

WHAT YOU NEED TO KNOW:

1. In July 2016 H.B. 483 authorized significant changes to DODD's medication administration process.
2. Only one provision of that law could go into effect prior to revisions to the Rules (the Ohio Administrative Code that specifies the details of how a Law is implemented by the governing Department)
 - a. The removal of restrictions on 17+ residential settings required no new rule
 - b. The 17+ setting was eliminated from law so all residential of 6+ now follow the same rules
3. Law revisions that are currently being addressed in the Rule making process are expected to be approved by JCARR with an effective date no sooner than Oct. 23, 2017 and include these changes to Ohio Administrative Code 5123:2-6:
 - a. **Category 1 certification changes**
 - I. Will authorize 5 new Health Related Activities that certified Direct Service Personnel (DSP) can do without delegation (*in settings where delegation is not required*)
 1. Pulse Oximetry (for O2 saturation reading)
 2. Bi/CPAP
 3. Application of Prescription Compression Hose
 4. Application of a ~~Compression~~ Vest *Percussion*
 5. Use of Cough Assist Insufflator
 - II. Will authorize Oxygen administration without delegation (*in settings that do not require delegation of Cat 1 activities*)
 - III. Will authorize use of OTC topical products **for musculoskeletal comfort** without a prescription
 - IV. Removes Epinephrine auto-injector from Category 1 certification and training
 - b. **Category 2 certification and authorizations: no changes**
 - c. **Category 3 certifications**
 - I. Will authorize delegation of inhaled insulin
 - II. Will authorize delegation of injectable treatments for metabolic glycemic disorders
 - III. Will authorize the delegation of the insulin and metabolic glycemic treatments in all settings

- d. **Creates 3 stand-alone authorizations and trainings that ARE NOT PART OF CATEGORY 1 OR ANY CERTIFICATION PROGRAM** – with annual training, uncertified DSP will be able to:
 - I. Use a VNS magnet to activate a VNS (Free training for VNS is available on DODD currently)
 - II. Administer Epinephrine Auto-injector
 - III. Use OTC topical products for cleansing, comfort and protection of intact skin, hair, nails, teeth and oral surfaces **without a prescription**
 - 1. This does NOT include topical treatments of conditions that require a diagnosis – such as fungal infections, or topical musculoskeletal OTC medications
 - 2. Authorizes **only TOPICAL products for cleaning, comfort and protection of skin, hair, nails, teeth and oral surfaces**
 - e. **Creates a new service setting category of Adult Day Services of 16 or fewer where Category 1 certification can be used without nurse delegation**
4. RN QA Rule draft proposal to change the QA RN review process from “per person” receiving medication in Waiver settings of 5 or fewer to “per provider location” in Waiver services where nurse delegation is not required
- a. Residential settings of 5 or fewer
 - b. Adult Day Services setting of 16 or fewer
5. The Roll-out will go like this:
- a. New curriculum addendums will be published as soon as they are finalized (EDA: September 22, 2017)
 - b. Rules will be finalized through the JCARR process (Estimated Effective October 23, 2017)
 - c. New skills checks will be added to MAIS (Estimated Oct 31, 2017)
 - d. New information **MAY** be taught as part of Initial Certifications as soon as the revised Rule (OAC 5123:2-6) goes into effect (10/23/2017) and **MUST** be taught in all classes from January 1, 2017 forward
 - e. New information MAY be taught in general as soon as rule is effective
 - I. May be entered as part of renewal starting Oct. 23, 2017
 - II. Must be attested to for renewal **at least once between January 1 and Dec. 31, 2018**

- f. All new skills intended to be used by DSP will not have had a previous skills check done prior to Rule revision. **DSP will need skills checked prior to doing newly authorized skills after rule effective date.** If DSP are currently being delegated the delegating nurse will be able to check off skills prior to ending delegation.
- g. **New RN QA Tool** with instructions is in development and will be posted on DODD ASAP. Special training will be provided to QA RNs.
- h. The 3-year period of completing all RN QAs will start over on January 1, 2018. Previous date tracking of individual QAs will no longer apply.
- i. All this information will be sent out on mailing lists from DODD as soon as it is finalized for Providers, Superintendents, SSAs and Nurses.
- j. New stand-alone curriculums for VNS, EPI and OTC topical drugs for cleansing, comfort and protection can be taught as soon as the new Rule effective date. Training is required before action.
- k. If staff already have had VNS or EPI training there is no need to repeat except for annually.
- l. If Epinephrine Auto-injector training is a documented part of DSP's First Aid certification training only annual review or First Aid renewal is required for Epinephrine Auto-injector use.
- m. If certified personnel have Medication Administration Certification and are administering topical OTCs that have been prescribed they do not need to do the new OTC training for the prescribed OTCs.

WHAT YOU (Providers/Agencies) NEED TO DO:

1. **Talk to your RN Trainer(s)** – plan for how staff will get from here to there for
 - a. New HRAs and other newly authorized actions – ones currently delegated and ones not needed straight away
 - b. How will you train for OTCs, VNS and EPI
 - c. How will you track training for OTC, VNS and EPI
 - d. Plan to train staff that the rules are changing
2. **Be very clear that ALL renewals that happen January 1 - December 31, 2018 will require training and skills check of on Oxygen, 5 new HRAs and OTC topical drugs for musculoskeletal comfort.**
 - a. RN Trainers must attest to CE and new skills and in MAIS for renewal application to be processed.
 - b. After the new skills and CE are covered at one renewal they do not need to be covered unless applicable.
3. **Make sure you READ the new Rules (OAC 5123:2-6) as soon as they are released.**
4. **Get the new curriculum additions from the DODD Medication Administration Page and prepare to incorporate the material into your manuals and procedures.**
 - a. Find at DODD Home Page > Health and Welfare > Medication Administration Information page.
 - b. They will be individual addendums until the entire content of curriculums is revised in 2018.
 - c. Have skills checks and training material is on hand for people who need to start using the new skills
5. **Make sure your agency management and personnel understand that for renewal in 2018 content and skills must include the new elements. Help them make plans for that to happen. Make sure if you are using guest speakers the RN trainer has approved that and that the speakers know the new material.**
6. **Be clear that the 3 stand-alone curriculums for VNS, EPI and OTC topical drugs for cleansing, comfort and protection may NOT be part of 14 hour initial (can be included if additional time is allotted)**

WHAT YOU (RN Trainers) NEED TO DO:

1. **Make sure your e-mail settings allow messages from**
[DODDInfo DoNotReply@dodd.ohio.gov](mailto:DODDInfo_DoNotReply@dodd.ohio.gov)
 - a. **MAIS sends messages to the e-mail (home and work) address listed in MAIS.**
 - b. **If you do not specifically put this address in your e-mail as “not junk” it may well be filtered out by your security settings.**
 - c. **As an RN Trainer, it is part of your responsibilities to make sure you are up to date on RN Trainer rules and duties.**
2. **Make sure you READ the messages posted on the MAIS Home Page EVERYTIME you log in.**
3. **Make sure you READ the new Rules (OAC 5123:2-6) as soon as they are released. Destroy all previous versions.**
4. **Get the new curriculum additions from the DODD Medication Administration Page and prepare to incorporate the material into your teaching.**
 - a. Find at DODD Home Page > Health and Welfare > Medication Administration Information page.
 - b. They will be individual addendums until the entire content of curriculums is revised in 2018.
5. **Once the revised tests are issued you will have 30 days to request the new test – if you do not you will be unmapped from MAIS until you do.**
6. **Prepare to enter a revised Syllabus for Initial Category 1 Certifications and Category 3 Add-on classes NO LATER than January 1, 2018. Begin teaching additional curriculums with all Initials and Add-on certifications NO Later than January 1, 2018.**
7. **Be very clear that ALL renewals that happen January 1 - December 31, 2018 will require training and skills check of on Oxygen, 5 new HRAs and OTC topical drugs for musculoskeletal comfort.**
 - a. RN Trainers must attest to CE and new skills and in MAIS for renewal application to be processed.
 - b. After the new skills and CE are covered at one renewal they do not need to be covered unless applicable.
 - c. RN Trainers may utilize knowledgeable guest speakers for renewal CE and skills presentations.
8. **Make sure your agency, contract agencies, and students understand that for renewal in 2018 content and skills must include the new elements. Help them make plans for that to happen. Make sure if you are using guest speakers they know the new material.**
9. **Be clear that the 3 stand-alone curriculums for VNS, EPI and OTC topical drugs for cleansing, comfort and protection may NOT be part of 14 hour initial (can be included if additional time is allotted).**

- I. May be entered as part of renewal starting Oct. 31, 2017
 - II. Must be attested to for renewal at least once between January 1, 2018 and Dec. 31, 2018
- f. All new skills intended to be used by DSP will not have had a previous skills check done prior to Rule revision. DSP will need skills checked prior to doing newly authorized skills after rule effective date. If DSP are currently being delegated the delegating nurse will be able to check off skills prior to ending delegation.
 - g. New RN QA Tool with instructions is in development and will be posted on DODD ASAP; Special training for QA RNs will be scheduled
 - h. The 3-year period of completing all RN QAs will start over on January 1, 2018. Previous date tracking of individual QAs will no longer apply
 - i. All this information will be sent out on mailing lists from DODD as soon as it is finalized for Providers, Superintendents, SSAs and Nurses.
 - j. New stand-alone curriculums for VNS, EPI and OTC topical drugs for cleansing, comfort and protection can be taught as soon as the new Rule has an effective date; Training is required before action
 - k. If staff already have had VNS or EPI training there is no need to repeat except for annually
 - l. If Epinephrine Auto-injector training is a documented part of DSP's First Aid certification training only annual review or First-aid renewal is required for Epinephrine Auto-injector authorization
 - m. If personnel have Medication Administration Certification and are administering topical OTCs that have been prescribed they do not need to do the new OTC training for the prescribed OTCs

- d. **Creates 3 stand-alone authorizations and trainings that ARE NOT PART OF CATEGORY 1 OR ANY CERTIFICATION PROGRAM** – with annual training, uncertified DSP will be able to:

- I. Use a VNS magnet to activate a VNS (free on-line training is available now on DODD Training page)
- II. Administer Epinephrine Auto-injector
- III. Use OTC topical products for cleansing, comfort and protection of intact skin, hair, nails, teeth and oral surfaces **without a prescription**
 1. This does NOT include topical treatments of conditions that require a diagnosis – such as fungal infections, or topical musculoskeletal comfort drugs
 2. Authorizes **only TOPICAL products for cleaning, comfort and protection** to intact skin, hair, nails, teeth, and oral surfaces
 3. If individual's do have prescriptions for these medications and staff have medication administration certification the staff do not need the stand-alone training to administer the prescribed medicated products

- e. **Creates a new service setting category of Adult Day Services of 16 or fewer where Category 1 certification can be used without nurse delegation**

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 - III. Will authorize the delegation of the insulin and metabolic glycemic treatments in all settings