



Health Assistant - B

Flexible Instruction Day

Assignment #2

Learning Standard	Health/Medical Assisting Services, Other CIP 51.0899
Task # & Description	#201 Define role, functions, and responsibilities of health care team members
	#206 Identify the legal responsibilities & ethical behaviors of a health care provider

CONTACT INFORMATION/ASSISTANCE

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We will be available by email and the Remind app from 7:40-12, and 12:30-3:10 to answer your questions. Please reach out if you are having difficulty completing your assignments.

INSTRUCTIONS

✓ All work is due on the day we return to school. This is counted towards your attendance and as a classroom assignment.

1. Complete reading of Chapter 2: Ethical and Legal Issues
2. Highlight vocabulary words while reading
3. Write out vocabulary words with definitions

Name: _____

Session: _____

_____/ 75 points

2

Ethical and Legal Issues

1. Describe legal and ethical behavior for medication aides

Ethics and laws guide behavior. **Ethics** are the knowledge of right and wrong. An ethical person has a sense of duty and responsibility toward others. He tries to do what is right. If ethics tell people what they *should* do, **laws** tell them what they *must* do. Laws are usually based on ethics. Governments establish laws to help people live peacefully together and to ensure order and safety. When someone breaks the law, he may be punished by having to pay a fine or spend time in prison.

Ethics and laws are extremely important in health care (Fig. 2-1). They protect people receiving care and guide people giving care. Medication aides and other healthcare providers should be guided by a code of ethics. They must also know the laws that apply to their jobs.

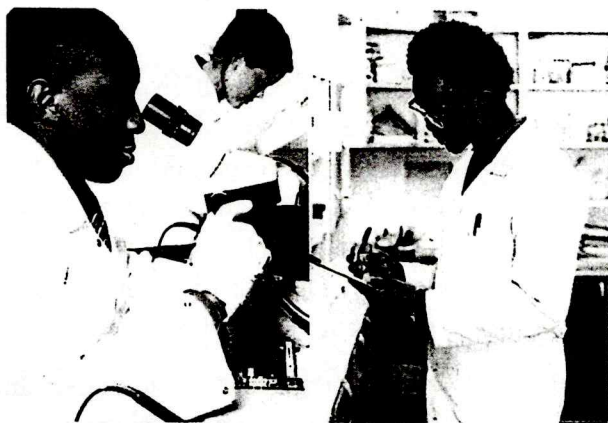


Fig. 2-1. All healthcare workers must behave ethically and follow the law.

Guidelines: Legal and Ethical Behavior

- Ⓒ Be honest at all times. Stealing or lying about the care you provided are examples of dishonesty. Communicate honestly with all team members.
- Ⓒ Protect residents' privacy. Do not discuss their cases except with other members of the care team. Keeping resident information confidential is one of the Residents' Rights, which are covered later in this chapter. All team members must keep resident information confidential.
- Ⓒ Treat all residents with respect.
- Ⓒ Keep staff information confidential. Do not share information about your coworkers at home or anywhere else.
- Ⓒ Report abuse or suspected abuse of residents. Help residents report abuse if they wish to make a complaint of abuse.
- Ⓒ Follow the care plan and your assignments. Report any mistakes you make promptly. If a mistake has potentially dangerous results, reporting quickly can decrease the damage. Reporting mistakes promotes the safety and well-being of all residents.
- Ⓒ Do not perform any task outside your scope of practice.
- Ⓒ Report all incidents to the appropriate person, according to facility policy. Incidents are

any unexpected event during the course of care (like a resident receiving the wrong dose of a medication, or resident medication that is missing/cannot be located).

- ❑ Document accurately and promptly.
- ❑ Follow rules about safety and infection prevention.
- ❑ Do not accept gifts or tips.
- ❑ Be professional. Do not share or exchange personal information.

Many organizations and companies create a code of ethics for their members or employees to follow. These vary, but generally they focus on promoting proper conduct and high standards of practice. If a facility has its own code of ethics, all staff members will be given a copy and expected to follow it.

2. Discuss how state laws affect the role of medication aides

Each state has its own laws regarding how healthcare workers are licensed or certified. They also have laws defining the tasks healthcare workers can or cannot perform. Many states have laws related to medication aides:

- Who is eligible to become a medication aide
- The length and type of training a medication aide must have
- Whether a medication aide must take a certification exam and how the exam is given
- How to keep certification current
- What tasks medication aides are allowed or not allowed to perform
- Where medication aides can work

While the details are different, most states share some common rules. All states require that medication aides receive training before they can begin working (Fig. 2-2). Most require that medication aides already have experience

in healthcare settings, most often as a nursing assistant. Most states only allow MAs to work in long-term care settings or group homes. Residents in these settings are more likely to be medically stable as compared to hospital patients, for example, whose health is often changing. All states require that MAs provide medications only under the supervision of a licensed healthcare professional (usually this is a nurse).

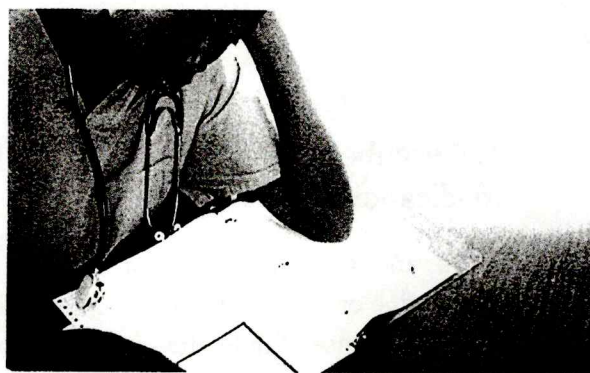


Fig. 2-2. All states require medication aides to receive training for their jobs.

Medication aides are allowed to administer certain types of medications, such as those given by mouth, those applied to a body surface, and those placed in the ear, eye, or nose, as long as the medications are not **controlled substances**. Controlled substances are drugs that are more likely than others to be abused or to cause addiction. They may have benefits, and most can be prescribed for certain conditions, but their use is monitored carefully. States may not allow MAs to give residents these types of drugs. (More information on controlled substances is in Learning Objective 7.)

States vary on rules about giving medications by certain routes, like nebulization. This method requires the use of a special machine that allows the patient to breathe in a medicated mist. Similarly, MAs may be able to help with a resident's use of oxygen, which is considered a drug in some states but not in others.

It is very important for MAs to understand their scope of practice, as defined by their states and

their facilities. MAs should never perform any task they are not trained to perform, or that is outside their scope of practice. If a nurse or doctor requests that an MA perform such a task, the MA must refuse.

3. Explain tasks that cannot be delegated to medication aides

Medication-related tasks performed by medication aides are delegated by nurses. They must be performed under the nurse's supervision, and they must be within the MA's scope of practice. Some tasks must never be delegated to MAs and are not allowed to be delegated in any state.

Medication aides are not allowed to perform these tasks:

- Calculating or converting medication doses (converting a medication dose means making a change from one measurement system to another)
- Receiving medication orders, by phone or in person
- Transcribing medication orders (copying information from a prescription into a resident's record)
- **Assessing**, or making a medical determination about, a resident's response to a medication
- Assessing a resident's need for a medication
- Administering (giving) medications to a resident whose health is not stable
- Administering medications when a nurse is not available to monitor the resident's response
- Administering a new medication for the first time
- Administering medications intravenously (Fig. 2-3)
- Administering medications by injection

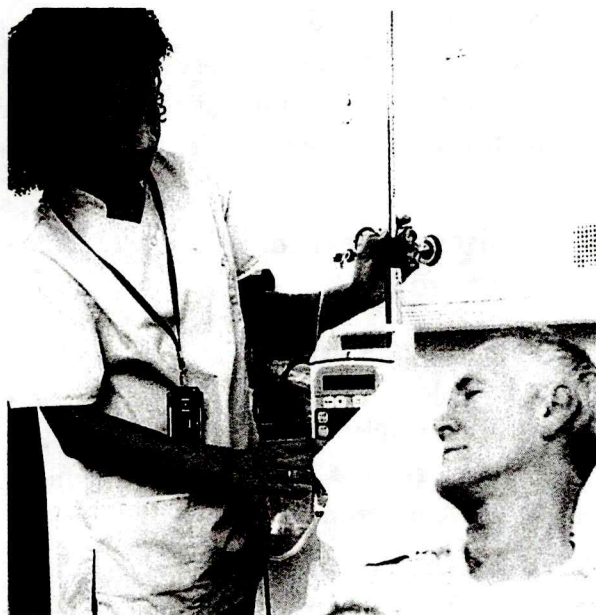


Fig. 2-3. Medication aides do not work with intravenous medications. This is the nurse's responsibility.

The following tasks are not usually allowed for medication aides, but may be permitted in some states if the MA is trained to perform them:

- Disposing of or destroying medications in quantities more than a single dose (generally must be performed in the presence of a nurse, if allowed)
- Participating in required counts of controlled medications (more information in Learning Objective 7 and in Chapter 4)
- Checking a resident's blood sugar, or blood **glucose** level, by finger stick
- Administering medications by **subcutaneous**, or under-the-skin, injection (including **insulin**, a hormone given by injection to people with diabetes)
- Administering medications by feeding tubes inserted into the stomach or somewhere else in the digestive tract
- Certain tasks, such as changing bags or adding fluid, relating to an established feeding tube
- Giving a resident a PRN medication (unless directed to do so by a nurse)

Some states have different levels of certification for medication aides. In these states, tasks such as administering insulin injections are reserved for those aides with higher-level certification.

4. Discuss the medication aide's role in delegated tasks

When planning care, nurses decide which tasks to delegate to others, including medication aides. Medication aides cannot delegate tasks; they have tasks delegated to them. Before delegating tasks, nurses consider these questions:

- Is there a match between the resident's needs and the medication aide's skills, abilities, and experience?
- Does the task fall within the medication aide's scope of practice?
- What is the level of resident stability?
- Can the nurse give appropriate direction and communication?
- Is the nurse available to give the supervision, support, and help that the MA needs?

There are questions a medication aide must consider before accepting a task:

- Does this task fall within my scope of practice?
- Do I have all the information I need to do this job? Are there questions I should ask?
- Do I believe that I can do this task? Do I have the necessary skills?
- Do I have the needed supplies and equipment?
- Do I know how to reach my supervisor in case I need her?
- Do my supervisor and I both understand who is doing what?

A medication aide should never be afraid to ask for help. She should always ask if she needs any more information or is unsure about something. If an MA feels she does not have the skills for a

task or that the task is not within her scope of practice, she should not complete the task and should talk to the nurse.

Medication aides also need to understand that delegation is specific to each resident and situation. Having been delegated a task for one resident does not mean the MA can perform this task for all residents. For example, two residents may receive the same medication. The nurse may delegate administration of this medication to the MA for one resident, whose health is stable and who has been taking the medication for some time. The nurse may not delegate administration of this medication for the other resident, whose health is changing and who has only recently started taking the medication.

Delegation is also specific to the situation. For example, an MA who is trained and allowed to administer medications by feeding tube may be delegated this task at one time, but not at others. A resident's situation may change, the doctor's order may change, or some other change may cause the nurse to decide that the task should no longer be delegated to the MA.

MAs must always remember that delegated tasks must fit their training and scope of practice. If a nurse or other healthcare professional asks an MA to perform a task for which they are not trained, or that is beyond their scope of practice, they must refuse (Fig. 2-4). This can be difficult, but resident safety, the law, and ethics all require that the MA refuse, moving up the chain of command as necessary.



Fig. 2-4. Medication aides must know when to refuse tasks and must communicate clearly about the reasons for refusal.

5. Explain Residents' Rights and describe person-centered care

Residents' Rights specify how residents must be treated while living in a facility. They provide an ethical code of conduct for healthcare workers. Facility staff give residents a list of these rights and review each right with them.

Residents' Rights include the following:

Quality of life: Residents have the right to the best care available. Dignity, choice, and independence are important parts of quality of life. The facility must give equal access to quality care regardless of a resident's condition, diagnosis, or payment source.

Services and activities to maintain a high level of wellness: Residents must receive the correct care. Healthcare professionals at facilities are required to develop a care plan for residents, and their care should keep residents as healthy as possible. Residents' health should not decline as a direct result of the care given at the facility.

The right to be fully informed about rights and services: Residents must be told what services are available and what the fee is for each service. They must be informed of charges both orally and in writing. Residents must be given a written copy of their legal rights, along with the facility's rules and regulations. They have the right to communicate with someone who speaks their language and to receive important information in a language they understand. They have a right to assistance for any sensory impairment, such as hearing or vision loss.

The right to participate in their own care: Residents have the right to participate in planning their treatment, care, and discharge. Residents have the right to see and sign their care plans after all significant changes. Residents have the right to be informed of risks and benefits of care and treatment, including treatment options and alternatives, and to choose the options they prefer. They have the right to request, refuse, and/

or discontinue treatment and care, and this includes the right to refuse medications (Fig. 2-5).

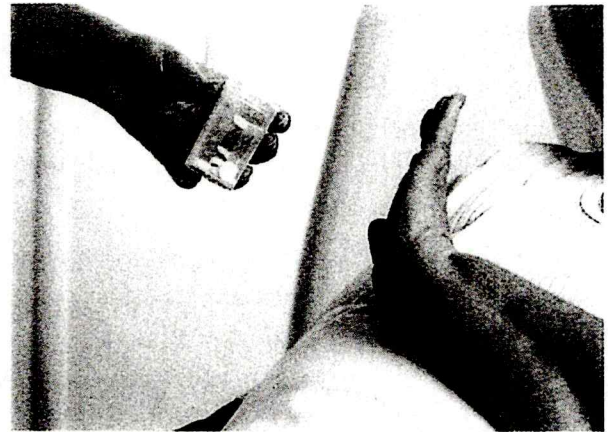


Fig. 2-5. Residents have the right to refuse medications. Medication aides must never force residents to take a medication.

The right to make independent choices: Residents can make choices about their doctors, care, and treatments. They can make personal decisions, such as what to wear and how to spend their time. They can join in community activities, both inside and outside the care facility.

The right to privacy and confidentiality: Residents have the right to speak privately with anyone, the right to privacy during care, and the right to confidentiality regarding every aspect of their lives. Their medical and personal information cannot be shared with anyone but the care team. Healthcare workers should not discuss residents outside of work or use their pictures or names on social media.

The right to dignity, respect, and freedom: Residents must be respected and treated with dignity by caregivers. Residents must not be abused, mistreated, or neglected in any way.

The right to security of possessions: Residents' personal possessions must be safe at all times. Facilities must make an effort to protect residents' property from loss or theft. Possessions cannot be taken or used by anyone without a resident's permission. Residents have the right to manage their own finances or choose someone else to do it for them.

Rights during transfers and discharges: Residents have the right to be informed of and to consent to any location changes.

The right to complain: Residents have the right to make complaints and voice grievances without fear for their safety or care. Facilities must work quickly to address their concerns.

The right to visits: Residents have the right to visits from doctors, family members (including spouses and domestic partners), friends, ombudsmen, clergy members, legal representatives, or any other person.

Rights with regard to social services: The facility must provide residents with access to social services, including counseling, assistance in solving problems with others (mediation), and help contacting legal and financial professionals.

Person-centered care is care that emphasizes the individuality of the person who needs care, and recognizes and develops the person's capabilities. Person-centered care is related to Residents' Rights because it revolves around the resident and promotes individual preferences, choices, dignity, and interests. Each person's background, culture, language, beliefs, and traditions are respected. Improving each resident's quality of life is an important goal. Facilities can work to provide person-centered care in every aspect of resident life.

Medication aides and other facility personnel provide person-centered care by listening to residents and encouraging independent choices. Medications must be given on a regular schedule, but MAs must know that residents do have the right to refuse medications. Respecting this and other legal rights is part of providing person-centered care.

6. Discuss HIPAA, abuse and neglect, and other legal issues

Long-term care facilities are residents' homes. Residents have a right to feel safe in their homes

and to receive high quality care that maintains their health. Many laws apply to the care provided in facilities. These laws protect the residents, allowing them to trust in the care they receive, and also protect the community as a whole.

Residents have a right to privacy and confidentiality. To respect confidentiality means to keep private things private. Congress passed the **Health Insurance Portability and Accountability Act (HIPAA)**, hhs.gov/hipaa in 1996. It has been further defined and revised since then. One reason this law was passed was to help keep health information private and secure. Violations of this law can result in fines and/or time in prison.

Under HIPAA, a person's health information must be kept private. **Protected health information (PHI)** is information that can be used to identify a person and relates to the person's physical or mental condition, any health care that the person has had, and payment for that health care. Examples of PHI include a person's name, date of birth, address, telephone number, social security number, email address, and medical record number. Only people who must have information to provide care or to process records should know a person's private health information. They must make sure they protect the information so that it does not become known or used by anyone else. It must be kept confidential. This is part of respecting residents and their rights. Discussing a resident's care or personal affairs with anyone other than members of the care team violates the law.

MAs should also understand laws related to elder abuse and neglect, which is a growing problem. MAs must know what constitutes abuse and neglect and must work to protect residents. **Abuse** is purposeful mistreatment that causes physical, mental, or emotional pain or injury to someone. **Neglect** is the failure to provide needed care that results in physical, mental, or emotional harm to a person. Elderly people

may be abused intentionally or unintentionally, through ignorance, inexperience, or inability to care for them. People who abuse elders may mistreat them physically, psychologically, sexually, verbally, financially, and/or materially. They may deprive them of their rights, or they may neglect them by failing to provide food, clothing, shelter, or medical care. Some older adults may also become self-abusive or neglect their own needs.

Medication aides must never abuse residents in any way. They must also try to protect residents from others who abuse them. MAs are considered mandated reporters. **Mandated reporters** are people who are legally required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations, such as the elderly in care facilities. If an MA ever sees or suspects that another caregiver, family member, or resident is abusing a resident, he must report this immediately to the nurse in charge.

The following injuries are possible signs of abuse that are considered suspicious and should be reported:

- Poisoning or traumatic injury
- Teeth marks
- Belt buckle or strap marks
- Bruises, contusions, or welts
- Scars
- Fractures or dislocations
- Burns of unusual shape or in unusual locations, or cigarette burns
- Scalding burns
- Scratches or puncture wounds
- Scalp tenderness or patches of missing hair
- Swelling in the face, broken teeth, or nasal discharge
- Bruises, bleeding, or discharge from the vaginal area

The following signs could indicate abuse:

- Yelling obscenities
- Fear, apprehension, or fear of being alone
- Poor self-control
- Constant pain
- Threatening to hurt others
- Withdrawal or apathy
- Alcohol or drug abuse
- Agitation or anxiety, or signs of stress
- Low self-esteem
- Mood changes, confusion, or disorientation
- Private conversations are not allowed, or the family member/caregiver is present during all conversations
- Reports of questionable care by the resident or her family

The following signs could indicate neglect:

- Pressure injuries
- Unclean body
- Body lice
- Unanswered call lights
- Soiled bedding or incontinence briefs not being changed
- Poorly fitting clothing
- Unmet needs relating to hearing aids, eyeglasses, etc.
- Weight loss or poor appetite
- Uneaten food
- Dehydration
- Fresh water or beverages not being offered regularly
- Resident reports of not receiving prescribed medication

Residents must also be protected from negligence. **Negligence** means actions, or the failure

to act or provide the proper care for a resident, resulting in unintended injury. An example of negligence is an MA not shaking a liquid medication that must be shaken before being administered. Not shaking the medication means the resident will not receive the proper dose of the active ingredient. **Malpractice** occurs when a person is injured due to professional misconduct through negligence, carelessness, or lack of skill. MAs, along with all other caregivers, must take seriously their obligation to provide the best possible care to residents. Facilities and individual employees can be the subject of negligence or malpractice claims and lawsuits.

Most of the crimes that occur in the community can also occur in healthcare settings. Theft is frequently reported. When medications prescribed for residents are stolen, this is known as **diversion**. Preventing diversion is one of many reasons that all procedures regarding distributing, documenting, and disposing of medications must be carefully followed. If ever there is any question about whether a resident has been receiving her medications, an MA's documentation could become part of a legal investigation.

Sometimes diversion or other crimes may be hidden by creating false records or by asking healthcare workers or residents to lie about care provided or treatments received (Fig. 2-6). This is **fraud** and it is also a crime. Medication aides should never commit or participate in fraud.



Fig. 2-6. Documenting care that was not given is fraud. It is illegal and unethical.

7. Explain laws related to controlled substances

The **Controlled Substances Act (CSA)**, passed in 1970, defines drugs that pose a risk for addiction or abuse. These drugs are defined, or *scheduled*, according to their level of risk and whether or not they have a true medical use. Under the CSA, Schedule I drugs are considered to have a high potential for abuse and no accepted medical use. Heroin is an example of a Schedule I drug. Schedules II through V are drugs that may be prescribed for medical use but that also have some potential for abuse (Fig. 2-7). Schedule II has the highest potential for abuse and Schedule V has the lowest.



Fig. 2-7. Some prescription medications are considered controlled substances, meaning they have a risk for addiction or abuse.

All states have laws related to the storage, distribution, and disposal of controlled substances. Facilities must abide by these laws. All facilities have policies and procedures to ensure controlled substances are handled and documented according to the law. This ensures that these medications are given correctly, given to the correct resident, and not diverted (stolen). A regular count of controlled medications must be conducted with more than one person present. State laws vary as to whether MAs can handle or count controlled medications. Criminal charges and serious legal penalties can result if controlled substances are not managed properly. Chapter 4 has more information.

Medication Aide

Chapter 2 Legal and Ethical

On a separate sheet define these vocabulary terms from the reading

1. Ethics:
2. Law:
3. Controlled substance:
4. Assess:
5. Glucose:
6. Subcutaneous:
7. Insulin:
8. Residents' Rights:
9. Health Insurance Portability and Accountability Act (HIPAA):
10. Protected health information (PHI):
11. Abuse:
12. Neglect:
13. Mandated reporter:
14. Negligence:
15. Malpractice:
16. Diversion:
17. Fraud:
18. Controlled Substances Act (CSA)

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