes in medications
 - (d) changes in students, nurses, orders
 - (e) time guidelines
 - (3) interdisciplinary care plan
 - (4) role of the medication aide
 - (a) observing and reporting
 - (b) participating in implementing care plan
 - (c) understanding the duties and contributions of other health team members.
 - (d) charting and reporting
- E.** Legal aspects and responsibilities of medication administration including
 - (1) student rights
 - (a) confidentiality
 - (b) privacy
 - (c) HIPAA
 - (d) right to refuse and all others

- (2) school/district policies
- (3) negligence and malpractice
- (4) ethical aspects
- (5) legal/ethical considerations concerning student records/charting
- (6) medication errors identification and reporting process
- (7) incident reporting
- F. Introduction to anatomy, physiology and pathophysiology
 - (1) overview of 10 systems of the body and functions of system
 - (2) review of common health problems of students in schools
- G. Fundamentals of pharmacology
 - (1) definitions/abbreviations
 - (2) terminology
 - (3) classifications
 - (4) controlled/non-controlled medications
 - (5) identification
 - (6) desired drug effects
 - (7) drug adverse action/side effects
 - (8) alcohol/drug abuse
 - (9) drug interaction
 - (a) food
 - (b) synergistic
 - (c) antagonistic
 - (d) additive
 - (10) allergic reactions
 - (11) sources of information
 - (a) supervising nurse
 - (b) written material
 - (c) internet
 - (d) poison control
 - (e) pharmacist
 - (12) methods of distribution
- H. Systems/medications
 - (1) content for each system/drugs including:
 - (a) anatomy and physiology
 - (b) common medical disorders
 - (c) observations, recording and reporting
 - (d) common medications including:
 - (i) common medication used with school aged children
 - (ii) generic/trade names
 - (iii) dosage range
 - (iv) action
 - (v) major side effects
 - (vi) contraindications
 - (vii) PRN's
 - (2) cardiovascular system
 - (a) cardiac glycosides
 - (b) antiarrhythmics
 - (c) antihypertensives
 - (d) anticoagulants
 - (e) diuretics
 - (f) vasodilators
 - (3) respiratory system
 - (a) antitussives
 - (b) expectorants
 - (c) antihypertensives
 - (d) decongestants

- (e) bronchodilators
- (f) antispasmodics
- (4) digestive system/bowels
 - (a) cathartics
 - (b) irritants
 - (c) stool softeners
 - (d) bulk laxatives
 - (e) lubricants
 - (f) antacids
 - (g) antiemetics
 - (h) antinauseants
 - (i) carminatives
- (5) excretory system (kidneys/bladder)
 - (a) diuretics
 - (b) urinary tract antiseptics
 - (c) electrolytes and fluids
 - (d) sulfonamides
 - (e) acidifiers
 - (f) alkalizers
- (6) integumentary (skin) mucus membranes
 - (a) antipyretics
 - (b) antihistamines
 - (c) antibiotics
 - (d) antifungals
 - (e) steroids
 - (f) irritants
 - (g) local anesthetics
 - (h) scabicides
- (7) musculoskeletal system/nervous system
 - (a) relaxants
 - (b) antiparkinsonians
 - (c) anticonvulsants
 - (d) analgesics
 - (e) tranquilizers
 - (f) sedatives
 - (g) irritants
 - (h) local anesthetics
 - (i) scabicides
 - (j) keratolytics
 - (k) enzymes
- (8) endocrine system/reproductive system
 - (a) corticosteroids
 - (b) andrenergics
 - (c) thyroid hormones
 - (d) insulin and hypoglycemics
 - (e) estrogens
 - (f) progestins
 - (g) testosterone
 - (h) pituitary drugs
- (9) sensory system - eye, ear, nose, and throat
 - (a) ophthalmic anti-infectives
 - (b) ophthalmic anti-inflammatory agents
 - (c) miotics
 - (d) mydriatics
 - (e) ophthalmic vasoconstrictors
 - (f) otics

- (g) oral and nasal agents
- I. Other
 - (1) nutrition
 - (a) vitamins
 - (b) minerals
 - (c) appetite stimulants
 - (d) appetite depressants
 - (e) digestive supplements
 - (2) herbs used with prescribed medications
 - (3) temperature
 - (a) antipyretics
 - (b) other anti-inflammatories
 - (4) infections
 - (a) antibiotics
 - (b) sulfonamides
- J. First aid and emergency procedures including review of:
 - (1) cardiac and respiratory emergencies
 - (2) victims of choking
 - (3) first aid
- K. Introduction to administration of medication including:
 - (1) administering procedures (distribution)
 - (2) measurements
 - (3) preparing and administering (care and handling)
 - (4) safety precautions
 - (5) proper storage of medications
 - (6) ordering, receiving and disposing of drugs
 - (7) aseptic (clean) techniques
 - (8) hand washing
 - (9) standard precautions
 - (10) PRN's
- L. Administering medications
 - (1) "six rights" (medication, dose, student, route, time and documentation)
 - (2) observations while administering medications
 - (3) follow-up after administering medications
 - (4) practical skill (see Subsection P of 16.12.7.19 NMAC)
 - (5) description of progress of medication administration
- M. Documentation
 - (1) medication
 - (2) student condition
 - (3) behavior documentation
- N. Psychotropic medications
 - (1) introduction to many of the most common used with students
 - (2) how they work
 - (3) how they are used
 - (4) common adverse reactions
 - (5) classifications
 - (6) observations
 - (7) abuse
- O. Skills
 - (1) hand washing
 - (2) administering
 - (a) oral tablets/capsules
 - (b) liquids
 - (c) powdered medications
 - (d) ophthalmic ointments/drops
 - (e) otic medications

- (f) nasal medications/dropper and atomizer
 - (g) vaginal, rectal creams and suppositories
 - (h) topical agents
 - (i) lotion
 - (ii) liniment
 - (iii) ointment/cream
 - (i) metered dose inhalers
 - (3) crushing or mixing medications
 - (a) tablets
 - (b) capsules
 - (c) all others
 - (4) taking and recording vital signs
- [16.12.8.19 NMAC - N, 1-2-04]

HISTORY 16.12.8 NMAC: [RESERVED]