

# TITLE 412 INDIANA HEALTH FACILITIES COUNCIL

## ARTICLE 1. HEALTH FACILITIES

### Rule 1. Emergency Relocation of Residents

#### 412 IAC 1-1-1 Applicability

Authority: IC 16-28-6-2

Affected: IC 16-28

Sec. 1. The definitions in this rule apply throughout this article. (*Indiana Health Facilities Council; 412 IAC 1-1-1; filed Apr 29, 2000, 4:40 p.m.: 23 IR 3083*)

#### 412 IAC 1-1-2 "Department" defined

Authority: IC 16-28-6-2

Affected: IC 16-28

Sec. 2. "Department" means the Indiana state department of health. (*Indiana Health Facilities Council; 412 IAC 1-1-2; filed Apr 29, 2000, 4:40 p.m.: 23 IR 3083*)

#### 412 IAC 1-1-3 "Discharge plan" defined

Authority: IC 16-28-6-2

Affected: IC 16-28

Sec. 3. "Discharge plan" means a plan that originates upon a resident's admission to a facility and identifies specific resident needs that are to be addressed when the resident is discharged from the facility. (*Indiana Health Facilities Council; 412 IAC 1-1-3; filed Apr 29, 2000, 4:40 p.m.: 23 IR 3083*)

#### 412 IAC 1-1-4 "Emergency" defined

Authority: IC 16-28-6-2

Affected: IC 16-28

Sec. 4. "Emergency" means a situation or physical condition that presents imminent danger of death or serious physical or mental harm to one (1) or more residents of a facility. (*Indiana Health Facilities Council; 412 IAC 1-1-4; filed Apr 29, 2000, 4:40 p.m.: 23 IR 3084*)

### Rule 2. Relocation Provisions

#### 412 IAC 1-2-1 Emergency relocation

Authority: IC 16-28-6-2

Affected: IC 4-21.5-4; IC 16-28-5-1

Sec. 1. (a) The department may, with the approval of the commissioner, order the relocation of a resident from a health facility under IC 4-21.5-4 when any of the following conditions exist:

(1) The facility is operating without a license.

(2) The department has revoked the license of the facility.

(3) The department initiated revocation procedures and has determined that the health, safety, security, rights, or welfare of the resident cannot be assured pending the outcome of administrative action.

(4) The department determines that an emergency exists which requires immediate removal of the residents.

(b) The department's decision to relocate a resident from a facility shall be based on the potential for imminent harm to the health, safety, security, rights, or welfare of the resident.

(c) In an emergency relocation, the department shall notify the facility of the resident to be relocated.

(d) The facility shall notify the following of the emergency relocation and the reasons for the relocation as soon as practicable or in no event later than twenty-four (24) hours after notified by the department under subsection (c):

- (1) The resident.
- (2) A family member of the resident, if known.
- (3) The resident's legal representative, if known.
- (4) The local long term care ombudsman program.
- (5) The person or agency responsible for the resident's placement, maintenance, and care in the facility.
- (6) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions.
- (7) The resident's physician.

(e) The department shall oversee the emergency relocation of the resident with assistance from the facility and the ombudsman.

(f) The resident and, when practicable, their next of kin or guardian, shall be:

- (1) involved in their discharge plan;
- (2) given the opportunity to select alternative placements; and
- (3) given every practicable assistance by the facility in accomplishing the emergency relocation.

(g) For purposes of IC 16-28-5-1, a breach of subsection (d) or (f) is a deficiency. (*Indiana Health Facilities Council; 412 IAC 1-2-1; filed Apr 29, 2000, 4:40 p.m.: 23 IR 3084*)

## **ARTICLE 2. QUALIFIED MEDICATION AIDES**

### **Rule 1. General Provisions**

#### **412 IAC 2-1-1 "Qualified medication aide" or "QMA" defined**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 1. As used in this rule, "qualified medication aide" or "QMA" means an individual who has satisfactorily completed the state-qualified medication aide course and test. (*Indiana Health Facilities Council; 412 IAC 2-1-1; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2728*)

#### **412 IAC 2-1-2 "Supervised practicum" defined**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 2. As used in this rule, "supervised practicum" means training in a long term care setting in which the QMA student demonstrates competency while dispensing and passing medications and/or applying/administering treatments under the direct supervision of a registered nurse or a licensed practical nurse. (*Indiana Health Facilities Council; 412 IAC 2-1-2; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2728*)

#### **412 IAC 2-1-3 QMA training**

Authority: IC 16-28-1-11

Affected: IC 16-28-1

Sec. 3. A QMA program shall include, at a minimum, the following:

- (1) One hundred (100) hours of training to include sixty (60) hours of classroom instruction and forty (40) hours of supervised practicum.
- (2) Classroom training performed by a registered nurse who possesses a minimum of two (2) years of licensed nursing experience, of which at least one (1) year shall be in the provision of long term care facility services. Instructors shall have documentation of completion of an Indiana state department of health instructor QMA course.
- (3) A curriculum that includes a review of the following areas:

- (A) Communication and interpersonal skills, including communication with a cognitively impaired or combative resident as follows:
    - (i) Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).
    - (ii) Communicating with cognitively impaired residents.
    - (iii) Understanding the behavior of cognitively impaired residents.
    - (iv) Appropriate responses to behavior of cognitively impaired residents.
    - (v) Methods of reducing the effects of cognitive impairments.
  - (B) Infection control/hand washing.
  - (C) Safety/emergency procedures, including the Heimlich maneuver.
  - (D) Resident independence.
  - (E) Resident rights.
  - (F) Abuse, neglect, and misappropriation of resident property.
- (4) A curriculum that includes instruction and training on the scope of practice for a QMA, including, but not limited to, the following:
- (A) Fundamentals of pharmacology.
  - (B) Medication orders.
  - (C) Care of long term residents and monitoring for effects of medication usage.
  - (D) Fundamentals of the following systems and medications affecting each system:
    - (i) Gastrointestinal.
    - (ii) Musculoskeletal.
    - (iii) Skin and sensory.
    - (iv) Urinary.
    - (v) Cardiovascular.
    - (vi) Respiratory.
    - (vii) Endocrine.
    - (viii) Male and female reproductive.
    - (ix) Nervous.
  - (E) Psychotherapeutic medications.
  - (F) Inflammation, infection, immunity, and malignant disease.
  - (G) Nutritional deficiencies.
  - (H) Principles of administering medications.
  - (I) Documentation of medication administration.
  - (J) Hand washing/standard precautions.
  - (K) Positioning of resident in preparation for medication/treatment administration, including the following:
    - (i) Supine position.
    - (ii) Lateral/Sim's position.
    - (iii) Fowlers positions.
    - (iv) Prone position.
  - (L) Obtaining temperature via oral, axillary, otic, or rectal route using a thermometer (glass and electronic).
  - (M) Measurement of vital signs, including pulse, respiratory rate, and blood pressure.
  - (N) Scope of practice of the QMA.
  - (O) Reporting of observations to the licensed nurse and documentation of those observations in the medical record.
  - (P) Clean technique in handling medications and dressings.
  - (Q) Administration of oxygen per nasal cannula or nonsealing mask.
  - (R) Obtaining oxygen saturation utilizing an oximeter.
  - (S) Administration of medications per G-tube or J-tube.
  - (T) Administration of medication via metered dose inhaler.
  - (U) Hemocult testing.
  - (V) Finger stick blood glucose testing.
  - (W) Applying a dressing to a minor skin tear.

- (X) Applying a dressing to a healed G-tube or J-tube site.
- (Y) Emptying and changing colostomy bag.
- (Z) Instilling a commercially prepared disposal enema.
- (AA) Administering a sitz bath.
- (BB) Applying a cold dry compress.
- (CC) Conducting diabetic urine testing.
- (DD) Collecting fecal or urine specimens.

*(Indiana Health Facilities Council; 412 IAC 2-1-3; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2728)*

**412 IAC 2-1-4 Means to assess progress**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 4. The training 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 Indiana state department of health. *(Indiana Health Facilities Council; 412 IAC 2-1-4; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2729)*

**412 IAC 2-1-5 Practicum**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 5. (a) The supervisor of the forty (40) hour practicum shall be a:  
(1) registered nurse licensed in Indiana; or  
(2) licensed practical nurse licensed in Indiana who has a minimum of one (1) year of licensed nursing experience.  
(b) The supervised practicum shall be completed within three (3) months of completion of the classroom instruction.  
(c) During the supervised practicum, students are required to demonstrate competency via return demonstration in the presence of the practicum supervisor, who, in turn, shall complete a state approved practicum checklist. Each checklist shall be completed with one hundred percent (100%) accuracy. A student shall have the opportunity to repeat said checklists until one hundred percent (100%) accuracy is obtained. *(Indiana Health Facilities Council; 412 IAC 2-1-5; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2729)*

**412 IAC 2-1-6 Location for supervised practicum**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 6. (a) The site for the supervised practicum shall be a facility or unit operating under 410 IAC 16.2. The practicum training site shall have written approval from the Indiana state department of health every two (2) years.

(b) If the supervised practicum site is conducted at a location other than the site of the classroom training, a written agreement shall be in place stating the practicum is being conducted under appropriate supervision. *(Indiana Health Facilities Council; 412 IAC 2-1-6; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2729)*

**412 IAC 2-1-7 Classroom requirements**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 7. (a) The classroom training may be provided by one (1) of the following:  
(1) A licensed long term care facility.  
(2) A program of an Indiana vocational school governed by the department of education or North Central Accreditation.  
(3) A program conducted by an accredited school of nursing.  
(4) A nonfacility based program.  
(b) The classroom training site or program shall have necessary supplies and equipment to train QMAs.  
(c) Maximum enrollment for any class size shall not exceed twenty (20) students.

(d) The classroom training site or program shall have written approval from the Indiana state department of health every two (2) years. (*Indiana Health Facilities Council; 412 IAC 2-1-7; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2729*)

**412 IAC 2-1-8 QMA competency evaluation**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 8. (a) A QMA competency evaluation test shall be administered consisting of multiple choice questions requiring a passing score of eighty percent (80%) by the state-approved training entity. Ongoing revision of test questions may be necessary in an effort to maintain a valid exam that includes new medications and updated materials for various medication classifications. The application for competency exam shall be submitted within thirty (30) days of practicum completion.

(b) The competency evaluation test may be retaken three (3) times within one (1) year of the completion date of classroom training. Prior to the student applying to take the second or third test, the student shall provide documentation to the testing entity of additional training conducted by a registered nurse. However, if the student is unsuccessful after three (3) attempts, he or she shall repeat the training program in its entirety. Testing will be administered and scored by an entity under contract with the Indiana state department of health.

(c) The student has six (6) months from the completion of the sixty (60) hour classroom portion of the program to complete the forty (40) hour practicum and successfully pass the competency evaluation test, including the retake in case of initial failure.

(d) Graduate nursing students that do not pass the state nursing boards may function as a QMA after successfully completing the competency evaluation test with a passing score of eighty percent (80%).

(e) Nursing students who have completed a pharmacology class with a grade of "C" or above would be exempt from the classroom training; however, the student is required to complete the practicum and successfully complete the competency evaluation test. (*Indiana Health Facilities Council; 412 IAC 2-1-8; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2729*)

**412 IAC 2-1-9 Scope of practice**

Authority: IC 16-28-1-7; IC 16-28-1-11

Affected: IC 16-28-1

Sec. 9. (a) The following tasks are within the scope of practice for the QMA unless prohibited by facility policy:

- (1) Observe and report to the facility's licensed nurse reactions and side effects to medications exhibited by a resident.
- (2) Measure and document vital signs prior to the administration of medication that could affect or change the vital signs. Report any abnormalities to the licensed nurse that would prohibit medication administration.
- (3) Administer regularly prescribed medication which the QMA has been trained to administer only after personally preparing (setting up) the medication to be administered. The QMA shall document in a resident's clinical record all medications that the QMA personally administered. The QMA shall not document in a resident's clinical record any medication that was administered by another person or not administered at all.
- (4) Initiate oxygen per nasal cannula or nonsealing mask only in an emergency. Immediately after the emergency, the QMA shall verbally notify the licensed nurse on duty or on call and appropriately document the action and notification.
- (5) Obtain oxygen saturation utilizing an oximeter that has been calibrated by a licensed or certified professional and report results to the licensed nurse.
- (6) Apply physician-ordered oral, ophthalmic, otic, nasal, vaginal, and rectal medications.
- (7) Crush and administer medications if such preparation is appropriate per manufacturer's instructions or physician's order.
- (8) Alter capsules if prescribed to be administered in this altered manner by the physician.
- (9) Count, administer, and document controlled substances.
- (10) Administer medications per G-tube or J-tube.
- (11) Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following:
  - (A) Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred.
  - (B) Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact.
  - (C) Obtain permission to administer the medication each time the symptoms occur in the resident.

- (D) Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift or, if the nurse was on call, by the end of the nurse's next tour of duty.
- (12) Apply topical medication to minor skin conditions such as dermatitis, scabies, pediculosis, fungal-infection, psoriasis, eczema, first degree burn, stage one decubitus ulcer.
  - (13) Administer medication via metered dose inhaler.
  - (14) Conduct hemocult testing and report result to the licensed nurse.
  - (15) Conduct finger stick blood glucose testing (specific to the glucose meter used), reporting result to the licensed nurse.
  - (16) Apply a dressing to a minor skin tear that has been assessed by a licensed nurse.
  - (17) Provide ordered site care and apply a dressing to a healed G-tube or J-tube site.
  - (18) Empty and change colostomy bag.
  - (19) Instill a commercially prepared disposable enema (approximately one hundred twenty (120) milliliters or four and one-half (4.5) ounces) after the resident has been assessed by the licensed nurse (for bowel sounds and potential impaction) and the licensed nurse has instructed the QMA to instill the enema.
  - (20) Administer a sitz bath, if ordered by the physician, and report any unusual observations to the licensed nurse.
  - (21) Apply a cold, dry compress as directed by the physician or by the licensed nurse in emergency situations requiring first-aid treatment.
  - (22) Conduct diabetic urine testing, for example, tablet, dipstick, or test tape methods.
  - (23) Collect fecal or urine specimens as ordered by the physician.
  - (24) Document in the clinical record the QMA observations, including what the QMA sees, hears, or smells and document what is reported to the QMA by the resident.
- (b) The following tasks shall not be included in the QMA scope of practice:
- (1) Administer medication by the injection route, including the following:
    - (A) Intramuscular route.
    - (B) Intravenous route.
    - (C) Subcutaneous route.
    - (D) Intradermal route.
  - (2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, other than metered dose inhaler.
  - (3) Administer medication per nasogastric tube.
  - (4) Instill irrigation fluids of any type, including, but not limited to:
    - (A) colostomy;
    - (B) catheter; and
    - (C) enema;except as described in subsection (a)(19).
  - (5) Assume responsibility for receiving in writing or receive a verbal or telephone order.
  - (6) Administer a treatment that involves advanced skin conditions, including stage II, III, and IV decubitus ulcers.
- (Indiana Health Facilities Council; 412 IAC 2-1-9; filed Apr 30, 2002, 11:05 a.m.: 25 IR 2730)*

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