

**NOTICE OF INTENT TO AMEND A RULE OF THE
GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
RULE CHAPTER 400-4: GEORGIA QUALIFIED MEDICATION AIDES
AND NOTICE OF PUBLIC HEARING**

TO ALL INTERESTED PERSONS AND PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Board of Nursing (hereinafter "Board") proposes to repeal rule chapter 400-4 of the Georgia Board of Examiners of Licensed Practical Nurses.

This notice, together with an exact copy of the synopsis of the proposed rule chapter repeal, is being mailed to all persons who have requested, in writing, that they be placed on a mailing list. A copy of this notice and an exact copy of the synopsis of the proposed amended rule may be reviewed during normal business hours of 8:00 a.m. to 5:30 p.m., Monday through Friday, except official State holidays, at the Office of the Secretary of State, Professional Licensing Boards Division, 237 Coliseum Drive, Macon, Georgia 31217. These documents will also be available for review on the Georgia Board of Examiners of Licensed Practical Nurses web page at www.sos.georgia.gov/plb/lpn. Copies may also be requested by contacting the Georgia Board of Examiners of Licensed Practical Nurses office at (478) 207-2440.

A public hearing is scheduled to begin at 1:00 p.m. on December 8, 2011 at the Professional Licensing Boards Division, located at 237 Coliseum Drive, Macon, Georgia to provide the public an opportunity to comment upon and provide input into the proposed new rule. At the public hearing, anyone may present data, make a statement, comment or offer a viewpoint or argument whether orally or in writing. Lengthy statements or statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to 5 minutes per person. Additional comments should be presented in writing. Written comments are welcome. To ensure their consideration, written comments must be received on or before November 28, 2011. Written comments should be addressed to Lisa Durden, Division Director, Professional Licensing Boards Division, the Georgia Board of Examiners of Licensed Practical Nurses, 237 Coliseum Drive, Macon, Georgia 31217. FAX: 1-877-371-5712.

The proposed amended rule will be considered for adoption by the Georgia Board of Examiners of Licensed Practical Nurses at its meeting scheduled to begin at 1:05 p.m. on December 8, 2011 at the Professional Licensing Boards division at 237 Coliseum Drive, Macon, Georgia, 31217. According to legal advice rendered by the Department of Law, State of Georgia, the Georgia Board of Examiners of Licensed Practical Nurses has the authority to adopt the proposed repeal of Rule Chapter 400-4 pursuant to authority contained in O.C.G.A. §§ 43-26-54 (2).

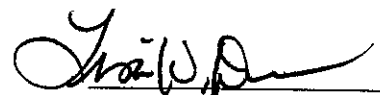
At its meeting on June 8-9, 2011, the Board voted that the formulation and adoption of this rule does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of O.C.G.A. §§43-26-2, 43-26-5, 43-26-7 (c) and 43-26-8.

Also, at its meeting on June 8-9, 2011, the Board voted that it is not legal or feasible to meet the objectives of O.C.G.A. §§4 3-26-2, 43-26-4 and 43-26-5(a) and (c) to adopt or implement differing actions for businesses as listed at O.C.G.A. § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of these rules will impact every licensee in the same manner and each licensee is independently licensed, owned and operated and dominant in the field of nursing.

For further information, contact the Board office at 478-207-1647.

This notice is given in compliance with O.C.G.A. § 50-13-4.

This 26th day of September 2011.



Lisa Durden
Division Director

Posted: 10-26-11

**SYNOPSIS OF PROPOSED CHANGES TO
THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES RULES,
RULE CHAPTER 400-4 Qualified Medication Aides**

Purpose: To repeal Rule Chapter 400-4 Georgia Qualified Medication Aides.

Main Features: The main feature is to eliminate the rule chapter for qualified medication aides.

**DIFFERENCES BETWEEN THE EXISTING RULE AND THE PROPOSED AMENDMENTS TO THE GEORGIA BOARD OF
EXAMINERS OF LICENSED PRACTICAL NURSES RULES,
RULE CHAPTER 400-4 Qualified Medication Aides**

Stricken text will be deleted. Underlined text will be adopted.

400-4-.01 Requirements for Certification. Repealed

~~(1) An applicant for certification as a Qualified Medication Aide (QMA) shall submit an application, fees, and supporting documents needed to establish eligibility for certification as requested by the Board. The information required for certification includes, but is not limited to, the following:~~

~~(a) date of birth showing that that applicant is at least eighteen (18) years old;~~

~~(b) documentation of proficiency in reading, writing, speaking, and understanding English;~~

~~(c) high school diploma, general educational development (GED) diploma, or higher degree;~~

~~(d) all information necessary to perform a criminal background check by the Georgia Crime Information Center, including classifiable sets of fingerprints, and processing fee;~~

~~(e) documentation of the successful completion of the course of study for qualified medication aides conducted by the Georgia Department of Technical and Adult Education (DTAE);~~

~~(f) passage of a board approved QMA competency examination with a minimum passing score as determined by the Board.~~

~~(2) The Board may accept documentation of test scores, entrance requirements, and other information regarding an applicant from the Department of Technical and Adult Education (DTAE) for the purpose of documenting the applicant's age, high school diploma or GED, proficiency in English, and other certification requirements.~~

~~(3) Criminal background report~~

~~(a) An applicant shall have a satisfactory criminal background report in order to be certified by the Board.~~

~~(b) A criminal background report that is not satisfactory is a report that contains any conviction, pattern of convictions, pattern of arrests, or recent arrest that the Board determines to have a bearing upon the ability of the applicant to protect, promote, and preserve the health, safety, and welfare of residents living in a community living arrangement. The meaning of the word "conviction", as used in this Rule, shall have the same meaning as in O.C.G.A. § 43-26-58 and shall include a plea of nolo contendere, the granting of first offender treatment without the adjudication of guilt, or the withholding of the adjudication of guilt on the charges or crime.~~

~~(c) A criminal background report that is not considered satisfactory is a report that includes, but is not limited to, convictions for the following offenses:~~

~~1. murder or felony murder;~~

~~2. attempted murder;~~

~~3. kidnapping;~~

~~4. rape;~~

~~5. armed robbery;~~

~~6. cruelty to children;~~

~~7. sexual offenses;~~

~~8. aggravated assault;~~

~~9. aggravated battery;~~

~~10. arson;~~

~~11. fraud and theft offenses including, but not limited to, forgery, theft by taking, theft by deception, theft by conversion;~~

~~12. offenses involving controlled substances and marijuana.~~

~~(4) An applicant shall report to the Board any complaint, reprimand, disciplinary action, termination, or caution made against the applicant by an employer or regulatory agency in the health care field.~~

Authority O.C.G.A. 43-26-54 (2).

~~400-4-.02 Applications.~~

~~(1) Qualified Medication Aide (QMA) application forms for certification by the Board are to be completed in relevant part by the applicant, signed and attested by a notary public, accompanied by the required fees and include all required records and documentation.~~

~~(2) A recent passport size (3 inches by 3 inches) type photograph of the applicant, taken within the last six (6) months, and signed at the bottom is required.~~

~~(3) Part of the application is to be completed and signed by an official of the QMA education program from which the applicant graduated.~~

~~(4) The application shall include information necessary to perform a criminal background check that is satisfactory to the Board.~~

~~(5) An application is completed when the application form, supporting information and documents, and relevant fees have been received by the Board.~~

Authority O.C.G.A. 43-26-54 (2).

400-4-.03 Examination.

(1) ~~The Board shall approve a competency examination for QMA applicants that each applicant shall pass before being certified by the Board. The examination may be administered by the Board, the faculty or staff of the QMA education program approved by the Board, or by a designee of the Board.~~

(2) ~~The minimum passing score for the QMA competency examination required for certification shall be 80 percent.~~

(3) ~~An individual who has successfully completed a Board approved QMA education program shall take the QMA competency examination within six (6) months from the date of program completion. An applicant may take the competency examination no more than three (3) times within the time period. If the applicant does not pass the competency examination within the six (6) month period, he or she shall not be eligible to take the competency examination again until the applicant presents documentation to the Board of successfully completing a Board approved QMA education course a second time.~~

Authority O.C.G.A. 43-26-54 (2).

400-4-.04 Maintenance and Renewal of Certification.

(1) ~~Each QMA shall work under the supervision of a registered professional nurse (RN) in order to maintain certification. Written documentation of such supervision, showing the name and signature of the QMA and the name and signature of the supervising RN, shall be submitted to the Board by the QMA upon the Board's request.~~

(2) ~~QMA certification shall be renewed biennially.~~

(3) ~~To renew certification, the QMA shall submit a renewal application, application fee, and information including, but not limited to, the following:~~

(a) ~~applicant name and current address;~~

(b) ~~name, address, telephone number, fax number, and email address of the community living arrangement (CLA) facility where the QMA is employed and dates of QMA employment at the facility;~~

(c) ~~a signed and notarized statement from the supervising RN stating that the renewal applicant has performed the duties of a QMA under the supervision of the RN within the current two (2) year certification period at the CLA where the RN and QMA are employed;~~

(d) ~~documentation, signed by the owner or agent of the employer CLA, of a total of twenty four (24) hours of continuing education (CE) taken during the two year certification period, with the total 24 hours containing twelve (12) hours each year of continuing education showing eight (8) hours of Board approved medication related courses per year and four (4) additional hours per year of continuing education; and~~

(e) ~~disclosure of any arrests and criminal convictions of the QMA as well as any disciplinary actions, complaints, reprimands, termination, or cautions made against the QMA by an employer or agency in the health care field which occurred within the preceding two (2) year period of certification.~~

Authority O.C.G.A. 43-26-54 (2).

400-4-.05 Permitted Activities.

~~The following tasks are within the scope of activities of a QMA who is certified by the Board and employed by a community living arrangement residence in Georgia. The certified QMA may:~~

(1) perform tasks pertaining to the assessment of the resident, as follows:

(a) Document what is reported by the resident to the QMA.

(b) Document in the resident's clinical record the observations of the resident made by the QMA, including what the QMA sees, hears, smells, or otherwise observes.

(c) Observe and report to a licensed nurse any changes in the resident's conditions.

(2) perform tasks pertaining to the administration of medication, as follows:

(a) Assist in the supervised self administration of medication.

(b) Administer medication via metered dose inhaler.

(c) Administer physician-ordered oral, ophthalmic, topical, otic, nasal, vaginal, rectal medications and medications by gastric ("G" or "J") tube.

(d) Administer a commercially prepared disposable enema, as ordered by a physician.

(e) Conduct finger stick blood glucose testing (specific to the glucose meter used), following the established protocol for each individual resident.

(f) Administer insulin under physician direction and protocol. Insulin may be administered in prefilled dosages if the following has been implemented:

1. The physician has personally documented a protocol for the administration of insulin;

2. The QMA has been trained on the proper administration of insulin according to the protocol;

3. The physician, or the supervising RN under the direction of the physician, has personally determined through direct observation and documented that the QMA is competent to administer insulin;

4. The protocol is in file within the record of the resident at the community living arrangement;

5. The competency determination of the QMA regarding insulin administration is on file in the personnel records of the agency serving the resident

(3) perform tasks pertaining to the documentation and management of medications, as follows:

(a) Record in the Medication Administration Record (MAR) all medications that the QMA has personally administered, including a resident's refusal to take medication. The QMA shall not record in the MAR any medication that was administered by another person.

(b) Count, administer, and record medication according to federal and state laws and guidelines.

(c) Ensure, through receipt of a facsimile or other transferred written communication, that written physician orders relating to new medications, changes in medications, and discontinued medications have been properly recorded in the MAR. Ensure that the written physician order is placed on file within the resident record.

(d) Ensure that discontinued medications are removed from the active medication supply, stored in locked containers and are disposed of per agency policy.

(e) Document in a formal incident report if a medication is inadvertently altered, destroyed, or lost.

(4) perform miscellaneous tasks to assist licensed health professionals, as follows:

(a) Administer treatment for skin conditions, including stage I and II decubitus ulcers, following a designated written protocol; and

(b) Receive direction regarding discrete medication issues from a physician as permitted by Georgia law. Direction received from a physician must be documented in writing, signed by the licensed practitioner, and faxed for inclusion into the resident's record.

Authority O.C.G.A. 43-26-54 (2).

400-4-.06 Prohibited Activities.

QMAs are prohibited from performing the following tasks and activities:

(1) Administration of the initial dose of a newly ordered medication;

(2) Administration of medication intravenously;

(3) Instilling irrigation fluids of any type including, but not limited to:

(a) colostomy; and

(b) urinary catheter.

(4) Administration of medication by injection, except for predosed insulin. Epinephrine may be administered by epi-pen.

(5) Administration of medication per nasogastric tube;

(6) Administration of medication used for intermittent positive pressure breathing (IPPB) treatments or any form of medication inhalation treatments, other than metered dose inhaler;

(7) Administration of chemotherapy drugs, except for Tamoxifen;

(8) Administration of treatments involving advanced skin conditions, including stage III and IV decubitus ulcers; and

(9) Administration of any controlled substance that is restricted in administration to only practitioners of the healing arts under Georgia law; and

(10) Receiving telephone or verbal orders for medication changes. The QMA may receive direction from a physician or other licensed personnel authorized to give orders related to medications, provided that the direction is documented and received by facsimile or other written communication for inclusion in the resident's record.

Authority O.C.G.A. 43-26-54 (2).