

RCW 18.88A.082 Medication assistant endorsement—Requirements.

(1) Beginning July 1, 2013, the secretary shall issue a medication assistant endorsement to any nursing assistant-certified who meets the following requirements:

(a) Ongoing certification as a nursing assistant-certified in good standing under this chapter;

(b) Completion of a minimum number of hours of documented work experience as a nursing assistant-certified in a long-term care setting as defined in rule by the *commission;

(c) Successful completion of an education and training program approved by the *commission by rule, such as the model medication assistant-certified curriculum adopted by the national council of state boards of nursing. The education and training program must include training on the specific tasks listed in subsection (2) of this section as well as training on identifying tasks that a medication assistant may not perform under subsection (4) of this section;

(d) Passage of an examination approved by the *commission by rule, such as the medication aide competency examination available through the national council of state boards of nursing; and

(e) Continuing competency requirements as defined in rule by the *commission.

(2) Subject to subsection (3) of this section, a medication assistant may perform the following additional tasks:

(a) The administration of medications orally, topically, and through inhalation;

(b) The performance of simple prescriber-ordered treatments, including blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry reading, and oxygen administration, to be defined by the *commission by rule; and

(c) The documentation of the tasks in this subsection (2) on applicable medication or treatment forms.

(3) A medication assistant may only perform the additional tasks in subsection (2) of this section:

(a) In a nursing home;

(b) Under the direct supervision of a designated registered nurse who is on-site and immediately accessible during the medication assistant's shift. The registered nurse shall assess the resident prior to the medication assistant administering medications or treatments and determine whether it is safe to administer the medications or treatments. The judgment and decision to administer medications or treatments is retained by the registered nurse; and

(c) If, while functioning as a medication assistant, the primary responsibility of the medication assistant is performing the additional tasks. The *commission may adopt rules regarding the medication assistant's primary responsibilities and limiting the duties, within the scope of practice of a nursing assistant-certified, that a nursing assistant-certified may perform while functioning as a medication assistant.

(4) A medication assistant may not:

(a) Accept telephone or verbal orders from a prescriber;

(b) Calculate medication dosages;

(c) Inject any medications;

(d) Perform any sterile task;

(e) Administer medications through a tube;

(f) Administer any Schedule I, II, or III controlled substance;
or

(g) Perform any task that requires nursing judgment.

(5) Nothing in this section requires a nursing home to employ a nursing assistant-certified with a medication assistant endorsement.

(6) A medication assistant is responsible and accountable for his or her specific functions.

(7) A medication assistant's employer may limit or restrict the range of functions permitted under this section, but may not expand those functions. [2012 c 208 s 3.]

***Reviser's note:** The reference to "nursing care quality assurance commission" was changed to "board of nursing" by 2023 c 123.

Effective date—2012 c 208 ss 2-10: See note following RCW 18.88A.020.

Findings—2012 c 208: "(1) The legislature finds that many residents of skilled nursing facilities are vulnerable and their health and well-being are dependent on their caregivers. The quality, skills, and knowledge of their caregivers are often the key to good care and the need for well-trained caregivers with diverse skill sets is growing as the state's population ages and residents' needs increase.

(2) The legislature further finds that the evidence-based practice of allowing nursing assistants certified to administer certain medications and treatments promotes quality and safety for residents in skilled nursing facilities, and that creating opportunities for career advancement and pay improvement through additional training and credentialing will help enhance the working environment for nursing assistants certified in skilled nursing facilities.

(3) The legislature further finds that creating continued opportunities for recruitment into nursing practice and career advancement for nursing assistants certified will help ensure quality care for residents, and nurse training programs should recognize the relevant training and experience obtained by these credentialed professionals." [2012 c 208 s 1.]

Rules—2012 c 208: "The department of health and the Washington nursing care quality assurance commission shall adopt any rules necessary to implement chapter 208, Laws of 2012." [2012 c 208 s 11.]