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Ohio Medication Aide- Certified (MA-C) Candidate Handbook

Version 6.0

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| Questions regarding test applications-test scheduling-eligibility to test: | (877) 851-2355 |
| Questions about Medication Aide training or certification status: | (614) 466-6966 |

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| Ohio Board of Nursing 17 South High Street, Suite 660 Columbus, OH 43215-7410 | Monday through Friday 8:00 am to 5:00 pm | Phone # : (614) 466-6966 Fax # : (614) 466-0388 |

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Introduction

The purpose of a medication aide competency evaluation is to ensure that candidates who are seeking to be medication aides understand the standards and can competently and safely perform the job of an entry-level medication aide.

This handbook describes the process for taking the medication aide competency test and is designed to help prepare candidates for testing. There are two (2) parts to the medication aide competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test to be identified in Ohio as a Certified Medication Aide. The Ohio Board of Nursing has approved D&S Diversified Technologies to provide tests and scoring services for medication aide testing.

To learn how to apply to take the medication aide certification test, please use this handbook or contact D&S Diversified Technologies at www.hdmaster.com or call local (419) 420-1605 or toll free (877) 851-2355. This handbook should be kept for future reference. Expect to spend no more than six (6) hours total at the test site on your testing day.

Please note: You are required to complete your first testing attempt within 60 days of your training class completion. If you fail a portion, you will then have 6 months from your testing date to complete your second attempt. The Ohio Board of Nursing allows only two attempts per each training class completion for the Ohio Medication Aide Certification test.

The Knowledge (Written) Test

The knowledge test consists of fifty (50) multiple choice questions. The knowledge test questions are selected from subject areas based on Ohio law and rules and include questions from all the required categories as defined in the Ohio law and rules. The subject areas and number of items are as follows:

| | |
|---------------------------------|--------------------------------------|
| Six Rights (6 items) | Error Reporting (2 items) |
| Medication Effects (10 items) | Role and Responsibilities (8 items) |
| Allowable Routes (2 items) | Terminology (4 items) |
| Controlled Substances (4 items) | State Regulations (2 items) |
| Documentation (2 items) | Medication Administration (10 items) |

A knowledge test proctor will hand out materials and give instructions for taking the knowledge test. You will have a maximum of sixty (60) minutes to complete the fifty (50) questions. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the knowledge test (such as “What does this question mean?”). Fill in only one (1) oval on the answer sheet for each question. DO NOT mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 80% or better to pass the knowledge portion of your test. The knowledge test may be taken orally if you have difficulty reading English. The oral test MUST be requested at the time of registration and there is an additional fee. The knowledge test will be provided along with an audio recording of the questions. Your answers will be recorded on the scan form. You will hear the WebETest© questions on the computer. The last 10 questions MUST be read and answered by the student without aide of the recording. These ten (10) questions serve as the reading comprehension requirement required by the Ohio Board of Nursing. The cost of the knowledge test is \$30.00 and the knowledge test with the added oral component is \$40.00.

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The Skill Test

The purpose of the skill test is to evaluate your medication aide clinical skills. You will find a complete list of skill tasks printed in this handbook. Two (2) task groupings will be randomly selected from the list for you to perform on your skill test. The steps that are listed for each skill task are the steps required for a medication aide to completely perform the skill. You will be scored only on these steps. You must successfully complete each of your two (2) skill task groupings without missing any key steps (the bolded steps) and score an 80% or better to pass the skill portion of the test. If you fail a single skill task grouping you will have to take another skill test with two skill task groupings on it. The cost of the skill test is \$80.00.

What to Expect During the Skill Test

Each of two (2) scenarios associated with your two (2) assigned task groupings will be read to you immediately before you do each grouping.

After hearing a scenario you will use the MAR book to determine what medications to obtain from the locked medication cart and you will administer the medications obtained to a live resident actor. Listen carefully to all instructions given by the test observer. You may request to have either of the two (2) scenarios repeated anytime during your skill test. Be sure you understand all instructions before you begin your skill test because you may not ask questions once the skill test begins.

You will be given twenty-five (25) minutes to complete the two (2) task groupings. You must correctly perform both groupings in order to pass the skill test. You will be told when fifteen (15) minutes remain. If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly until the medication has been administered within the allotted twenty-five (25) minutes or you tell the test observer you are finished with the skill test. You may ask for the scenario to be re-read at anytime during the skill test. The test observer may not answer any questions once the skill test has begun, so be sure to clarify all instructions before starting.

Please remember that you must take both the knowledge and the skill test on the same day. The only exception is if you are retesting, you will only be taking the portion(s) of the test that you failed.

ADA Accommodations

The Ohio Board of Nursing and D&S Diversified Technologies medication aide testing program provide reasonable accommodations for applicants with disabilities or limitations that may affect their ability to take the medication aide competency exam. Accommodations are granted in accordance with the Americans with Disabilities Act. If you are a candidate with a disability or limitation for which you wish to request an accommodation, please complete forms 1404OM page one (1) and two (2) located on our web site at www.hdmaster.com. Return completed forms to D&S Diversified Technologies along with your initial application and supporting documentation (i.e. IEP and/or letter from physician showing your limitation), or call (877) 851-2355 for information. Please allow an additional two (2) weeks to your normal testing time frames if requesting an ADA accommodation.

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Testing Requirements

In order to sit for the Ohio Medication Aide state exam you must meet one of the following requirements:

1. Be a current State Tested Nursing Assistant and have successfully completed an Ohio Board of Nursing Approved Medication Aide training program within the last sixty (60) days. The approved training program must include at least one hundred and twenty (120) hours (eighty (80) classroom hours and forty (40) supervised clinical hours). You must receive a certificate of successful completion from your training program.
2. Be a Residential Care Aide with one year experience and have successfully completed an Ohio Board of Nursing Approved Medication Aide training program within the last sixty (60) days. The approved training program must include at least one hundred and twenty (120) hours (eighty (80) classroom hours and forty (40) supervised clinical hours). You must receive a certificate of successful completion from your training program.

Test Day

You should arrive at your confirmed test site twenty to thirty (20-30) minutes before your test is scheduled to start. You must bring a SIGNED, NON-EXPIRED, GOVERNMENT ISSUED, PHOTO ID (i.e. state ID, Drivers License, passport, conceal carry, or military ID). You will not be admitted for testing if you do not bring proper ID and you will have to reapply for a new test date and repay all required testing fees. Your test notification letter and map should be with you, although they are not required.

Testing Policy

The following policies are observed at each test site:

- If you arrive late for your confirmed test, or if you do not bring appropriate ID, you will not be admitted to the test and your test fee will be forfeited.
- If you NO SHOW for your testing day you will forfeit all testing fees paid and you will have to reapply for a new test date and repay all required testing fees.
- NO ELECTRONIC DEVICES OF ANY KIND WILL BE PERMITTED IN THE TESTING AREAS! Cellular phones, beepers, Bluetooth phones, watches of any kind or any other electronic devices are not permitted at the testing site. If you are found to have an electronic device on your person, you will be asked to exit the testing area and will be marked as a No Show and will forfeit all testing fees paid. You will be required to reapply and repay for a new testing date.
- With the exception of religious/cultural head coverings, candidates may not have their head covered during testing for security reasons.
- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing area. Any such materials brought into the testing area will be collected and returned to you when you have completed the test. Test proctors and testing sites are not responsible for lost or stolen items.
- You are not permitted to eat, drink, or smoke during the test.
- You may not take any notes or other materials from the testing room.
- If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and the Ohio Board of Nursing. You will not be permitted to test again until ruled eligible to test by the Ohio Board of Nursing.
- No visitors, guests, instructors, pets or children are allowed at the testing site. If you bring unauthorized persons or items you will be asked to leave and will forfeit all fees paid.

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Reschedule/Cancellation Policy

An individual may reschedule one time during the two attempt testing cycle to a new mutually agreed upon test date and site for no charge up to 24 hours from the actual testing time (excluding Sundays and holidays). For example: if your test starts at 8:30am on Friday you must call no later than 8:30am on Thursday to qualify. Reschedules must occur within 60 days of the actual testing date. If reschedules are not made within the 60 days you will be charged a \$35 reschedule fee. Remember: you only have 60 days from the completion of class to complete your first test attempt. Any further reschedules will be charged at the rate of \$35 which must be paid before the reschedule can occur.

Cancellations

Cancellations MUST be faxed or emailed PRIOR TO 24 HOURS OF THE ACTUAL TESTING DATE AND TIME excluding Sundays and holidays, no phone calls will be accepted to qualify for a full refund minus a \$30 cancellation fee. No verbal cancellations will be accepted. If you reschedule and later decide that you want to cancel you must notify us in writing (mail, fax or email) within 60 days from your last scheduled test date to qualify for a refund minus the cancellation fee. Cancellations submitted more than 60 days from your last scheduled test date will not qualify for a refund.

No Shows

If you are scheduled for your test and don't show up without notifying D&S DT prior to 24 hours prior to your scheduled test date and time you will be considered a NO SHOW and will forfeit all testing fees paid. You must submit a new application with all required fees to be scheduled for a new test date.

If you No Show for any of the following reasons please provide the following documentation. If the required documentation is not received within the allotted time frame, you will remain a No Show and will be required to resubmit your full payment and application for a new testing date:

Car breakdown: A tow bill faxed within forty-eight (48) hours of the test date excluding Sundays and holidays is required.

Medical emergency: Doctor's excuse within five (5) business days excluding Sundays and holidays is required.

Death in the family: Obituary for immediate family only within fourteen (14) business days excluding Sundays and holidays from a missed test date.

Test Dispute

If you choose to dispute your test results, a step-by step explanation of skill steps demonstrated must be faxed, emailed, or sent to D&S Diversified Technologies within ten (10) days of your test event with a \$25.00 dispute fee attached. Any dispute received without payment will be returned. If the dispute is found in your favor you will be refunded the dispute fee. If it is determined that your results will remain the same or if you are given a free reschedule the fee will not be refunded. If full payment of \$25.00 and proper dispute letter are not received within ten (10) business days of your testing date, you will not be permitted to dispute your test for any reason. You will be required to re-apply and re-pay to be scheduled for a new testing date. Please allow 2-4 weeks processing time for test disputes.

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Security

Anyone who removes or tries to remove test material or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials or any form of electronic devices may not be brought to the test or used during testing. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room and your name will be reported to the appropriate agencies and will require approval from the Ohio Board of Nursing to retest and/or suspended from testing for six months.

Test Results

If you pass both portions of your exam, your results will automatically be sent directly to the Ohio Board of Nursing. It is your responsibility to verify that the Board of Nursing has received your results. If your results were not received and need to be resent, please contact Heather at D&S at 1-877-851-2355.

It is your responsibility to ensure that you complete the Ohio Board of Nursing application process. Your certificate will not be issued until all of these items are approved by the OBN.

This includes but may not be limited to the following items.

1. Complete OBN certified medication aide online application.
2. Submit fee
3. Submit Civilian and FBI background checks
4. Have evidence of successfully completed exam sent to the OBN

If you fail either or both portions of your exam, you must reapply to retake the medication aide test. Procedures for reapplying are included with failure notification letters. Detailed test results are supplied in all test result notification letters.

Certification

The Ohio Board of Nursing regulates certified medication aides in Ohio. Anyone may contact the Ohio Board of Nursing to inquire about his or her certification status as a medication aide, including questions regarding lapsed certification.

Active Duty and Veteran Status

D&S Diversified Technologies has been approved by the Department of Veterans Affairs (VA) as a testing vendor for the Ohio MA-C exam. If you are an active duty service member, retired service member, or veteran reimbursement of exam fees may be available through your GI Bill if funds are available. You must first pay the MA-C testing fees and you will be provided with a receipt that you can submit to the VA with a completed form, VA Form 22-0803, for reimbursement. (<http://www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf>). VA Form 22-0803 can also be found on our website at www.hdmaster.com on our Ohio MA-C Certification page. You can find additional information about the GI Bill at www.gibill.va.gov.

If you are an active duty service member, retired service member, veteran, or spouse of a veteran, you may be eligible to receive priority of service on testing day if you have completed service in the United States Armed Forces, including the National Guard of any state or a reserve component of the United States

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Armed Forces, or have been discharged under honorable conditions and the required documentation is presented.

The following forms of proof of service must be presented on testing day to the Test Observer in order to qualify for priority of service:

1. Department of Defense Identification Card (Active, Retired, TDRL).
2. DD214 Military Discharge Certificate indicating disposition of discharge.
3. Report of Separation from the National Archives National Personnel Records Center in St. Louis, Missouri.
4. Veterans Identification Card from the Department of Veterans Affairs. This documentation must be presented in addition to the required original Social Security card and the government issued non-expired, photo ID.

Manual Skill Tasks Listing

SKILL 1 Oral Liquid / Ear Drops Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid
8. Sets medication cup on a level surface
9. **Pours correct amount of liquid medication and replaces lid**
10. Checks for correct amount of liquid medication at eye level
11. Returns all medications not being taken into resident's room back into the medication cart
12. Locks medication cart
13. Closes MAR
14. Greets resident
15. Introduces self as Medication Aide
16. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
17. Explains procedure
18. Provides privacy
19. Assists resident to take liquid medication
20. Lowers head of the bed
21. Assists resident to turn head to correct side with correct ear upward
22. Holds external ear flap and pulls up and back
23. **Instills correct amount of medication into the correct ear**
24. Dropper tip does not touch inside of ear canal
25. Instructs resident not to move his/her head for a few minutes
26. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
28. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
29. Maintains interpersonal communication with resident during medication administration
30. Returns any remaining medication to the medication cart
31. Locks medication cart
32. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
33. Closes MAR
34. Uses hand sanitizer to clean hands

End of skill 1- Oral Liquid / Ear Drops Administration

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SKILL 2 Topical Medication Spray/Tablet Unit Dose Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Close MAR
4. Greets resident. Introduces self as Medication Aide
5. Provides privacy
6. **Verbally identifies right resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
7. Explains procedure
8. Listen to apical heart rate for sixty (60) seconds with teaching stethoscope
9. Opens MAR
10. Records heart rate on MAR
11. **Recorded heart rate is within five (5) beats of the observer's**
12. **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained**
13. Unlocks medication cart
14. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
15. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
16. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
17. If proceeds, removes medication from unit dose packaging and places in medication cup without touching medication
18. Returns all medications not being taken in the resident's room back into the medication cart
19. Locks medication cart
20. Closes MAR
21. Re-enters resident's room. If proceeds, gives resident a glass of water
22. If proceeds, assists resident to take the unit dose medication
23. Puts on at least one glove
24. Inspects correct forearm skin area where medication is to be applied
25. Instructs resident to turn face away while spraying
26. Applies correct number of sprays on correct forearm
27. Removes and discards glove(s).
28. Uses hand sanitizer to clean hands
29. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
30. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
31. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
32. Maintains interpersonal communication with resident during medication administration
33. Unlocks medication cart and returns any remaining medication
34. Locks medication cart
35. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
36. Closes MAR
37. Uses hand sanitizer to clean hands

End of skill 2-Topical Medication Spray/Tablet Unit Dose Administration

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SKILL 3 Topical / Oral Capsule Medication Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
8. Puts correct number of capsules in medication cup without touching the medication and replaces lid (if applicable)
9. Returns all medication not being taken into resident's room back into the medication cart
10. Locks medication cart
11. Closes MAR
12. Greets resident
13. Introduces self as Medication Aide
14. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
15. Explains procedure
16. Provides privacy
17. Gives resident a glass of water
18. Assists resident to take medication
19. Inspects correct forearm where medication is to be applied
20. Puts on at least one glove
21. Opens container without contaminating lid
22. Applies ointment with gloved hand to the correct forearm
23. Spreads ointment to cover entire area that is to be treated
24. Replaces lid
25. Remove and discard glove(s).
26. Candidate uses hand sanitizer to clean hands.
27. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
28. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
29. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
30. Maintains interpersonal communication with resident during medication administration
31. Returns any remaining medication to the medication cart
32. Locks medication cart
33. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
34. Closes MAR
35. Uses hand sanitizer to clean hands

End of skill 3-Topical / Oral Capsule Medication Administration

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SKILL 4 Oral Tablets / Eye Drop Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Greets resident
8. Introduces self as Medication Aide
9. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
10. Explains procedure
11. Provides privacy
12. Listen to apical heart rate for sixty (60) seconds with teaching stethoscope
13. Records heart rate on MAR
14. **Recorded heart rate is within five (5) beats of the observer's**
15. **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained**
16. Unlocks medication cart
17. If proceeds, opens container without contaminating lid (if applicable) or pops medication from bubble pack
18. If proceeds, places correct amount of medication into the medication cup without touching medication and replaces lid (if applicable)
19. Returns all medications not being taken in the resident's room back into the medication cart
20. Locks medication cart. Closes MAR
21. If proceeds, gives resident a glass of water
22. If proceeds, assists resident to take the medication
23. Gently tilts resident's head back with chin up
24. Pulls down on lower eye lid of the correct eye making a pocket
25. Asks resident to look up toward forehead
26. Drops correct amount of drops into the pocket. Dropper tip does not touch eye
27. Uses tissue to remove any excess fluid from around eye
28. Returns any remaining medication to the medication cart
29. Locks medication cart
30. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
31. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
32. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc)
33. Maintains interpersonal communication with resident during medication administration
34. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
35. Closes MAR
36. Uses hand sanitizer to clean hands

End of skill 4-Oral Tablets / Eye Drop Administration

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SKILL 5 Oral Capsule Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens first container without contaminating lid (if applicable)
8. Puts correct amount of medication in medication cup without touching the medication and replaces lid on medication
9. Opens second container without contaminating lid (if applicable)
10. Puts correct amount of medication in medication cup without touching the medication
11. Returns all medication not being taken into resident's room back into the medication cart
12. Locks medication cart
13. Closes MAR
14. Greets resident
15. Introduces self as Medication Aide
16. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
17. Explains procedure
18. Provides privacy
19. Gives resident a glass of water
20. Assists resident to take the medication one capsule at a time
21. Stays with the resident until the medication has been swallowed
22. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
23. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
24. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
25. Maintains interpersonal communication with resident during medication administration
26. **Opens MAR and Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
27. Closes MAR
28. Uses hand sanitizer to clean hands

End of skill 5- Oral Capsule Administration

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SKILL 6 Oral Liquid / Ointment Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid
8. Sets medication cup on level surface
9. **Pours correct amount of medication**
10. Replaces lid
11. Checks for correct amount of medication at eye level
12. Returns all medication not being taken into resident's room back into the medication cart
13. Locks medication cart
14. Closes MAR
15. Greets resident
16. Introduces self as Medication Aide
17. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
18. Explains procedure
19. Provides privacy
20. Assists resident to take medication
21. Puts on at least one glove
22. Inspects correct forearm where medication is to be applied
23. Opens container without contaminating lid
24. Applies ointment with gloved hand to the correct forearm
25. Spreads ointment to cover entire area that is to be treated
26. Replaces ointment lid
27. Removes and discards glove(s).
28. Candidate uses hand sanitizer to clean hands.
29. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
30. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
31. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
32. Maintains interpersonal communication with resident during medication administration
33. Returns any remaining medications back to medication cart
34. Locks medication cart
35. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
36. Closes MAR
37. Uses hand sanitizer to clean hands

End of skill 6- Oral Liquid / Ointment Administration

Ohio Medication Aide Candidate Handbook

SKILL 7 Ear Drops / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
8. Puts correct number of tablets into medication cup without touching the medication and replaces lid (if applicable)
9. Replaces all unused medication back in the medication cart
10. Locks medication cart
11. Closes MAR
12. Greets resident
13. Introduces self as Medication Aide
14. **Verbally identifies right resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
15. Explains procedure
16. Provides privacy
17. Gives resident a glass of water
18. Follows all specific directions on the medication label
19. Assists the resident to take the medication
20. Lowers head of the bed
21. Head is turned toward correct side with correct ear upward
22. Holds external ear flap and pulls up and back
23. **Instill correct amount of drops into correct ear**
24. Ensures dropper tip does not touch ear canal
25. Instructs resident to not move his/her head for a few minutes
26. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
28. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
29. Maintains interpersonal communication with resident during medication administration
30. Returns any remaining medications to medication cart
31. Locks medication cart
32. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
33. Closes MAR
34. Uses hand sanitizer to clean hands

End of skill 7- Ear Drops / Tablet Administration

Ohio Medication Aide Candidate Handbook

SKILL 8 Nasal Spray / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
8. **Puts correct number of tablets into the medication cup without touching the medication**
9. Replaces lid (if applicable)
10. **Replaces all unused medication back in the medication cart**
11. Locks medication cart
12. Closes MAR
13. Greets resident
14. Introduces self as Medication Aide
15. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
16. Explains procedure
17. Provides privacy
18. Gives resident a glass of water
19. Assists resident to take medication from medication cup
20. Has resident blow nose
21. Tilts head back
22. Instructs resident to hold head back
23. Administers correct amount of sprays into correct nostril
24. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
25. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
27. Returns any remaining medication to the medication cart
28. Locks medication cart
29. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
30. Closes MAR
31. Maintains interpersonal communication with resident during medication administration
32. Uses hand sanitizer to clean hands

End of skill 8- Nasal Spray / Tablet Administration

Ohio Medication Aide Candidate Handbook

SKILL 9 Eye Drops / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Opens container without contaminating lid (if applicable)
8. Puts correct number of tablets into the medication cup without touching the medication and replaces lid (if applicable)
9. Returns all medication not being taken into the resident's room back into the medication cart
10. Locks medication cart
11. Closes MAR
12. Greets resident
13. Introduces self as Medication Aide
14. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
15. Explains procedure
16. Provides privacy
17. Gives resident a glass of water
18. Assists resident to take medication from medication cup
19. Gently tilts resident's head back with chin up
20. Pulls down on lower eye lid of the correct eye making a pocket
21. Asks resident to look up toward forehead
22. Instills correct amount of drops into the pocket
23. Dropper tip does not touch eye
24. Uses tissue to remove any excess fluid from around eye
25. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
28. Maintains interpersonal communication with resident during medication administration
29. Returns any remaining medication to the medication cart
30. Locks medication cart
31. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
32. Closes MAR
33. Candidate uses hand sanitizer to clean hands.

End of skill 9- Eye Drops / Tablet Administration

Ohio Medication Aide Candidate Handbook

SKILL 10 Eye Drops / Tablet Unit Dose Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and identifies correct resident's MAR and medications to be given
3. Unlocks medication cart
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
6. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
7. Removes medication from unit dose packaging and places in medication cup without touching medication
8. Puts correct number of tablets into the medication cup
9. Returns all medication not being taken into the resident's room back into the medication cart
10. Locks medication cart
11. Closes MAR
12. Greets resident
13. Introduces self as Medication Aide
14. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
15. Explains procedure
16. Provides privacy
17. Gives resident a glass of water
18. Assists resident to take medication from medication cup
19. Gently tilts resident's head back with chin up
20. Pulls down on lower eye lid of the correct eye making a pocket
21. Asks resident to look up toward forehead
22. Instills correct amount of drops into the eye pocket
23. Dropper tip does not touch eye
24. Uses tissue to remove any excess fluid from around eye
25. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
28. Maintains interpersonal communication with resident during medication administration
29. Returns any remaining medication to the medication cart
30. Locks medication cart
31. **Opens MAR and documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
32. Closes MAR
33. Candidate uses hand sanitizer to clean hands.

End of skill 10- Eye Drops / Tablet Unit Dose Administration

Ohio Medication Aide Candidate Handbook

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| <p>absorption abuse ac Acarbose (Precose) acetaminophen/hydrocodone acidifiers administering medication administration procedures administration protocols adrenal insufficiency adverse effects Advil aging airborne precautions Albuterol allergic reactions Alzheimer's disease amber-colored containers aminoglycosides analgesics anemia angina pectoris antacids antianginals antiarrhythmics antiarthritics antibiotic antibodies anticholinergic anticoagulants anticonvulsants antiemetic anti-emetic administration antihistamines antihypertensives antiinfective antilipemics antineoplastics antiparkinsonian agents antipruritic antipsychotic antitussives aorta apical anti-fungal cream aspiration aspirin asthma astringents Ativan authorized medication administration</p> | <p>bacterial infections benzodiazepine benztropine (Cogentin) benztropine mesylate (Cogentin) bid bipolar disorder blood pressure Board of Nursing body mechanics bradycardia brain bronchiole bulk-forming laxative burn prevention Calamine/diphenhydramine calcium calcium carbonate carbidopa/levodopa (Sinemet) cardiovascular carisoprodol catapres (clonidine) cecum central nervous system certificate renewal certification process chain of command chemical cholesterol cimetidine (Tagamet) cirrhosis Clonidine codeine Colace communication confidentiality congestive heart failure conjugated estrogens (Premarin) constipation contact dermatitis Controlled Substance Act controlled substance administration controlled substances coronary artery disease corticosteroid therapy corticosteroids coumadin crushing medications culture and sensitivity test</p> | <p>Cushing's syndrome cystitis decongestant delegation dementia Demerol Depakote depression detoxifier diabetes mellitus digitalis digoxin Digoxin administration Dilantin disciplinary action discoloration discontinued medication diuretics diverticulitis documentation dosage drug abuse drug build-up drug classification drug dependence Drug Enforcement Agency drug interactions drug metabolism drug orders drug references drug standards Dulcolax dyspnea ear drops edema emphysema enteric coatings epiglottis estradiol (Estrace) estrogen excretion expectorants expiration date extrapyramidal symptoms (EPS) eye drop administration eye drop drainage eye medications facility policy fat soluble FDA requirement</p> |
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|------------------------------------|---|--------------------------------|
| fludrocortisone (Florinef) | levothyroxine sodium (Synthroid) | Nursing Drug Reference manual |
| folic acid deficiency | Librium | OD |
| found pills | Lipitor | omeprazole (Prilosec) |
| garlic | lisinopril | ophthalmic medications |
| gastrointestinal/alimentary system | lithium | optic |
| ginger | lithium carbonate | oral antibiotic |
| gingko biloba | Lomotil | oral hypoglycemics |
| glaucoma | lotion | oral medication administration |
| glipizide (Glucotrol XL) | malabsorption | oral medications |
| Glucotrol | MAR | oral preparations |
| gout | medication administration documentation | orthopnea |
| gtt | medication administration record | osteoarthritis |
| haloperidol | medication aide's role | osteoporosis |
| hand washing | medication calculation | OTC |
| hawthorn | medication error | otic |
| heart rate | medication inventory | otic medications |
| herbal medications | medication label | OxyContin |
| histamine | medication names | pancreatin (Entozyme) |
| hormones | medication order | pancrelipase (Pancrease) |
| hs | medication package | Parkinson's disease |
| hydrochlorothiazide (Hydrodiuril) | meningitis | pathogens |
| Hydrocodone | menopause | Paxil |
| hydrocortisone | Metamucil | pc |
| hypercalcemia | Metformin (glucophage) | pediculicide |
| hyperglycemia | methenamine (Mandelamine) | penicillin |
| hyperkalemia | Milk of Magnesia | penicillinase |
| hyponatremia | mineralocorticoid | Percocet |
| hypertension | missed dose | Percodan |
| hypoglycemia | missing pills | peripheral vascular disease |
| hypothyroidism | monamine oxidase inhibitor | peristalsis |
| ibuprofen | morphine | pernicious anemia |
| incontinence | MS Contin | pharmacy label |
| infections | muscle relaxants | pharynx |
| inflammation | myocardial infarction | phenergan (diphenhydramine) |
| inhalants | naprofen (Naprosyn) | phenytoin sodium (Dilantin) |
| integumentary system | narcotics | physiological actions |
| intended effect | narrow-spectrum antibiotic | pituitary |
| iodine | nasal medication | placebo |
| lpecac syrup | neomycin sulfate | platelets |
| iron | nitrofurantoin(Furadantine) | pleurisy |
| iron sulfate | nitroglycerin | pneumonia |
| keratolytic agent | nose drops | PO |
| kidneys | NSAIDs | potassium |
| Lanoxin | | prednisone |
| Lasix | | |
| laxatives | | |
| levaquin | | |

Ohio Medication Aide Candidate Handbook

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|---------------------------|----------------------------|---------------------------|
| prescription label | scabies | ticlodipine (Ticlid) |
| priority of duties | schedule II medication | tid |
| PRN order | schedule V drug | TID medications |
| Prolixin (fluphenazine) | scheduled medication lock | timed oral medication |
| prothrombin | box | procedure |
| Proventil | scheduled narcotic | tinnitus |
| Prozac | scurvy | topical medications |
| psoriasis | sedatives | topical sprays |
| psychotropic | seizures | toxic |
| pyelonephritis | sensory system | trade name |
| pyorrhea | serotonin reuptake | transdermal nitroglycerin |
| q2h | inhibitors | patch |
| qam | sertraline (Zoloft) | Triamcinolone(aristocort) |
| qd | side effects | tuberculosis |
| QD administration | six corrects of medication | Tylenol |
| qid | administration | uncomfortable resident |
| qod | skin disorder | unconscious resident |
| quinolones | skin patches | unit dose packaging |
| rebound effect | skin rashes | universal/standard |
| recommended daily | soluble vitamins | precautions |
| allowances (RDA) | St. Johns wort | uric acid |
| rectal suppository | stimulants | uricosuric agents |
| rectum | storing medications | vaginal dryness |
| reddened intact area | strict isolation | vaginal medication |
| refusing medication | stroke | valerian |
| renal/urinary system | sublingual | Valium |
| reporting changes | sulfonyleureas | Vasotec |
| reporting medication | superinfection | venlafaxine(Effexor) |
| errors | suppository | violation of professional |
| resident requests another | suspension of medications | boundaries |
| pill | swallowing medications | vitamin A |
| resident corrects | systolic | vitamin B12 |
| respiratory system | tablet disposal | vitamin C |
| reverse isolation | tachycardia | vitamin D |
| riboflavin | Tegretol | vomiting |
| rifampin | tetracyclines | Zantac |
| correct resident | theophylline | zestril |
| route of medication | thyroid | Zoloft |

Important Information from the Ohio Board of Nursing (Board):

A Certified Medication Aide (MA-C) may administer medications as authorized by the Ohio Nurse Practice Act in a nursing home, residential care facility or ICF/IID facility located in the State of Ohio subject to the following conditions:

1. Each individual must hold a current, valid medication aide certificate issued by the Board under Chapter 4723. of the revised code;
2. The nursing home, residential care facility or ICF/IID facility shall ensure that the requirements of section 4723.67, ORC are met.

All Board licensure and certification applications must be completed online. You can find the link on the nursing.ohio.gov homepage.

Managing Your Contact Information for your MA-C Online

Email and address changes must be performed online by accessing the eLicense 3.0 licensure system. Name changes must be submitted as a Service Request within eLicense 3.0 and will require submission of required documentation.

We recommend that you download and review the registration instructions prior to starting the application process.

You can find links for instructions on creating a new account and managing your user account and manage your license or certificate information by going to <http://nursing.ohio.gov>.

Continuing Education (CE) Requirements:

MA-Cs are required to complete 15 contact hours of continuing education during each certification period. Please see the Board's website for CE information. The following is

- One (1) contact hour Category A (directly related to Ohio law and rules).
(Category A must be approved by an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio)

For a list of approved Category A offerings, see link on OBN website.

- One (1) contact hour directly related to establishing and maintaining professional boundaries.
- Ten (10) contact hours directly related to medications or medication administration consistent with the function of the certified medication aide.
- The remaining three (3) contact hours must be consistent with the function of a certified medication aide.

Approved offerings covering topics such as pharmacology, patient safety, nursing delegation, professional boundaries, and communication are acceptable.

Do NOT send CE documentation to the Board at this time. You are required to maintain CE documentation for at least six (6) years.

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FEE:

- On or before March 1st: \$50.00
- Between March 2nd and April 30th: \$100.00
- After April 30th: You must request a reinstatement application
(The state of Ohio eLicense 3.0 administrators also charges a \$3.50 transaction fee)

PLEASE NOTE:

Fee payments must be made by either Mastercard, Visa, or Discover Cards through the eLicense system **with the application** . **No other form of payment will be accepted by the Board.**

Sample Questions

The following questions are samples of the kinds of questions that you will find on the knowledge test. Check your answers to these questions using the answer box below.

1. The medication aide cannot have access to
 - a. drug reference materials and dictionaries
 - b. keys to a medication cart where schedule II controlled substances are stored
 - c. the resident's record
 - d. a copy of his/her medication skills checklist
2. If a resident refuses to take the medication you bring to him you should
 - a. make a mental note and plan to come back and try again later
 - b. try to get the resident to take his medication anyway
 - c. leave the medication on the resident's bedside and stand and instruct him to take it later
 - d. document the refusal and report it to the nurse
3. The following medication is not allowed to be administered by a medication aide
 - a. a regularly scheduled oral hypertensive agent
 - b. an antibiotic cream applied to an open wound
 - c. laxative to be administered by rectal suppository
 - d. a schedule III controlled substance timed for every night