

AHCA FLORIDA REGISTRATION POLICIES Mar 2008

CNA / HHA

59A-18.005 Registration Policies.

(1) Each nurse registry shall disseminate the following rules and statutes to each applicable independent contractor at the time of registration.

(b) **Certified nursing assistants and home health aides** shall receive for their use and reference:

1. Subsection 59A-18.005(6), F.A.C., regarding health statements and communicable disease.
2. Rule 59A-18.0081, F.A.C., Certified Nursing Assistant and Home Health Aide.
3. Sections 400.506, 400.512, 400.484, 400.462, 400.488 and 400.495, F.S.

(6) Prior to contact with patients, each independent contractor referred for client care must furnish to the registry a statement from a health care professional licensed under Chapter 458, F.S., or Chapter 459, F.S., a physician's assistant, or an advanced registered nurse practitioner (ARNP) or a registered nurse licensed under Chapter 464, F.S., under the supervision of a licensed physician, or acting pursuant to an established protocol signed by a licensed physician, based upon an examination within the last six months, that the contractor is free from-communicable disease. If any independent contractor is later found to have, or is suspected of having, a communicable disease, he or she shall immediately cease to be referred as an independent contractor. If the independent contractor later provides a statement from a health care professional that such condition no longer exists, then the nurse registry can again refer patients to the independent contractor. It is the responsibility of the independent contractor to ensure that patients are not placed at risk by immediately removing him or herself as a caregiver if he or she is found to have or is suspected of having a communicable disease. In the event that an independent contractor refuses to remove him or herself, the nurse registry shall report the situation to the county health department as an immediate threat to health, welfare and safety.

59A-18.0081 Certified Nursing Assistant and Home Health Aide.

The certified nursing assistant (C.N.A.) and the home health aide shall:

- (1) Be limited to assisting a patient in accordance with Section 400.506(10)(b), F.S.;
- (2) Be responsible for documenting services provided to the patient or client and for filing said documentation with the nurse registry on a regular basis. These service logs will be stored by the nurse registry in the client's file. The service logs shall include the name of the patient or client and a listing of the services provided;
- (3) Be responsible for observing appearance and gross behavioral changes in the patient and reporting these changes to the caregiver and the nurse registry or the registered nurse responsible for assessing the case when giving care in the home or to the responsible facility employee if staffing in a facility;
- (4) Be responsible to maintain a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient;
- (5) Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and restricted to the following:
 - (a) Assisting with the change of a colostomy bag, reinforcement of dressing;
 - (b) Assisting with the use of devices for aid to daily living such as a wheelchair or walker;
 - (c) Assisting with prescribed range of motion exercises;
 - (d) Assisting with prescribed ice cap or collar;
 - (e) Doing simple urine tests for sugar, acetone or albumin;
 - (f) Measuring and preparing special diets;
 - (g) Measuring intake and output of fluids; and
 - (h) Measuring temperature, pulse, respiration or blood pressure.

(6) Be prohibited from changing sterile dressings, irrigating body cavities such as giving an enema, irrigating a colostomy or wound, performing gastric irrigation or enteral feeding, catheterizing a patient, administering medications, applying heat by any method, or caring for a tracheotomy tube.

(7) For every CNA, a nurse registry shall have on file a copy of the person's State of Florida certification.

(8) For every home health aide, a nurse registry shall have on file documentation of successful completion of at least forty hours of training, pursuant to Section 400.506(10)(a), F.S., in the following subject areas:

(a) Communication skills;

(b) Observation, reporting and documentation of patient status and the care or services provided;

(c) Reading and recording temperature, pulse and respiration;

(d) Basic infection control procedures;

(e) Basic elements of body functions that must be reported to the patient's registered nurse or physician;

(f) Maintenance of a clean, safe, and healthy environment;

(g) Recognition of emergencies and knowledge of emergency procedures;

(h) Physical, emotional, and developmental characteristics of the populations served by the registry, including the need for respect for the patient, his privacy, and his property;

(i) Appropriate and safe techniques in personal hygiene and grooming, including bed bath, sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care; oral hygiene;

(j) Safe transfer techniques and ambulation;

(k) Normal range of motion and positioning;

(l) Adequate nutrition and fluid intake;

(m) The role of the aide in the home;

(n) Differences in families;

(o) Food and household management; and

(p) Other health-related topics pertinent to home health aide services offered in the home.

(9) Individuals who earn their CNA certificate in another state must contact the Florida Certified Nursing Assistant office at the Department of Health to inquire about taking the written examination prior to working as a CNA in Florida, pursuant to Part II of Chapter 464, F.S.

(10) Home health aides who complete their training in another state must provide a copy of the course work and a copy of their training documentation to the nurse registry. If the course work is equivalent to Florida's requirements, the nurse registry may refer the home health aide for contract. If the home health aide's course work does not meet Florida's requirements, the home health aide must receive training in a school approved by the Department of Education to the extent necessary to bring the training into compliance with subsection 59A-18.0081(8), F.A.C., prior to being referred for contract.

(11) CNAs and home health aides referred by nurse registries must maintain a current CPR certification;

(12) C.N.A.s and home health aides referred by nurse registries may assist with self-administration of medication as described in Section 400.488, F.S.

(a) Home health aides and C.N.A.s assisting with self-administered medication, as described in Section 400.488, F.S., shall have received a minimum of 2 hours of training covering the following content:

1. Training shall cover state law and rule requirements with respect to the assistance with self-administration of medications in the home, procedures for assisting the resident with self-administration of medication, common medications, recognition of side effects and adverse reactions and procedures to follow when patients appear to be experiencing side effects and adverse reactions. Training must include verification that each C.N.A. and home health aide can read the prescription label and any instructions.

2. Individuals who cannot read shall not be permitted to assist with prescription medications.

(b) Documentation of training on assistance with self-administered medication from one of the following sources is acceptable:

1. Documentation of 2 hours of training in compliance with subsection 59A-8.0095(5), F.A.C., from a home health agency if the home health aide or C.N.A. previously worked for the home health agency;

2. A training certificate for 4 hours of training for assisted living facility staff in compliance with subsection 58A-5.0191(5), F.A.C.

3. A training certificate for at least 2 hours of training from a career education school licensed pursuant to Chapter 1005, F.S., and Chapter 6E, F.A.C., by the Department of Education, Commission for Independent Education.

(c) Documentation of the training must be maintained in the file of each home health aide and C.N.A. who assists patients with self-administered medication.

(d) In cases where a home health aide or a C.N.A. will provide assistance with self-administered medications as described in Section 400.488, F.S., and paragraph (e) below, a review of the medications for which assistance is to be provided shall be conducted by a registered nurse or licensed practical nurse to ensure the C.N.A. and home health aide are able to assist in accordance with their training and with the medication prescription. The patient or the patient's surrogate, guardian, or attorney in fact must give written consent for a home health aide or C.N.A. to provide assistance with self-administered medications, as required in Section 400.488(2), F.S.

(e) The trained home health aide and C.N.A. may also provide the following assistance with self-administered medication, as needed by the patient and as described in Section 400.488, F.S.:

1. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication;

2. Open and close the medication container or tear the foil of prepackaged medications;

3. Assist the resident in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication;

4. Assist the patient by placing unused doses of solid medication back into the medication container.

Specific Authority 400.497, 400.506 FS. Law Implemented 400.488, 400.497, 400.506 FS. History—New 1-27-94, Amended 12-24-00, 8-10-06, 3-15-07.

400.488 Assistance with self-administration of medication.

(1) For purposes of this section, the term:

(a) "Informed consent" means advising the patient, or the patient's surrogate, guardian, or attorney in fact, that the patient may be receiving assistance with self-administration of medication from an unlicensed person.

(b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who has received training with respect to assisting with the self-administration of medication as provided by agency rule.

(2) Patients who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact. For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers.

(3) Assistance with self-administration of medication includes:

(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.

(b) In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.

(c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.

(d) Applying topical medications.

(e) Returning the medication container to proper storage.

(f) Keeping a record of when a patient receives assistance with self-administration under this section.

(4) Assistance with self-administration does not include:

(a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.

(b) The preparation of syringes for injection or the administration of medications by any injectable route.

(c) Administration of medications through intermittent positive pressure breathing machines or a nebulizer.

(d) Administration of medications by way of a tube inserted in a cavity of the body.

(e) Administration of parenteral preparations.

(f) Irrigations or debriding agents used in the treatment of a skin condition.

(g) Rectal, urethral, or vaginal preparations.

(h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient.

(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

(5) Assistance with the self-administration of medication by an unlicensed person as described in this section does not constitute administration as defined in s. 465.003.

(6) The agency may by rule establish procedures and interpret terms as necessary to administer this section.