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Owner: Lynne Macho: LD TRAINING AND EDUCATION
Policy Area: Nursing
References: Policy, SRS, Scope of Practice
Applicability: Rees - Sharp

Scope of Practice, Medical Assistant (MA), 30109

I. PURPOSE:

To clarify tasks and responsibilities that Medical Assistants (MA) can legally perform within their scope of practice. Certain skills may require certification from an accredited agency or special competency within the organization.

II. DEFINITIONS:

- A. **Provider:** Physician, Podiatrist, Physician Assistant, Nurse Practitioner, Nurse-midwife, Doctor of Osteopathy.

III. TEXT:

A. The MA's Responsibility with Regards to Scope of Practice:

1. Per Business and Professions Code, Section 2069 (B) (b1), a MA is authorized to perform services only when a Provider is present in the facility.
2. MA's are responsible for knowing and practicing within their legal scope of practice as defined by the Medical Board of California and as delineated in this policy.
3. The MA is responsible for maintaining clinical competence with regards to those skills and activities expected of an MA.
4. Sharp Rees-Stealy will support the MA's educational need with regard to new skills or maintenance of skills and knowledge base in any required activity.
5. A MA should not perform an activity when the MA does not feel clinically competent or questions the legal scope of practice for that activity. Questions should be directed to the Nursing Supervisor for clarification.
6. A record must be made in the patient chart of each technical service performed by the MA, indicating the name of the MA, the date and time, a description of the service performed, and the name of the physician or podiatrist who gave the MA patient-specific authorization to perform the task, or who authorized such performance under a patient-specific standing order.
7. All medications and dosages must be checked by a licensed person before administration by a MA.
8. A MA is not to be referred to as a "Nurse". (Code 2796)

B. Assisting Providers:

The MA may assist with exams, invasive procedures, and minor surgeries that are carried out by providers. MAs taking part in these procedures will not go beyond the approved skills and activities listed in this document. These include the following:

- a. Checking patient vital signs, height, weight, and head circumference.
- b. Preparing patients for examination or procedures including positioning, draping, and disinfecting treatment sites.

C. Performing Skilled Tasks:

The MA may perform the following skilled tasks involving medication administration, invasive procedures, message management, testing and therapeutic treatments upon written order from a licensed provider.

1. Message Management:

- a. Taking messages for the provider or Nurse. MAs may collect data only, no independent evaluation or instructions are permitted. It is the responsibility of the physicians and Registered Nurses to determine treatment priorities.
- b. Provide patients with basic information on: laboratory and radiology preparations, exercise, hygiene, medication and dietary information per physician instructions.

2. Medication Administration:

Prior to administration of medication or vaccine by the MA, a licensed physician, podiatrist, physician's assistant or licensed nurse will verify the order and co-sign the correct medication/vaccine and dosage.

- a. Administering medications orally, vaginally, rectally, subcutaneously, intramuscularly and intradermally. Administering drops to the nose, eye and ear and applying antibiotic ointment to the lower eyelid.

NOTE: Administering any type of anesthetic is prohibited. This includes diluents, topicals, eye drops and "GI cocktails." Narcotic agents are also prohibited.

- b. Administering anabolic steroids.
- c. Placing skin tests (tuberculin and histoplasmin), but not interpreting results.
- d. Administering pulmonary medications with a nebulizer following successful competency completion.

3. Wound Management:

The provider must assess the wound/incision before the MA may perform any of the following tasks.

- a. Applying basic dressings. Basic or simple dressings include the application of ointment, telfa, 4x4's and kling to minor wounds.
- b. Removing sutures or staples from superficial wounds.
- c. Applying steri-strips.

4. Invasive Procedures:

- a. May perform throat and nasal swabs for culture.
- b. May administer fleet type enemas.
- c. May perform ear lavage. A provider or Registered Nurse (RN) must visualize the ear canal before and after the procedure.
 - i. RN may assess the tympanic membrane before and after an ear lavage is performed by an

MA.

5. Other skills and therapies within the scope:

- a. Collecting and labeling urine/stool specimens.
- b. Administering oxygen therapies per mask or nasal cannula as prescribed.
- c. Placing leads and running EKGs.
- d. Applying Holter monitors and Treadmill hook-ups.
- e. Providing patients with written basic information on: laboratory and radiology preparations, exercise, hygiene, medication and dietary information per physician instructions.
- f. Measuring for crutches and crutch teaching.
- g. Cutting toenails on non-compromised patients. Compromised patients include those with diabetics, venous stasis, foot deformities or injuries.
- h. Removing casts, splints, and other external devices.
- i. Apply preformed orthopedic appliances such as knee immobilizers, envelope slings, orthotics, and similar devices.
- j. Applying warm or cold compresses.
- k. Performing dipstick testing and urine HCG's.
- l. Applying oximeter and recording reading.
- m. Performing simple eye washes
- n. Performing visual acuities, visual field screening, hand held audiometries, and tympanometries.
- o. Inserting and removing contact lenses.
- p. Performing booth audiometry when certified by the Council for Accreditation in Occupational Hearing Conservation CAOHC. Certificate to be kept in performing department.
- q. Performing Pulmonary Function Tests after successfully completing on site training. Proof of training to be kept in performing department.
- r. Performing Breath Alcohol Testing when certified by an Accredited Educator and/or continuing Education Course for the Occupational Health Professional. Certificate to be kept in performing department.
- s. Performing Urine Drug Screen Testing – forensic and Non-Forensic when certified by an Accredited Educator and /or Continuing Education course for Occupational Health Professional. Certificate to be kept in performing department.
- t. Performing Hair Collection testing when certified by an Accredited Educator and /or Continuing Education Course for the Occupational Health Professional. Certificate to be kept in performing department.
- u. Under the direct supervision of the physician or podiatrist, Physician Assistant, Nurse Practitioner or Nurse Midwife, a MA may call in routine refills that are exact and have no changes. The refill must be patient-specific. This includes calling in controlled substance refills with no changes and is patient specific.
- v. Fingersticks for blood glucose, hemoglobin and hematocrit levels.
- w. Basic throat swabs.

- x. Informed Consent: The name of the procedure being performed by a provider must be prewritten, patient specific and retained in the Medical Record, then the MA can fill out the name of a procedure on a Consent form.
- y. Allergy/Dermal patch testing.
- z. May relay written information and instructions by providers to patients, including abnormal laboratory or radiology reports. May NOT relay abnormal pathology reports, except as described below:
 - i. Dermatology MAs ONLY: MAs working in Dermatology may call patients with abnormal results in situations of expected recurrence of basal cell or squamous cell carcinomas.
 - a. The results would have to have been expected and the management/referral already discussed with the patient by the physician.
 - b. The message to the patient will need to be explicitly scripted for the MA, meaning the physician will annotate exactly what the MA can relay to the patient under annotations on the lab verification signature for the physician.
 - ii. Gastroenterology MAs ONLY: MAs working in Gastroenterology may call patients with abnormal results for polyps removed during procedures that are non-cancerous (only benign/precancerous)
 - a. The results would have to have been expected and the management/referral already discussed with the patient by the physician.
 - b. The message to the patient will need to be explicitly scripted for the MA, meaning the physician will annotate exactly what the MA can relay to the patient under annotations on the lab verification signature for the physician or via task.

D. Activities that are NOT allowed:

1. Triaging.
2. Advising patients regarding their conditions, treatment program or notifying of abnormal pathology reports except as described above in Section III.C.5.z.
3. Taking and/or recording verbal or telephone orders from a provider.
4. Performing physical assessments.
5. Making independent decisions regarding patient care.
6. Preparing medications for administration by any other health care professional, including lidocaine or other medications for physician to administer.
7. Administering, superimposing, monitoring or discontinuing intravenous fluid or medications.
8. Counting or administering controlled substances with the exception of anabolic steroids.
9. Starting or discontinuing intravenous or central lines.
10. Administering any type of anesthetic. (Some eye drops, topical sprays, and lubricants are anesthetics. Examples are Cetecaine spray, Xylocaine Jelly, Alcaine eye drops, and viscous Lidocaine mixed with Maalox).
11. Administering any chemotherapy.
12. Administering high risk medications such as Lovenox, Heparin, Insulin and Nitroglycerin.

13. Entering the nasopharyngeal area for any reason including, but not limited to suctioning or obtaining laboratory specimens.
14. Changing complex or major dressings (extensive or large burned areas, pressure dressing site requiring packing).
15. Applying Unna boots.
16. Applying casts or splints that require positioning of the limbs, or non-preformed Orthopedic splints, e.g., Orthoglass.
17. Application of DermaBond.
18. Suturing.
19. Debriding wounds.
20. Removing or advancing drains.
21. Bladder catheterization.
22. Administering physical therapy modalities.
23. Performing sclerotherapies.
24. Applying liquid nitrogen to the skin.
25. Interpreting results of tests applied to the skin (includes TB).
26. Inserting and assisting patients in the application of colostomy appliance.
27. Inserting nasogastric tubes.
28. Performing gastric gavage or lavage.
29. Defibrillating patients.
30. Performing tracheostomy care.
31. Calling in orders to another Provider's office or Healthcare facility.
32. Calling into Pharmacy any new prescriptions or any prescriptions that have changes.
33. Charting Pupillary responses.
34. Injecting Collagen.
35. Using Lasers to remove hair, wrinkles, scars, moles or other blemishes.
36. Administration of Zolodex.
37. Perform Urinary Bladder scanning.

IV. REFERENCES:

- A. Medical Board of California. (2019). Frequently asked questions - Medical assistants. Retrieved from from https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Medical_Assistants_FAQ.asp
- B. Medical Board of California. (2019). Is your MA Practicing Beyond His or Her Scope of Training? Retrieved from https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Beyond_Scope.aspx
- C. Business and Professions Code, Section 2069, 2796.

- D. Board of Registered Nursing: NPR-B-12 11/93, Rev 02/00
- E. Board of Registered Nursing: NPR-B-41-02/02
- F. The American Association of MAs – Journal: Current CMA Today – Public Affairs, Volume 39, Issue 4, July / August 2006, or, <http://www.aama-ntl.org/CMAToday/articles/publicaffairs/details.aspx?ArticleID=377>
- G. Sharp HealthCare Legal Department.

V. ORIGINATOR:

SRS Nursing Policy and Procedure Committee

VI. LEGAL REFERENCES:

Medical Board of California

VII. ACCREDITATION:

- A. Accreditation Association for Ambulatory Health Care (AAAHC)
 - 1. 4(A) and 4(C)(1)(a)

VIII. CROSS REFERENCES:

None

IX. ATTACHMENTS:

None

X. APPROVALS:

A. Ongoing:

- A. SRS Nursing Policy and Procedure Committee: 4/05, 4/11, 11/13, 9/19, 3/20
- B. SRS Director of Nursing: 4/08, 1/12, 11/13, 4/14, 3/16, 12/17, 7/19
- C. SRS Staff Development: 4/08, 7/10, 1/12, 11/13, 4/14, 12/17, 8/19, 10/19
- D. SRS Director of Surgical Specialty Care: 11/20
- E. SRS ENT Department Chair: 11/20
- F. SRS Dermatology Division Chief: 7/19
- G. SRS Chief Clinical Operations Officer:– 7/19
- H. SRS VP Health Services: 10/19
 - I. SRS Policy and Proceeding Committee: 11/19
 - J. SRS Division Chief of Gastroenterology: 12/19



B. Historic

- A. SRS-Patient Care Leadership Team – 4/05, 7/10, 11/13
- B. SRS-Chief Nursing Officer- 4/08, 1/12, 11/13
- C. SRS-PCM Committee – 4/08, 1/12, 4/14
- D. System Policy & Procedure Steering Committee – 11/13
- E. Director of Urgent Care, Training and Education – 3/16

XI. REPLACES:

None

XII. HISTORY:

System #30109; originally dated 06/08

Reviewed \ Revised: 07/10; 06/1; 01/12; 11/13; 04/14; 03/16; 12/17; 10/19; 11/19; 03/20

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Site Admin	Karen Whitten: POLICY & PROCEDURE COORD	3/31/2020
Regulatory	Trina Souza: DIR AMBULATORY CARE SVCS-SRS	3/17/2020
Editor	Margaret Murphy: STAFF DEVELOPMENT SPEC	2/10/2020
	Lynne Macho: LD TRAINING AND EDUCATION	2/7/2020

Applicability

Sharp HealthCare, Sharp Rees Stealy