

Missouri Hospital Association UAP Toolkit

An Overview of Unlicensed Assistive Personnel
Training Program Requirements



OVERVIEW OF THE TRAINING PROGRAM REQUIREMENTS FOR UNLICENSED ASSISTIVE PERSONNEL

In August, the Missouri Department of Health and Senior Services published a rule outlining the training requirements for unlicensed assistive personnel who provide direct patient care under the supervision of a registered nurse in hospitals. The rule, 19 CSR 30-20.125, is effective Tuesday, Sept. 30. However, the rule delays implementation until Dec. 29.

Under the required training standards, unlicensed assistive personnel must have at least 75 hours of classroom instruction and 100 hours of clinical practicum. A maximum of 60 hours of classroom instruction may be completed online. The regulations require specific training and competency of all individuals who provide direct patient care at least 25 percent of the time under the direction of a registered nurse. This rule basically exempts all current employees and contains many exemptions for new employees if they demonstrate competency in the key provisions of the rule. It is imperative that you read the rule carefully to fully understand the requirements and the exemptions available to certain staff.

Many, if not all, of the required components are likely being taught by your hospital through orientation and unit specific training. However, it is now necessary to document competency and hours of training in specific topics to demonstrate compliance with the regulations. The information provided in this toolkit should provide assistance in designing your program for your hospital.

Please note that the following key steps must be completed before Dec. 29.

- assess and update your training policy for unlicensed assistive personnel
- develop a competency checklist for existing unlicensed assistive personnel
- complete competency assessments for all existing unlicensed assistive personnel
- develop the curriculum and training program for newly hired unlicensed assistive personnel
- designate a course coordinator and instructor(s) who meets the rule requirements
- monitor a random sample of the personnel files of unlicensed assistive personnel for proper documentation demonstrating compliance with the requirements

Disclaimer and Acknowledgment

This toolkit should be used as one of many resources in maintaining compliance with the rule's requirements. The actual licensure regulation is the best source of information. The toolkit is not meant to interpret regulations but to compliment your review of the actual regulation. Ultimately, the DHSS is responsible for interpreting and enforcing the regulation.

Any information in these checklists is provided with the understanding that Missouri Hospital Association is not rendering legal or other professional advice and services. Although MHA has made every attempt to ensure that the information contained in these materials is generally useful for its intended purposes, MHA and its affiliates, agents and employees are not responsible for any errors or omissions or for the results obtained through use of these tools.

Portions of the *Missouri Code of State Regulations* are included in this document. The *Missouri Code of State Regulations* is an official state publication under authority granted to the Missouri Secretary of State's office pursuant to §§536.015 and 536.031, RSMo. Reproduction of the regulations is allowed. However, no reproduction shall bear the name "Code of State Regulations" or "official" without the express written permission of the secretary of state's office.

TEXT OF UAP REGULATION AND REFERENCED REGULATIONS

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Regulation and Licensure Chapter 20—Hospitals

FINAL RULE

19 CSR 30-20.125 Unlicensed Assistive Personnel Training Program

PURPOSE: This rule requires hospitals to have a personnel training policy that requires unlicensed health care personnel who provide direct patient care under the delegation and supervision of a registered nurse to complete the Unlicensed Assistive Personnel (UAP) Training Program, which shall be used to prepare individuals for employment in hospitals. This program shall be designed to teach the knowledge and skills that will qualify students to perform uncomplicated nursing procedures and assist in direct patient care.

(1) Definitions Relating to this Rule.

- (A) Acute care unit—an area of a hospital that provides care primarily for patients with acute diseases or conditions. This does not include care provided in a long-term care unit such as a skilled nursing, intermediate care and residential care units.
- (B) Unlicensed Assistive Personnel (UAP)—unlicensed health care personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician or patient transporter are not included in this definition.

(2) The hospital training policy for UAPs shall include the following minimum standards:

- (A) The curriculum of the UAP Program shall consist of a standard plan of instruction to include:
1. A minimum of seventy-five (75) hours of classroom instruction.
 2. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time.
 3. A minimum of one hundred (100) hours of clinical practicum.
 4. Curriculum content of the program shall include procedures and instructions on basic nursing skills including but not limited to the areas of:
 - A. The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology);
 - B. Patient/Client Rights (Health Insurance Portability and Accountability Act (HIPAA), privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint-free care, end-of-life care, death and dying, do not resuscitate (DNR) orders, post-mortem care);
 - C. Vital Signs;
 - D. Basic Human Needs (age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making);
 - E. Infection Control (universal precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation);
 - F. Skin Care (wound care, pressure ulcers and prevention); and
 - G. Safety (cardiopulmonary resuscitation (CPR), allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information (HAZMAT), emergency procedures, body mechanics).
 5. The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.
 6. Skill validation and knowledge verification is to be used to determine student competence.
 7. Annual in-service training also shall occur as required under 19 CSR 30.20.110(6) and (7) and 19 CSR 30.20.116(4).¹

(3) The hospital training policy for UAPs shall begin three (3) months after the effective date of this rule. UAP training shall be completed within ninety (90) days of employment for any individual who is hired as a UAP.

¹ Edited by MHA. Originally published as 19 CSR 30.20.021(3)(L)6. and 7. and (5)(B)4. which has been rescinded and replaced with the reference shown in the text.

UAPs from staffing agencies shall comply with this regulation. A UAP shall not work in direct patient care, except as part of their supervised practicum, until the entire UAP training requirements have been met. Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and:

- (A) Is enrolled in a professional or practical nursing education program and has or will complete within ninety (90) days a fundamentals of nursing course; or
 - (B) Was a professional nursing or practical nursing licensure candidate who failed to pass the state licensure examinations in the past three (3) years; or
 - (C) Is certified as a nursing assistant as defined in section 198.082, RSMo; or
 - (D) Has documented experience as a nurse assistant, emergency medical technician or surgical technician in the past three (3) years; or
 - (E) Has proof of completion of UAP training program in Missouri or another state which meets the requirements of this rule within the last three (3) years; or
 - (F) Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country.
- (4) The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:
- (A) A registered nurse shall be designated as the course coordinator and shall be responsible for all aspects of the course, and must supervise all classroom and clinical instruction.
 - (B) Instructors shall hold a current license or temporary permit to practice as a registered nurse in Missouri and have a minimum of two (2) years of nursing experience in an acute care, long-term care or ambulatory surgery facility within the prior five (5) years, or an experience as a clinical faculty member in a nursing program within the prior five (5) years. An instructor's nursing license shall not be under current disciplinary action;
 - (C) A clinical supervisor's or preceptor's nursing license shall not be under current disciplinary action or investigation; and
 - (D) UAPs who have satisfied the training requirements of this rule and Licensed Practical Nurses may assist with the clinical practicum under the direction of the course coordinator.
- (5) A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:
- (A) Provide designated space sufficient to accommodate the classroom teaching portion of the course or have a written agreement with another acute care hospital, an area vocational-technical school, a high school offering a health service occupation program, a community college or a provider agency to provide the classroom portion of the course;
 - (B) Provide on-the-job clinical practicum or have a written agreement with one (1) or more hospitals or ambulatory surgical centers in their vicinity to do so;
 - (C) Assess and review the program and outcomes of any training provided by another facility to ensure that all of the requirements of this rule have been met;
 - (D) Maintain, either electronically or on paper in the employee's personnel file, records of course completion and competency for a minimum of three (3) years. Records shall be signed and dated by the course coordinator and each of the instructors and clinical supervisors verifying classroom time, clinical time and competency for each student; and
 - (E) Provide a signed copy of the course completion and competency record to the student, that includes the elements in subsection (5)(D) of this rule.

AUTHORITY: section 197.287, RSMo 2000. Original rule filed Jan.31, 2008

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

19 CSR 30-20.110 Orientation and Continuing Education in Hospitals

- (6) The continuing education program shall include, as appropriate for the job, but not be limited to:
- (A) Problems and needs of specific age groups, chronically ill, acutely ill and disabled patients;
 - (B) Prevention and control of infections including universal precautions;
 - (C) Interpersonal relationships and communication skills;
 - (D) Fire prevention, safety and accident prevention;
 - (E) Patient rights, dignity and privacy issues;
 - (F) Licensed nursing personnel training on basic cardiac life support and choking prevention and intervention; and
 - (G) Any other educational need identified through the quality improvement activities and those generated by advances made in health care science and technology.
- (7) Competency of all employees shall be evaluated annually based on job description and necessary job skills and knowledge.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

19 CSR 30-20.116 Infection Control in Hospitals

- (4) Orientation and ongoing education shall be provided to all patient care and patient care support personnel on the cause, effect, transmission, prevention and elimination of infections. Records of employee attendance shall be retained and available for inspection. A mechanism for monitoring compliance with infection control policies and procedures shall be coordinated with administrative staff, personnel staff and the quality improvement program.

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>WHO IS COVERED UNDER THIS RULE?</p> <p>Unlicensed Assistive personnel (UAP) – unlicensed healthcare personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology +technician or patient transporter are not included in this definition.</p>	<p>This rule applies to all acute care units within hospitals including critical access hospitals licensed by the Missouri Department of Health and Senior Services.</p> <p>All unlicensed health care personnel who provide direct patient care at least 25 percent of the time under the supervision of a registered nurse must meet the training and competency verification requirements of this rule, unless they are exempted. Nursing assistants, emergency medical technicians, surgical technicians and behavioral health technicians, unless exempted, are required to meet the requirements of this rule. Ward clerks and monitor technicians who work 25 percent or more of their time providing direct patient care also would be considered UAPs.</p> <p>All exempted UAPs must demonstrate and have documented competency in all content areas listed under curriculum requirements, specific duties listed in their job descriptions and the patient population in the units where they will be assigned.</p>
<p>EXEMPTED UAPS</p> <p>Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and:</p> <p>A. Is enrolled in a professional or practical nursing education program and has or will complete within ninety (90) days a fundamentals of nursing course; or</p> <p>B. Was a professional nursing or practical nursing licensure candidate who failed to pass the state licensure examinations in the past three (3) years; or</p> <p>C. Is certified as a nursing assistant as defined in section 198.082, RSMo; or</p>	<p>If UAPs can demonstrate competency in the training areas, job duties and patient population they are assigned, the following are exempted from the training requirements.</p> <ul style="list-style-type: none"> • current staff • nursing students who have or will complete a fundamentals of nursing course within 90 days • nurse licensure candidates within the last three years of their licensure examination • certified nursing assistants

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>EXEMPTED UAPS</p> <p>D. Has documented experience as a nurse assistant, emergency medical technician or surgical technician in the past three (3) years; or E. Has proof of completion of UAP training program in Missouri or another state which meets the requirements of this rule within the last three (3) years; or F. Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country</p>	<ul style="list-style-type: none"> • new staff who have worked as a nursing assistant, EMT or surgical technician in the past three years. • staff who have completed a similar training program within the last three years • staff who have completed a foreign nursing program and are waiting for licensure examination in the United States
<p>WHEN IS THIS EFFECTIVE?</p> <p>The hospital training policy for UAPs shall begin three (3) months after the effective date of this rule.</p>	<p>The training requirements within the rule are effective Dec. 29. By this date, all current and exempted staff must have their competency documented in their employee file, and the hospital must have a training program in place.</p>
<p>TIME LINES TO CONSIDER</p> <p>UAP training shall be completed within ninety (90) days of employment for any individual who is hired as a UAP.</p>	<p>All new hires must complete the training program within 90 days of beginning their employment. A UAP may not work unsupervised in direct patient care until the entire training requirements are met.</p>
<p>CURRICULUM REQUIREMENTS</p> <p>Curriculum content of the program shall include procedures and instructions on basic nursing skills including but not limited to the areas of:</p> <ul style="list-style-type: none"> A. The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology); B. Patient/Client Rights (Health Insurance Portability and Accountability Act (HIPAA), privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint-free care, end-of-life care, death and dying, do not 	<p>These requirements represent the minimum training requirements that should be addressed in your training program. Your training program content also should include those skills specific to your organization’s job descriptions and unit. These additional skills, as well as a general orientation to the hospital’s policies and computer training, may also count toward the 75 hours of classroom time and clinical orientation if they are documented.</p>

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>CURRICULUM REQUIREMENTS</p> <p>resuscitate (DNR) orders, post-mortem care);</p> <p>C. Vital Signs;</p> <p>D. Basic Human Needs (age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making);</p> <p>E. Infection Control (universal precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation);</p> <p>F. Skin Care (wound care, pressure ulcers and prevention); and</p> <p>G. Safety (cardiopulmonary resuscitation (CPR), allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information (HAZMAT), emergency procedures, body mechanics).</p>	<p>Even if your unit or hospital does not permit UAPs to perform some of the skills listed in the curriculum requirements or you feel they are not applicable to your unit (such as wound care or end-of-life care), you should educate your UAPs on who is responsible and their duties.</p>
<p>FACULTY REQUIREMENTS</p> <p>The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:</p> <p>A. A registered nurse shall be designated as the course coordinator and shall be responsible for all aspects of the course, and must supervise all classroom and clinical instruction.</p> <p>B. Instructors shall hold a current license or temporary permit to practice as a registered nurse in Missouri and have a minimum of two (2) years of nursing experience in an acute care, long-term care or ambulatory surgery facility within the prior five (5) years, or an experience as a clinical faculty member in a nursing program within the prior five (5) years. An instructor’s nursing license shall not be under current disciplinary action;</p>	<p>Your hospital training policy should specify that an R.N. is responsible for the training program and supervises all classroom and clinical instruction. This does not mean that the R.N. course coordinator must be physically present or perform all of the classroom and clinical instruction.</p> <p>R.N. instructors must meet the following facility requirements</p> <ul style="list-style-type: none"> • licensed as an R.N. in Missouri and not under current disciplinary action • have two years of experience in acute care, long-term care or ambulatory surgery facility within the previous five years

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>FACULTY REQUIREMENTS</p> <p>C. A clinical supervisor’s or preceptor’s nursing license shall not be under current disciplinary action or investigation; and D. UAPs who have satisfied the training requirements of this rule and Licensed Practical Nurses may assist with the clinical practicum under the direction of the course coordinator.</p>	<p>This does not preclude an instructor from bringing in another staff member as a guest speaker who is not an R.N. such as an infection control practitioner, physician, privacy officer, chaplain, dietician and patient safety officer to discuss specific portions of the program that are their area of expertise.</p> <p>UAPs and licensed practical nurses may assist as preceptors during the clinical practicum as long as they are working under the direction of the course coordinator.</p>
<p>TRAINING REQUIREMENTS</p> <p>The hospital training policy for UAPs shall include the following minimum standards:</p> <p>A. A minimum of seventy-five (75) hours of classroom instruction. B. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time. C. A minimum of one hundred (100) hours of clinical practicum. D. The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum. E. Skill validation and knowledge verification is to be used to determine student competence.</p>	<ul style="list-style-type: none"> • 75 hours of classroom instruction. Sixty hours may be online or paper-based modules. • 100 hours of clinical practicum. The clinical practicum cannot begin until the staff has begun the classroom program. • Documentation of skill validation and knowledge is necessary to demonstrate staff competency.
<p>OTHER CONSIDERATIONS</p> <p>UAPs from staffing agencies shall comply with this regulation.</p> <p>A UAP shall not work in direct patient care, except as part of their supervised practicum, until the entire UAP training requirements have been met.</p>	<p>Because the training program requirements apply to staffing agencies share this rule and implementation guide with all staffing agencies you contract with for UAPs. Verify that contracted staff working as UAPs meet the training and competency verification requirements of this rule.</p>

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>OTHER CONSIDERATIONS</p> <p>Annual in-service training also shall occur as required under 19 CSR 30.20.021(3)(L)6 and 7 and (5)(B)4. * See note.</p>	<p>Except for the supervised clinical practicum, direct patient care cannot be provided until the entire training program has been fulfilled.</p> <p>Annual training requirements of 19 CSR 30.20.110 and 19 CSR 30.20.116 still apply. *Note: The regulations referenced within the rule point to rescinded rules that have been replaced with the above citations.</p>
<p>TRAINING FACILITY REQUIREMENTS</p> <p>A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:</p> <ul style="list-style-type: none"> A. Provide designated space sufficient to accommodate the classroom teaching portion of the course or have a written agreement with another acute care hospital, an area vocational-technical school, a high school offering a health service occupation program, a community college or a provider agency to provide the classroom portion of the course; B. Provide on-the-job clinical practicum or have a written agreement with one (1) or more hospitals or ambulatory surgical centers in their vicinity to do so; C. Assess and review the program and outcomes of any training provided by another facility to ensure that all of the requirements of this rule have been met; D. Maintain, either electronically or on paper in the employee’s personnel file, records of course completion and competency for a minimum of three (3) years. Records shall be signed and dated by the course coordinator and each of the instructors and clinical supervisors verifying classroom time, clinical time and competency for each student; and E. Provide a signed copy of the course completion and competency record to the 	<p>If classroom training and clinical practicum are conducted on site, you must adhere to the following.</p> <ul style="list-style-type: none"> • There is sufficient classroom space. • Records of course completion and competency verification must be maintained electronically or on paper in the employee’s file for at least three years. • Each UAP’s record must be signed and dated by the course coordinator and any instructor or clinical supervisor who verified classroom and/or clinical time and competency. • UAPs successfully completing the course and competency must receive a signed copy for their records. <p>All of the classroom training and clinical practicum may be done at the hospital, or all or part of the training and practicum may occur in other settings. For example, smaller hospitals may contract with another hospital for portions of the classroom training. A high school offering a health service occupation program may use various clinical sites in hospitals or surgery centers. Whenever an off-site setting is used, your hospital must ensure the following.</p>

PRACTICAL IMPLICATIONS — HOSPITALS

REGULATION	PRACTICAL IMPLICATIONS
<p>TRAINING FACILITY REQUIREMENTS</p> <p>student, which includes the elements in subsection (5)(D) of this rule.</p>	<ul style="list-style-type: none"> • The training site has sufficient space. • There is a written agreement with the off-site training program (another acute care hospital, vocational-technical school, high school, community college or other provider agency). • The off-site training program provides on-the-job clinical practicum or has an agreement with one or more hospitals or surgery center for clinicals. • An assessment and review of the program and outcomes is conducted to ensure compliance with the rule’s requirements. • The off-site facilities must maintain an electronic or paper record of course completion and competency verification for at least three years. They must provide this information to the hospital. • Each by UAP’s record is signed and dated the course coordinator and also by any instructor or clinical supervisor who verified classroom and/or clinical time and competency. • UAPs who successfully completes the course and competency must receive a signed copy for their records.

UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

Purpose: To establish guidelines to remain in compliance with state regulation regarding Unlicensed Assistive Personnel competency evaluation and training for acute care units.

Policy: Each individual employed as an Unlicensed Assistive Personnel at the hospital must demonstrate competency in appropriate skills by validation based on prior training and experience or after meeting the training requirements as outlined in the Missouri Hospital Licensure Regulation 19 CSR 30-20.125.

Definitions:

1. Acute care unit – an area of the hospital that provides care primarily for patients with acute diseases or conditions. At (facility name), these units include Acute Rehab, Center for Psychiatric Services, ICU, Medical Oncology, Medical Telemetry, Obstetrics, Pediatrics, (service line) and Surgical Orthopedics. This definition does not pertain to the Skilled Nursing Facility (the latter comes under the long-term care regulation that requires Certified Nursing Assistants.)
2. UAP Academy – an internal training program for Unlicensed Assistive Personnel that is administered by the Education Department. The program is consistent with the state regulation in that the curriculum consists of a standard plan of instruction to include:
 - a. A minimum of seventy-five (75) hours of classroom instruction.
 - b. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time.
 - c. A minimum of one hundred (100) hours of clinical practice.
3. UAP Trainee – an employee classification for those new hires that are placed in the Patient Care Academy.
4. Unlicensed Assistive Personnel (UAP) – unlicensed health care personnel who provide direct patient care twenty-five (25) percent or more of the time, under the delegation and supervision of a registered nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician or patient transporter are not included in this definition.

Procedure:

UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

A. Exceptions to training requirements

1. The training requirements outlined in this policy will be waived if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned; and:
 - a. Is enrolled in a professional or practical nursing education program and has or will complete within ninety (90) days a fundamentals of nursing course; or
 - b. Was a professional nursing or practical nursing licensure candidate who failed to pass the state licensure examinations in the past three (3) years; or
 - c. Is certified as a nursing assistant per state regulation; or
 - d. Has documented experience as a nurse assistant, emergency medical technician or surgical technician in the past three (3) years; or
 - e. Has proof of completion of UAP training program in Missouri within the last three (3) years which meets the requirements of this policy; or
 - f. Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country.
2. UAPs from staffing agencies shall comply with the training requirements outlined in this policy.

B. Competency Validation

1. Any newly-hired UAP who meets one of the exceptions categories in the section above:
 - a. Will have competency skills validated by a Registered Nurse from the Education Department.
 - b. Who demonstrates competency in performing skills may begin unit-specific orientation.
 - c. Who does not demonstrate competency in performing skills will be placed in the UAP Academy as a UAP Trainee.
2. Any newly-hired UAP who does not meet one of the exceptions categories in the section above will be placed in the UAP Academy as a UAP Trainee.

UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

C. UAP Academy Curriculum

1. The curriculum content of the UAP Academy (or covered in general hospital orientation) shall include procedures and instructions on basic nursing skills including but not limited to the areas of:
 - a. The Role of the UAP (ethics, law, team member, communication, observation, reporting, documentation, medical terminology);
 - b. Patient/Client Rights (HIPAA, privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint free care, end of life care, death and dying, DNR orders, post mortem care);
 - c. Vital Signs;
 - d. Basic Human Needs (age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making);
 - e. Infection Control (standard precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation);
 - f. Skin Care (wound care, pressure ulcers and prevention)
 - g. Safety (CPR, allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information, emergency procedures, body mechanics).
2. The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.
3. Skill validation and knowledge verification is to be used to determine student competence.

D. Length of training

1. UAP training shall be completed within ninety (90) days of employment for any individual who is hired as a UAP. A UAP shall not work in direct patient care until the entire UAP training requirements have been met.

UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

E. Annual in-service training as outlined in 19 CSR 30-20.110 and 19 CSR 30-20.116

1. The continuing education program shall include, as appropriate for the job, but not be limited to:
 - (A) Problems and needs of specific age groups, chronically ill, acutely ill and patients;
 - (B) Prevention and control of infections including universal precautions;
 - (C) Interpersonal relationships and communication skills;
 - (D) Fire prevention, safety and accident prevention;
 - (E) Patient rights, dignity and privacy issues; basic cardiac life support and choking prevention and intervention; and
 - (G) Any other educational need identified through the quality improvement health care science and technology.
2. Competency of all employees shall be evaluated annually based on job description and necessary job skills and knowledge.
3. Orientation and ongoing education shall be provided to all patient care and patient care support personnel on the cause, effect, transmission, prevention and elimination of infections. Records of employee attendance shall be retained and available for inspection. A mechanism for monitoring compliance with infection control policies and procedures shall be coordinated with administrative staff, personnel staff and the quality improvement program.

F. Faculty qualifications and responsibilities

1. A Registered Nurse shall be designated as the course coordinator and shall be responsible for all aspects of the course, and must supervise all classroom and clinical instruction.
2. Instructors shall hold a current license or temporary permit to practice as a registered nurse in Missouri and have a minimum of two (2) years of nursing experience in an acute care, long term care or ambulatory surgery facility within the prior five (5) years, or an experience as a clinical faculty member in a nursing program within the prior five (5) years. An instructor's nursing license shall not be under current disciplinary action;
3. A clinical supervisor's or preceptors nursing license shall not be under current disciplinary action or investigation; and

UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

4. UAPs that have satisfied the training requirements of this rule and Licensed Practical Nurses may assist with the clinical practicum under the direction of the course coordinator.

G. Training Site Requirements

1. Provide designed space sufficient to accommodate the classroom teaching portion of the course.
2. Provide on-the-job clinical practicum.
3. Maintain, either electronically or on paper in the employee's personnel file, records of course completion and competency. Records shall be signed and dated by the course coordinator and each of the instructors and clinical supervisors verifying classroom time, clinical time and competency for each student.
4. Provide a signed copy of the course completion and competency record to the student that includes the items in item G.3.

Name _____
 Employee # _____
 Unit _____
 Date _____

**UNLICENSED ASSISTIVE PERSONNEL
 STAFF COMPETENCY VERIFICATION**
 (Applies to existing and new UAPs)

Competency Required for Verification	Instructor Initials	Date	Competency Demonstrated/Verbalized**
ROLE OF UAP a. ethics b. law (legal and regulatory aspects) c. team member communication d. observation and reporting e. documentation f. medical terminology			
PATIENT/CLIENT RIGHTS a. HIPAA/privacy/confidentiality b. advance directives c. abuse and neglect d. age specific care e. cultural diversity f. pain management g. restraint-free care* h. end-of-life care i. death and dying j. DNR orders k. post-mortem care			
VITAL SIGNS			

* If UAP has a role in the use of restraints, please see "Restraint and Seclusion" materials prepared by MHA for details on annual training requirements. Materials are available at www.mhanet.com.

** S = satisfactorily
 U = unsatisfactorily
 R = repeated satisfactorily

FORMAT COURTESY OF MISSOURI BAPTIST MEDICAL CENTER (MODIFIED BY MHA)

Competency Required for Verification	Instructor Initials	Date	Competency Demonstrated/Verbalized**
BASIC HUMAN NEEDS (age specific) a. cognitive needs b. psychological needs c. social needs d. activities of daily living e. ambulation f. positioning g. personal care h. elimination and toileting i. nutrition j. hydration k. feeding l. bed making			
INFECTION CONTROL a. universal precautions b. blood-borne pathogens c. safe needle devices d. aseptic technique e. hand washing f. gloving g. isolation			
SKIN CARE a. wound care b. pressure ulcers and prevention			

** S = satisfactorily
 U = unsatisfactorily
 R = repeated satisfactorily

FORMAT COURTESY OF MISSOURI BAPTIST MEDICAL CENTER (MODIFIED BY MHA)

<p>SAFETY</p> <ul style="list-style-type: none"> a. CPR b. allergies c. fall prevention d. environmental safety issues e. fire/electrical f. hazardous materials transportation safety information (HAZMAT) g. emergency procedures h. body mechanics 			
<p>JOB SPECIFIC DUTIES Examples include the following.</p> <ul style="list-style-type: none"> a. blood glucose monitoring b. electrode application c. blood draw, specimen collection d. DCSs/TED hose, etc. 			
<p>ASSIGNED PATIENT POPULATION Examples include</p> <ul style="list-style-type: none"> a. pediatrics b. psychiatric c. geriatrics, etc. 			

Instructor Initials

Instructor Signature

Date

Instructor Initials

Instructor Signature

Date

Instructor Initials

Instructor Signature

Date

R.N. Initials

R.N. Course Coordinator Signature

Date

** S = satisfactorily
 U = unsatisfactorily
 R = repeated satisfactorily

Unlicensed Assistive Personnel Clinical Practicum Competency Checklist

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

Name: _____

Emp.# _____ **Date Initiated:** ___/___/___

Department(s): _____

N/A Not applicable

S Successful performance is defined as clinical practice that is safe, accurate, and consistent.

U Unsuccessful performance is defined as clinical practice that is unsafe and/or unsuccessful in demonstrating desired behaviors.

Initials of unlicensed assistive personnel and preceptor(s) indicate understanding or application of the objective.

Skill	Date	UAP Initials	Preceptor Initials	S	U	NA	Comments
Admission <ul style="list-style-type: none"> • Vitals Signs Assessment • Height and weight • Documentation • Orientation to room Discharge procedures Transfer procedures							
Care of personal belonging and valuables/documentation							
Patient rounds							
AM care							
PM care							
Hand washing							
Donning and removing gloves							
Bed making-unoccupied							
Bed making-occupied							
Specialty beds							
Bed scale weight							
Disposal of soiled linens							
Complete bed bath							
Grooming							
Partial Bath							
Tub/Shower							
Back rubs							
Shampoo-in bed							
Shaving the patient							
Bed-Pan/Urinal							
Preparation for meal Distribution of meal trays Meal Tray set-up							

Delegation Decision-making Tree

The Delegation Decision-making Tree was another tool developed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-making Tree on the reverse page, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer “no” to the question, follow the instructions listed to the right of the box and arrow. If you answer “yes,” proceed to the next box. If you answer “yes” for any questions, the task is delegable.

The grid can be used:

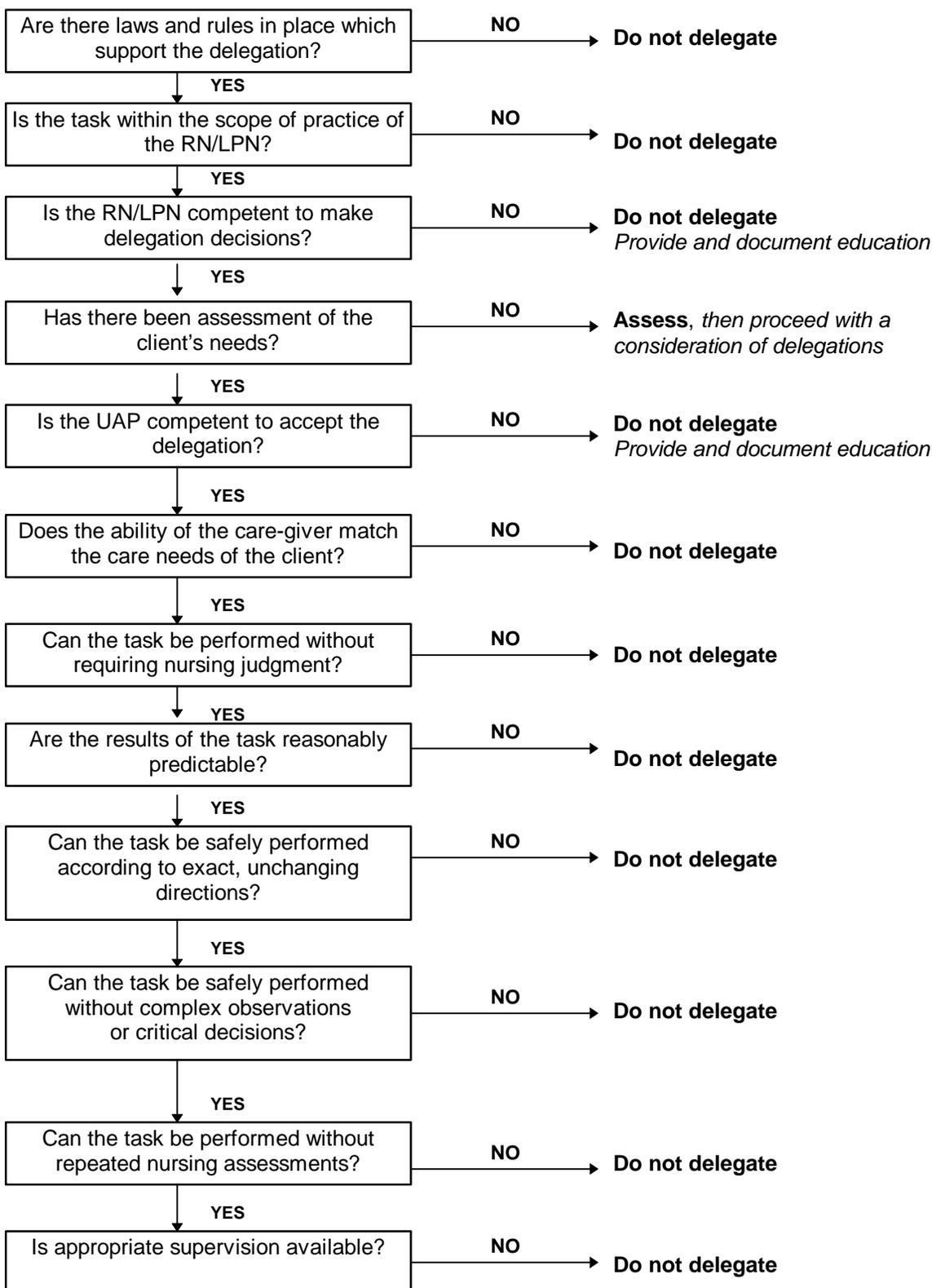
- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and UAP.
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about delegation (*Boards may consider including this tool as part of a delegation information packet*).
- For orientation of new board members and attorneys.
- For Member Board workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

PLEASE NOTE: *Given that scopes of practice are different from state to state, this tool may need to be altered to be consistent with the regulations in your jurisdiction.*

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.

Delegation Decision-making Tree

Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing



Note: Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.

**Unlicensed Assistive Personnel
Clinical Practicum Competency Checklist**

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

Skill	Date	UAP Initials	Preceptor Initials	S	U	NA	Comments
Feeding Patient							
Intake and Output Patient Care Documentation							
Sitz Bath							
Colostomy care							
Foley Catheter Care: Peri care Emptying drainage bag Changing leg bag Drainage tubing placement							
Oral hygiene							
Enema Soap suds Normal saline							
Preoperative care							
Postoperative							
Fall precautions							
Post mortem care							
Isolation techniques							
Blood Pressure: Electronic Manual							
Pulse Apical Radial Other							
Temperature Oral Rectal Forehead Axillary							
Height and Weight							
Application of Heat & Cold K-pads Ice packs							
Isolation techniques							
Oxygen saturation: Pulse oximeter: Proper reporting Documentation							
Respiration							

**Unlicensed Assistive Personnel
Clinical Practicum Competency Checklist**

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

Skill	Date	UAP Initials	Preceptor Initials	S	U	NA	Comments
Proper body mechanics: Gait belt Transfers Turning/lifting Use of lifts							
Care of Patients with: Chest tubes							
Drainage bags: JP Hemovac N-G Suction							
Oxygen Administration: PCA's role in care							
IV therapy: PCA's role Signs of infiltration Reporting							
Restraints							
Care of incontinent patient							
Care of telemetry Electrode application Removal of telemetry Transport of telemetry Procedures during bath Battery changes							
Patient smoking policy							
Receiving and giving reports							
Patient skin care							
Mouth/oral hygiene							
Antiembolism stockings / ACE wraps							
Patient ambulation							
Range of motion							
SCD applications							
Ace Wrap application							
Other							

**Unlicensed Assistive Personnel
Clinical Practicum Competency Checklist**

FORMAT COURTESY OF PHELPS COUNTY REGIONAL MEDICAL CENTER MODIFIED BY MHA

Comments

The above information has been discussed and reviewed and this verifies basic knowledge and principles of trainee of the objectives.

Completion date: _____

UAP Trainee Signature: _____

Preceptor Signature: _____

Preceptor Signature: _____

Preceptor Signature: _____

Preceptor Signature: _____

Coordinator Signature _____