

DRAFT

2003

Recommendations for BOME Medical Assistant Rules

A. Physician or Podiatrist Office

- 1) Office definition: “ An office is defined as the location, excluding an acute care or long term care facility, where a physician or podiatrist provides out patient services”
- 2) Exception to prohibition of delegation in acute care or long-term facilities: “These rules do not prohibit a physician or podiatrist from utilizing a an acute care or long term care building for intermittent outreach services.”

B. With appropriate education, the following clinical tasks may be delegated to a medical assistant:

- collect by non invasive techniques specimens for testing, including sputum, urine, semen and stool
- assist patients in ambulation and transfers
- prepare patient for exams or procedures including positioning, draping , shaving and disinfecting treatment sites
- simple lab and screening tests
- taking medical histories using standardized questions
- dispose of contaminated supplies
- sterilize medical instruments
- perform electrocardiograms
- change dressings
- withdraw blood
- remove sutures
- telephone prescriptions or refills to a pharmacy as directed
- provide educational materials to patients on medical diagnoses, medications, diets and treatments
- preparation and administration of allowed medication with documentation of standardized course

C. Exclusions of delegated clinical tasks:

- 1) Any task requiring patient assessment, evaluation and discretionary judgment
- 2) Interpreting test findings or results
- 3) Inserting catheters or nasogastric tubes
- 4) Performing tracheal suctioning
- 5) Obtaining consent for treatment unless initially explained by physician
- 6) Administering medications not in a unit dose package
- 7) Administering medications from syringe not prefilled (unless the physician has written specific standing orders??)
- 8) Inserting or disconnecting an IV
- 9) Administering fluids or medications through an IV including but not limited to:
 - blood and blood products
 - vasodilators or vasopressors
 - oxytoxics
 - chemotherapy
 - hyperalimentation
 - anticoagulants

- thrombolytic agents
- antineoplastics
- narcotics
- tranquilizers
- colloids
- investigational or experimental drugs

D. Education

- 1) Completion of an accredited medical assistant program. “All medical assistants practicing prior to the adoption of these rules are excluded from this requirement, however, must have documented competencies to perform delegated tasks.”
- 2) Passage of a standardized exam approved by the Board of Medical Examiners
- 3) Medication administration – must have standardized course and exam including:
 - purposes of medications
 - classes of medications
 - acceptable routes
 - care and storage
 - medication administration
 - adverse reactions, side effects and allergies to medication
 - medication error reporting
 - documentation
- 4) Must have additional standardized allergy program certification to perform allergy testing

E. Level of physician or podiatrist supervision

- 1) Physical physician presence for invasive procedures
- 2) Onsite (in the office) physician or podiatrist presence for administration of medication, allergy testing and all clinical activities requiring direct patient contact except vital signs.

F. Require medical assistants to wear an easily read identification badge including name and title

Needed from CHP3: Defined lines in the sand we will not cross.

- 1) Office definition - Exclude acute care facility from these rules. Are we willing to accept long term care facilities?
- 2) Tasks allowed and exclusion?
- 3) Education - Absolute minimum – completion of an accredited CNA and CPR course?
- 4) Physician supervision levels? Such as: if they agree to an additional standardized allergy program certification, does the physician need to be on site?