

CHHA shall meet face-to-face, if the registered professional nurse determines that the CHHA is not yet adequately prepared to perform the tasks that he or she would perform for the patient pursuant to a delegation from the registered professional nurse, so that the registered professional nurse may provide instruction to the CHHA as to the manner in which the tasks shall be performed.

(d) A CHHA shall review the plan of care with a delegating registered professional nurse after the assessment has been conducted and a plan of care developed and whenever changes have been made to the plan of care by the registered professional nurse.

(e) A CHHA shall administer medications only if:

1. A registered professional nurse delegates the administration of a specific medication to the CHHA pursuant to N.J.A.C. 13:37-6.4(c);

2. The delegating registered professional nurse documents in the nursing plan of care and in the patient record kept by the CHHA's home care services agency:

i. The specific medication whose administration has been delegated;

ii. Any specific instruction the registered professional nurse provided to the CHHA as part of that delegation;

iii. The duration of the delegation;

iv. A timeframe for the professional registered nurse to reevaluate the patient;

v. The dosage of the medication, route of administration for the medication, and frequency of the medication;

vi. Any side effects that the CHHA should watch for;

vii. Any contraindications to administering the medication;

viii. Any conditions that would require the CHHA to contact the registered professional nurse;

ix. Any instructions on positioning of the patient prior to and after the administration of the medication; and

x. The instructions for proper preparation and maintenance of the medication;

3. The CHHA shall document every time that he or she administers medications; and

4. The CHHA shall report immediately to the delegating registered professional nurse or his or her registered professional nurse designee if:

i. The medication was administered at the wrong time;

ii. The wrong dose of medication was administered;

iii. The wrong medication was administered;

iv. The medication was administered through the wrong route;

v. The medication was not administered;

vi. The patient refused to take the medication; or

vii. The patient evidences any adverse reaction or side-effects to the medication.

Repeal and New Rule, R.2016 d.020, effective March 7, 2016.

See: 47 N.J.R. 406(a), 47 N.J.R. 2050(a), 48 N.J.R. 423(a).

Section was "Duties of a homemaker-home health aide; supervision".

#### 13:37-14.4 CHHA training program

(a) An agency or educational institution shall apply to the Board pursuant to N.J.A.C. 13:37-14.6 for written approval to conduct a CHHA training program prior to the commencement of the training program. Program approval shall be valid for a 12-month period.

(b) A CHHA training program shall be conducted by a home care services agency or an educational institution approved by the New Jersey State Department of Education or the Commission on Higher Education.

(c) A CHHA training program shall consist of at least 76 hours. The program shall include 60 hours of classroom instruction and 16 hours of clinical instruction in a skills laboratory or patient care setting, covering topics outlined in (g) below and N.J.A.C. 13:37-14.5.

(d) The student-to-instructor ratio for classroom instruction shall not exceed 30 students to one classroom instructor.

(e) Classroom and clinical instruction shall be taught by an individual who meets the requirements of N.J.A.C. 13:37-14.8(a) and (b).

(f) The student-to-instructor ratio for clinical instruction shall not exceed 10 students to one clinical instructor.

(g) The curriculum for a CHHA training program shall include instruction in:

1. The role of unlicensed assistive personnel in nursing care settings, including:

i. Long term care, acute care, subacute, outpatient services, rehabilitation centers, home care agencies, assisted living and hospice;

ii. The role, responsibilities and scope of practice of the registered nurse;

iii. The role, responsibilities and scope of practice of the licensed practical nurse;

iv. The role and responsibilities of the unlicensed assistive personnel; and

v. Legal and ethical considerations for the unlicensed assistive personnel, such as client rights, confidentiality, accountability, legal documentation, eligibility, reporting physical, mental, verbal, emotional and financial abuse, and maintenance of certification including necessity for unlicensed assistive personnel to complete a course, competency testing and criminal background checks;

2. Foundations for working with people, including:

- i. Components of communication;
- ii. Factors that affect communication;
- iii. Barriers to communication;
- iv. Enhancing communication;
- v. Skills for basic communication;
- vi. Communicating with staff members;
- vii. Guidelines for communicating with individuals who are visually impaired, hearing impaired, speech impaired, cognitively impaired, experiencing stress or who have transcultural considerations; and

viii. An introduction to human behavior including instruction on understanding basic human needs, understanding mental health, emotional growth and needs throughout a person's lifetime, behavior as a response to stress or unmet needs, responses to changes in health, spiritual needs and reactions to loss, grief and dying;

3. Foundations for a safe client environment, including:

- i. Environmental conditions;
- ii. Physical conditions including potential hazards and safety measures;
- iii. Emotional conditions including potential hazards and protective measures;
- iv. Prevention of, and response to, fire and disaster emergencies;
- v. Infection control, including the chain of infection, standard precautions, hazardous waste and special concerns regarding tuberculosis (TB), Human Immunodeficiency Virus (HIV) and Hepatitis B;
- vi. Body mechanics; and
- vii. Medical emergencies, emergency preparedness and guidelines for handling medical emergencies;

4. The musculoskeletal system, including:

- i. Overview of anatomy and physiology;
- ii. Common conditions and disorders of the musculoskeletal system;
- iii. Examples of changes in the musculoskeletal system to report to a nurse; and

iv. Client care procedures related to the musculoskeletal system including exercise, activity and positioning, range of motion, transferring, ambulation, and assistive devices;

5. The integumentary system, including:

- i. Overview of anatomy and physiology;
- ii. Common conditions and disorders of the integumentary system;
- iii. General skin care;
- iv. Examples of changes in the integumentary system to report to a nurse; and
- v. Client care procedures related to the integumentary system including personal hygiene and positioning;

6. The upper gastrointestinal system, including:

- i. Overview of anatomy and physiology;
- ii. Common conditions and disorders of the upper gastrointestinal system;
- iii. General care including nutrition across the lifespan, factors affecting nutrition, therapeutic diets and alternative nutrition sources;
- iv. Examples of gastrointestinal changes to report to a nurse; and
- v. Client care procedures related to upper gastrointestinal system;

7. The lower gastrointestinal system:

- i. Overview of anatomy and physiology;
- ii. Common conditions and disorders of the lower gastrointestinal system;
- iii. General care including factors affecting bowel elimination;
- iv. Examples of gastrointestinal changes to report to a nurse; and
- v. Client care procedures related to lower gastrointestinal system;

8. The urinary system, including:

- i. Overview of anatomy and physiology;
- ii. Common conditions and disorders of the urinary system, specifically incontinence;
- iii. Examples of urinary changes to report to a nurse; and
- iv. Client care procedures related to the urinary system;

9. The cardiovascular and respiratory systems, including: