

# Missouri Hospital Association UAP Toolkit

An Overview of Unlicensed Assistive Personnel  
Training Program Requirements



## OVERVIEW OF THE TRAINING PROGRAM REQUIREMENTS FOR UNLICENSED ASSISTIVE PERSONNEL

The Missouri Department of Health and Senior Services oversees the training requirements for unlicensed assistive personnel who provide direct patient care under the supervision of a registered nurse in hospitals. The requirements are specified in rule, 19 CSR 30-20.125, and can be found in the Code of State Regulations for [hospitals](#).

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 contains many exemptions for new employees if they demonstrate competency in the key provisions of the rule. It is imperative that hospitals 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 considerations.

- assess and update the training policy for unlicensed assistive personnel
- develop a competency checklist for existing unlicensed assistive personnel
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- develop the curriculum and training program for newly hired unlicensed assistive personnel
- designate a course coordinator and instructor(s) who meets the rule requirements
- evaluate HR policies and determine if UAPs will be encouraged to obtain their Certified Nursing Assistant credential as outlined in [19 CSR 30-84.010 thru .040](#).
- monitor a random sample of the personnel files of unlicensed assistive personnel for proper documentation demonstrating compliance with the requirements
- if a training facility, develop a policy in accordance to contractual requirements as well as those outlined in [19 CSR 30-84.010 thru .040](#).

### 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.

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**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) Hospitals may only employ or contract with a staffing agency for unlicensed assistive personnel (UAP) in accordance with this rule.*

*(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. Comparable certified medical assistant training from an accredited medical assistant program may be substituted for up to fifty (50) hours of classroom time of comparable subject matter;*
- 4. A minimum of one hundred (100) hours of clinical practicum; and*
- 5. Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:*

- A. 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).*

*(B) The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.*

*(C) Skill validation and knowledge verification is to be used to determine student competence.*

*(D) Annual in-service training also shall occur as required by 19 CSR 30-20.110.*

*(3) 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 documentation of current registration as a certified nursing assistant in another state that meets the requirements listed in 42 CFR 483.151 and 483.152 (April 2012) which are incorporated by reference in this rule and are published by the U.S. Government Printing Office, 710 North*

Capitol Street, NW, Washington, DC 20401. This rule does not incorporate any subsequent amendments or additions; or

(E) Has documented experience as a nurse assistant, emergency medical technician, or surgical technician in the past three (3) years; or

(F) 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

(G) 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 professional 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 professional nurse in Missouri or in another Nurse Licensure Compact state 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; 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 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.

(6) The UAP training shall be completed with-in ninety (90) days of employment for any individual who is hired as a UAP. 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.

*AUTHORITY: section 197.287, RSMo Supp. 2013.\* Original rule filed Jan. 31, 2008, effective Sept. 30, 2008.*

*Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. \*\**

## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| <b>REGULATION</b>   | <b>PRACTICAL IMPLICATIONS</b>   |
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| <p><b>WHO IS COVERED UNDER THE UAPRULE?</b></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 and psychiatric 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><b>EXEMPTED UAPS</b></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> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>C. Is certified as a nursing assistant as</li> </ul> | <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"> <li>• current staff</li> <li>• nursing students who have or will complete a fundamentals of nursing course within 90 days</li> <li>• nurse licensure candidates within the last three years of their licensure examination</li> </ul>   |

## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| <b>REGULATION</b>  | <b>PRACTICAL IMPLICATIONS</b>  |
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| <p>defined in section 198.082, RSMo; or</p> <p>D. Has documented experience as a nurse assistant, emergency medical technician or surgical technician in the past three (3) years; or</p> <p>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</p> <p>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"> <li>• certified nursing assistants</li> <li>• new staff who have worked as a nursing assistant, EMT or surgical technician in the past three years</li> <li>• staff who have completed a similar training program within the last three years</li> <li>• staff who have completed a foreign nursing program and are waiting for licensure examination in the United States</li> </ul> <p>The hospital needs documented proof of such work and/or training.</p>                        |
| <p><b>TIMELINES TO CONSIDER</b></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><b>CURRICULUM REQUIREMENTS</b></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> <p>A. The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology);</p> <p>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);</p> <p>C. Vital Signs;</p> | <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> <p>Even if the unit or hospital does not permit</p> |

## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| <b>REGULATION</b>  | <b>PRACTICAL IMPLICATIONS</b>   |
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| <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>UAPs to perform some of the skills listed in the curriculum requirements or they are not applicable to your unit (such as wound care or end-of-life care), the department would expect education of the UAPs on who is responsible and their duties. In addition, they may work in other areas of the hospital.</p>  |
| <p><b>FACULTY REQUIREMENTS</b></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>C. A clinical supervisor’s or preceptor’s nursing license shall not be under current disciplinary action or investigation; and</p> <p>D. UAPs who have satisfied the training requirements of this rule and Licensed Practical Nurses may assist with the</p> | <p>The 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"> <li>• licensed as an R.N. in Missouri and not under current disciplinary action</li> <li>• have two years of experience in acute care, long-term care or ambulatory surgery facility within the previous five years</li> </ul> <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</p> |

## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| <b>REGULATION</b>   | <b>PRACTICAL IMPLICATIONS</b>   |
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| <p>clinical practicum under the direction of the course coordinator.</p>  | <p>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><b>TRAINING REQUIREMENTS</b></p> <p>The hospital training policy for UAPs shall include the following minimum standards:</p> <p style="margin-left: 20px;">A. A minimum of seventy-five (75) hours of classroom instruction.</p> <p style="margin-left: 20px;">B. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time.</p> <p style="margin-left: 20px;">C. A minimum of one hundred (100) hours of clinical practicum.</p> <p style="margin-left: 20px;">D. The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.</p> <p style="margin-left: 20px;">E. Skill validation and knowledge verification is to be used to determine student competence.</p> | <ul style="list-style-type: none"> <li>• 75 hours of classroom instruction. Sixty hours may be online or paper-based modules.</li> <li>• 100 hours of clinical practicum. The clinical practicum cannot begin until the staff has begun the classroom program.</li> <li>• Documentation of skill validation and knowledge is necessary to demonstrate staff competency.</li> </ul>  |
| <p><b>OTHER CONSIDERATIONS</b></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><b>OTHER CONSIDERATIONS</b></p> <p>Annual in-service training also shall occur as required <b>under 19 CSR 30.20.021(3)(L)6 and 7 and (5)(B)4. * See note.</b></p>  | <p>Because the training program requirements apply to staffing agencies share this rule and implementation guide with all staffing agencies contracted with for UAPs. Verify that contracted staff working as UAPs meet the training and competency verification requirements of this rule.</p> <p>Except for the supervised clinical practicum, direct patient care cannot be provided until the entire training program has been fulfilled.</p> |
| <p><b>TRAINING FACILITY REQUIREMENTS</b></p>  |   |



## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| <b>REGULATION</b>   | <b>PRACTICAL IMPLICATIONS</b>  |
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| <p>A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>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</p> <p>E. Provide a signed copy of the course completion and competency record to the student, which includes the elements in subsection (5)(D) of this rule.</p> | <p>If classroom training and clinical practicum are conducted on site, you must adhere to the following.</p> <ul style="list-style-type: none"> <li>• There is sufficient classroom space.</li> <li>• Records of course completion and competency verification must be maintained electronically or on paper in the employee’s file for at least three years.</li> <li>• 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.</li> <li>• UAPs successfully completing the course and competency must receive a signed copy for their records.</li> </ul> <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> <ul style="list-style-type: none"> <li>• The training site has sufficient space.</li> <li>• 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).</li> <li>• The off-site training program</li> </ul> |

## UAP PRACTICAL IMPLICATIONS — HOSPITALS

| REGULATION | PRACTICAL IMPLICATIONS   |
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|            | <p>provides on-the-job clinical practicum or has an agreement with one or more hospitals or surgery center for clinicals.</p> <ul style="list-style-type: none"> <li>• An assessment and review of the program and outcomes is conducted to ensure compliance with the rule’s requirements.</li> <li>• 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.</li> <li>• 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.</li> <li>• UAPs who successfully completes the course and competency must receive a signed copy for their records.</li> </ul> |

# UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

**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:

### A. Exceptions to training requirements

# UNLICENSED ASSISTIVE PERSONNEL TRAINING POLICY

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

## 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

## **E. Annual Competency Review**

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

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**

| <b>Competency Required for Verification</b> | <b>Date</b> | <b>Instructor Initials</b> | <b>References:<br/>A. Review policy/procedure<br/>B. Manufacturer's manual<br/>C. Video review<br/>D. Skills lab<br/>E. Written test<br/>F. Self-study packet<br/>G. Direct observation</b> | <b>Met</b> | <b>Unmet</b> | <b>Self-Assessed</b> |
|---|-------------|----------------------------|---|------------|--------------|----------------------|
| <b>ROLE OF UAP</b>                          |             |                            |   |            |              |                      |
| A. Ethics                                   |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| B. Law (legal and regulatory aspects)       |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| C. Team member communication                |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| D. Observation and reporting                |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| E. Documentation                            |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| F. Medical terminology                      |             |                            |   |            |              |                      |
|   |             |                            |   |            |              |                      |
| <b>PATIENT/CLIENT RIGHTS</b>                |             |                            |   |            |              |                      |
| 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                      |  |  |  |  |  |  |
| 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 techniques             |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| E. Hand washing                   |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| F. Gloving                        |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| G. Isolation                      |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| SKIN CARE                         |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| A. Wound care                     |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| B. Pressure ulcers and prevention |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |
| SAFETY                            |  |  |  |  |  |  |
| 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   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| JOB SPECIFICS   |  |  |  |  |  |  |
| Examples include the following:                                   |  |  |  |  |  |  |
| A. Blood glucose monitoring                                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| B. Electrode application  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| C. Blood draw, specimen collection                                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| D. DCSs/TED hose, etc.  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ASSIGNED PATIENT POPULATION                                       |  |  |  |  |  |  |
| Examples include:   |  |  |  |  |  |  |
| A. Pediatrics   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| B. Psychiatric  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| C. Geriatrics, etc  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

\_\_\_\_\_  
Instructor Initials

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

Instructor Initials

Instructor Signature

Date

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Instructor Initials

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Instructor Signature

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Date

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R.N. Initials

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Instructor Signature

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Date

\*\* Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

**Unlicensed Assistive Personnel  
Clinical Practicum Competency Checklist**

**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.*

| <b>Skill</b>   | <b>Date</b> | <b>UAP<br/>Initials</b> | <b>Preceptor<br/>Initials</b> | <b>S</b> | <b>U</b> | <b>NA</b> | <b>Comments</b> |
|--|-------------|-------------------------|-------------------------------|----------|----------|-----------|-----------------|
| Admission <ul style="list-style-type: none"> <li>• Vitals Signs Assessment</li> <li>• Height and weight</li> <li>• Documentation</li> <li>• Orientation to room</li> </ul> Discharge procedures<br>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<br>Distribution of meal trays<br>Meal Tray set-up   |             |                         |                               |          |          |           |                 |

**Unlicensed Assistive Personnel  
Clinical Practicum Competency Checklist**

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

**Unlicensed Assistive Personnel  
Clinical Practicum Competency Checklist**

| <b>Skill</b>  | <b>Date</b> | <b>UAP<br/>Initials</b> | <b>Preceptor<br/>Initials</b> | <b>S</b> | <b>U</b> | <b>NA</b> | <b>Comments</b> |
|---|-------------|-------------------------|-------------------------------|----------|----------|-----------|-----------------|
| Proper body mechanics:<br>Gait belt<br>Transfers<br>Turning/lifting<br>Use of lifts   |             |                         |                               |          |          |           |                 |
| Care of Patients with:<br>Chest tubes   |             |                         |                               |          |          |           |                 |
| Drainage bags:<br>JP<br>Hemovac<br>N-G Suction  |             |                         |                               |          |          |           |                 |
| Oxygen Administration:<br>PCA's role in care  |             |                         |                               |          |          |           |                 |
| IV therapy:<br>PCA's role<br>Signs of infiltration<br>Reporting   |             |                         |                               |          |          |           |                 |
| Restraints  |             |                         |                               |          |          |           |                 |
| Care of incontinent patient   |             |                         |                               |          |          |           |                 |
| Care of telemetry<br>Electrode application<br>Removal of telemetry<br>Transport of telemetry<br>Procedures during bath<br>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**

Comments

SAMPLE

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 \_\_\_\_\_



## 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:

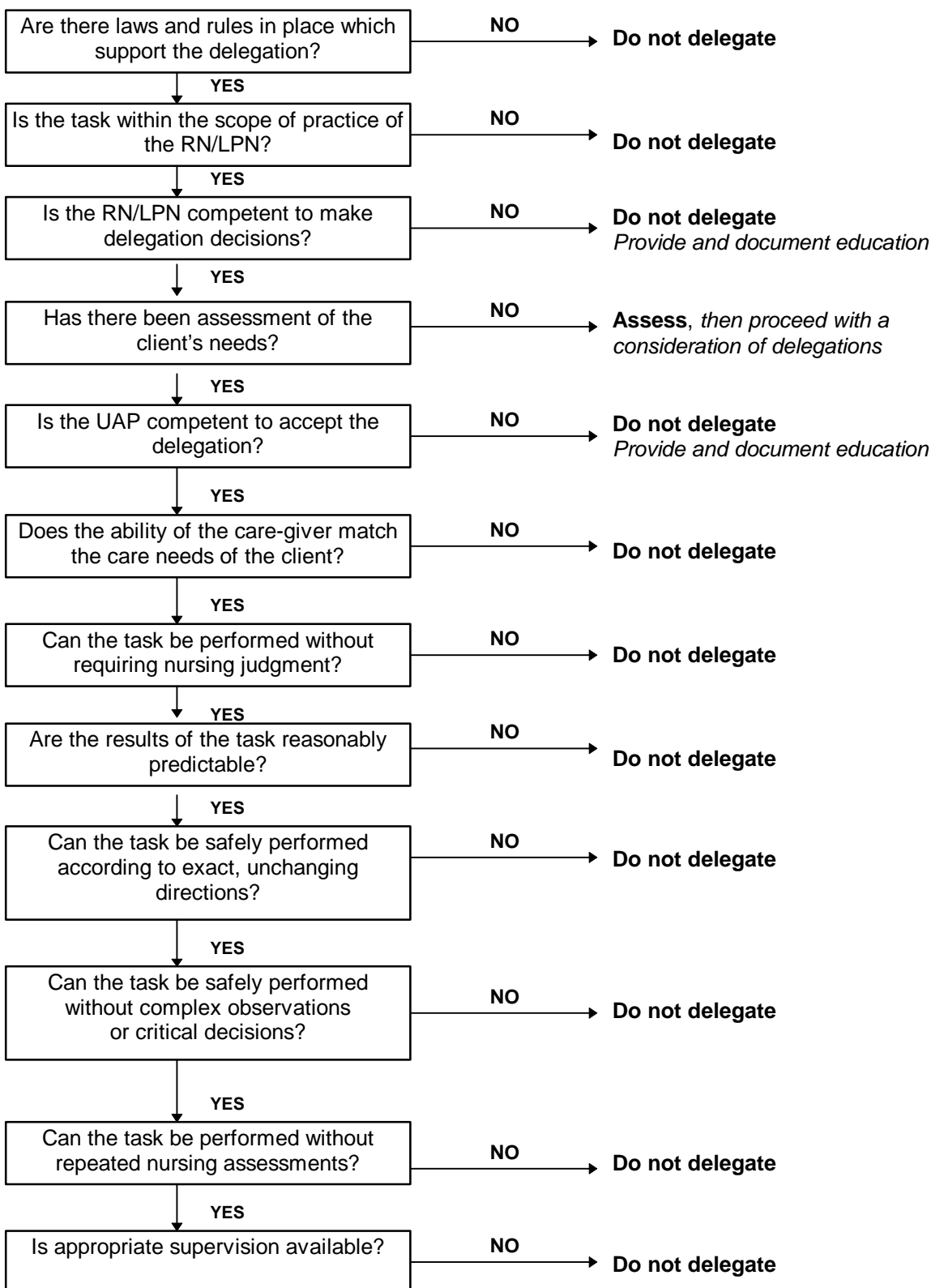
- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and UAP.
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about 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.*

## TRAINING RESOURCES

### ***careLearning***

The Missouri Hospital Association, in cooperation with more than 40 other state hospital associations and the American Hospital Association, has developed *careLearning*, an Internet-based education management solution. Its sole purpose is to develop and deliver a range of just-in-time training and education for health care providers and provide the ability to manage and track employee, physician and nonemployee records.

*careLearning* offers an array of online courses that cover many of the mandatory training elements of the unlicensed assistive personnel rule.

To learn more, visit *careLearning.com* or contact Daphney Partridge, Vice President of Education, Missouri Hospital Association 573-893-3700, ext. 1333, [dpartridge@mhanet.com](mailto:dpartridge@mhanet.com).

### **Instructional Media Services**

Instructional Media Services (IMS) distributes and supports the Unlicensed Assistive Personnel (UAP)/Nurse Assistant Online Curriculum which was originally developed by the Instructional Material Laboratory (IML), a unit of the College of Education at MU. For more information, visit their website <https://www.instructionalmediaservices.com/products/nurse-assistant/> or contact Instructional Media Services at 573-289-9863 or Allida Branton at [allida@instructionalmediaservices.com](mailto:allida@instructionalmediaservices.com).