



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b>	Administration	<b>NUMBER(s):</b>	CHCA-006
<b>PROGRAM:</b>	Clinical Services-FQHC	<b>VERSION:</b>	1.00
<b>TITLE:</b>	Medical Assistant Supervision, Scope of Practice and Training	<b>PAGE:</b>	1 of 6
		<b>EFFECTIVE DATE:</b> Click or tap here to enter text.	
<b>DESCRIPTION:</b> To define the supervision, scope of practice and training for Medical Assistants.		<b>ORIGINATION DATE:</b> Click or tap here to enter text.	
<b>APPROVED BY:</b>		<b>REPLACES:</b> Click or tap here to enter text.	
<b>FQHC CHIEF OPERATIONS OFFICER:</b>			
Click or tap here to enter text. _____ Date			
<b>DISTRICT HEALTH OFFICER:</b>			
Fermin Leguen MD, MPH _____ Date			

**I. PURPOSE**

To delineate the supervision, scope of practice and training for Medical Assistants.

**II. SCOPE**

Applies to Medical Assistants that provide medical services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors, and clients.

**III. POLICY**

Southern Nevada Community Health Center (SNCHC) requires that all Medical Assistants of SNCHC Providers shall adhere to the guidelines described in this policy.

## IV. PROCEDURE

### A. Scope of Practice

1. A Medical Assistant (MA) may perform technical supportive services such as those specified in section B below, if all the following conditions are met:
  - a. The service is a usual and customary part of the medical practice where the MA is employed and not otherwise prohibited.
  - b. The supervising physician authorizes the MA to perform the service and assumes responsibility for the patient's treatment and care;
    - i. In accordance with NAC 630.810 Delegation of tasks to Medical.

Except as otherwise provided in this section, a delegating practitioner may delegate to a medical assistant the performance of a task if: (c) The medical assistant is employed by the delegating practitioner, or the medical assistant and the delegating practitioner are employed by the same employer.

- ii. In accordance with NAC 630.820 Remote supervision of medical assistant.

A delegating practitioner may remotely supervise a medical assistant to who the practitioner has delegated the performance of a task if: (e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.

- c. Before performing any technical supportive services, the MA completes training as specified below and demonstrates competence in the performance of the service.
      - d. Each technical supportive service performed by the MA is documented in the patient's medical record, including identifying the MA by name, date and time, a description of the service performed, and the name of the physician who gave the MA patient-specific authorization to perform the task or who authorized the task under a patient-specific standing order.
      - e. The supervising physician may, at his or her discretion, provide written instructions/standing orders to be followed by a medical assistant in the performance of tasks or supportive services. Such written instructions/standing orders may allow a physician assistant

(PA) or advance practice registered nurse (APRN) to assign a task authorized by a physician.

2. In accordance with the provisions above, MA's may perform the following technical supportive services:

a. Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration.

**NOTE:** A MA may administer medication by inhalation if the medications are patient specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the MA, a licensed physician or other person authorized by law to do so shall verify the correct medication and dosage. No anesthetic agent may be administered by a MA.

b. May perform electrocardiogram (ECG).

**NOTE:** The MA *may not* perform tests involving the penetration of human tissues except for skin tests or to interpret test findings or results.

c. Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics and custom molded shoes; select and adjust crutches for the patient and instruct the patient in proper use of crutches.

d. Remove sutures or staples from superficial incisions or lacerations.

e. Perform ear lavage to remove impacted cerumen.

f. Collect specimens for lab testing by utilizing non-invasive techniques, including urine, sputum, semen and stool.

g. Assist patients with ambulation and transfers.

h. Prepare patients for and assist the physician, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites, or prepare a patient for gait analysis testing.

i. As authorized by the supervising physician, provide patient education and instructions.

- j. Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.
- k. Perform simple laboratory and screening tests customarily performed in a medical office.
- l. Cut the nails of otherwise healthy patients.
- m. Administer first aid or cardiopulmonary resuscitation (CPR) in an emergency.
- n. A MA may also fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training, or orthotics.

## **B. Training**

### **1. Injections/Venipunctures**

In order to administer medications by intramuscular, subcutaneous or intradermal injection, to perform skin tests, or to perform venipuncture of skin for the purposes of withdrawing blood, a MA shall have completed training and are required to demonstrate proficiency to the supervising provider and/or instructor.

- a. Verification of MA training will be provided during the hiring/onboarding process.
- b. MA Competency Checklist will be used to demonstrate proficiency during.

### **2. Infection Control**

Each medical assistant shall receive instruction in the use of Universal Precautions as outlined in the Centers for Disease Control guidelines for infection control and demonstrate to the supervising physician or instructor understanding of the purpose and techniques of infection control.

### **3. Additional Training**

- a. Onboarding Training
- b. MA Competency Checklist
- c. Training required:

In a secondary, postsecondary, or adult education program in a public school authorized by the Department of Education, in a community college program or a postsecondary institution accredited or approved by the Council on Private Postsecondary and Vocational Education.

4. Documentation of Training
  - a. MA certificate through formal training.
  - b. Certification of MA, through nationally recognized MA certifying organization:
    - i. American Association of Medical Assistants (AAMA)  
<https://www.aama-ntl.org/>
    - ii. National Center for Competency Testing (NCCT)  
<https://www.ncctinc.com/>
    - iii. American Medical Technologists (AMT)  
<https://americanmedtech.org/>
    - iv. National Healthcareer Association (NHA)  
<https://www.nhanow.com/>
  - c. MA Competency Checklist.

#### **C. Monitoring and Evaluation of Policy**

1. To ensure compliance with the requirements outlined above, the supervisor will monitor and assess the MA. This will be done as part of the annual medical records audits and employee evaluation.
2. MA competency will be review annually.
3. Any additional required training certificates will be provided to the supervisor.

#### **Acronyms/Definitions**

Medical Assistant (MA): In accordance with NRS 630.129 a Medical Assistant is defined as a person who:

- i. Performs clinical tasks under the supervision or a physician or physician assistant; and
- ii. Does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks.

#### **V. REFERENCES**

NRS 630.007 <https://www.leg.state.nv.us/nrs/nrs-630.html#NRS630Sec0129>

NAC 630.910 <https://www.leg.state.nv.us/nac/nac-630.html#NAC630Sec800>

**VI. DIRECT RELATED INQUIRIES TO**

(Subject Matter Expert Title)

(Department Name)

(Department Extension, if applicable)

**HISTORY TABLE**

**Table 1: History**

<b>Version/Section</b>	<b>Effective Date</b>	<b>Change Made</b>
Version 0		First issuance

**VII. ATTACHMENTS**

Form No. CHCA-006 FRM-1, Medical Assistant Competency Checklist

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

## **Instructions**

Complete the self-assessment section of this form. Throughout your onboarding complete the remainder of the document in coordination with your preceptor(s) and manager. Please see the directions for each section below. The completed form will need to be signed by you, and your manager. The completed form will be due at the end of your onboarding from your start date.

**When form is signed off keep a copy and give the original to your supervisor.**

## **Self-Assessment**

The medical assistant will place a 1, 2, or 3 in the box next to the competency item to indicate your familiarity and competence. See the Self-Assessment Key found at the bottom of this page

## **Competency/Skills Items**

This section contains each competency item for your area of practice. Not all components will be practiced on a regular basis, but every component must be checked off. If a skill is not done on a patient, a mock patient may be set up and the skill worked through in a “simulated” setting.

## **Education Process**

This is completed by the preceptor, manager, or self by placing a code indicating the method of instruction that was used for each competency.

## **Assessment Method**

This is completed by the preceptor, manager, or self by placing a code indicating the method of assessment that was used to verify competency.

## **Final Preceptor Assessment**

This section is completed by the preceptor or manager indicating the medical assistant is competent to perform the skill independently. This is only initialed when it is determined the medical assistant is competent to perform this skill. If a medical assistant is not able to perform a skill independently, retraining will be initiated.

## **Initials of Verifier**

The preceptor or manager will sign indicating they performed the verification of competence in the last column.

## **Use the following Keys:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Self-Assessment Key</th> </tr> <tr> <td>1 = Competent</td> </tr> <tr> <td>2 = Some Experience</td> </tr> <tr> <td>3 = No Experience</td> </tr> </table>	Self-Assessment Key	1 = Competent	2 = Some Experience	3 = No Experience	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Education Process Key</th> </tr> <tr> <td>P = Policy/Procedure</td> </tr> <tr> <td>D = Demonstration</td> </tr> <tr> <td>V = Video/Self-Learning</td> </tr> </table>	Education Process Key	P = Policy/Procedure	D = Demonstration	V = Video/Self-Learning	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Assessment Method Key</th> </tr> <tr> <td>T = Written Test</td> </tr> <tr> <td>D = Demonstration</td> </tr> <tr> <td>V = Verbal Assessment</td> </tr> <tr> <td>M = Mock Simulation</td> </tr> </table>	Assessment Method Key	T = Written Test	D = Demonstration	V = Verbal Assessment	M = Mock Simulation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Preceptor Assessment Key</th> </tr> <tr> <td>Initial indicates that MA is competent in this skill and can perform independently</td> </tr> </table>	Preceptor Assessment Key	Initial indicates that MA is competent in this skill and can perform independently
Self-Assessment Key																		
1 = Competent																		
2 = Some Experience																		
3 = No Experience																		
Education Process Key																		
P = Policy/Procedure																		
D = Demonstration																		
V = Video/Self-Learning																		
Assessment Method Key																		
T = Written Test																		
D = Demonstration																		
V = Verbal Assessment																		
M = Mock Simulation																		
Preceptor Assessment Key																		
Initial indicates that MA is competent in this skill and can perform independently																		

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>CLINICAL WORKFLOW</b>			
	<b>Prepare for Patient Visit</b>			
	Care Team Huddles	D	D, V	
	Pre-Visit Planning	D	D, V	
	<b>Prepare Exam Room</b>			
	Clean/Disinfect Exam Room	D	D, V	
	Room Set-Up/Stock Supplies	D	D, V	
	<b>Clinical Data</b>			
	Greet and Room Patient	D	D, V	
	Verify Patient Identity	D	D, V	
	Vital Signs:			
	<b>Adult and Children</b>			
	• Blood Pressure	D	D, V	
	• Height	D	D, V	
	• Pulse	D	D, V	
	• Pulse Oximetry (O2 saturation)	D	D, V	
	• Respiration	D	D, V	
	• Temperature	D	D, V	
	• Weight	D	D, V	
	<b>Infant and Children to Age 3</b>			
	• Head Circumference	D	D, V	
	• Length	D	D, V	
	• Pulse	D	D, V	
	• Pulse Oximetry (O2 saturation)	D	D, V	
	• Respiration	D	D, V	
	• Temperature	D	D, V	
	• Weight	D	D, V	
	Alert Provider of Abnormal Data	D	D, V	



# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self-Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>eClinicalWorks</b>			
	<b>Document/Review</b>			
	Check (patient, provider, facility)	D	D, V	
	Patient Tracking “Waiting Room” “Intake”	D	D, V	
	Pharmacy Information	D	D, V	
	<b>Intake</b>			
	Advanced Directives	D	D, V	
	Allergy List	D	D, V	
	Established or New Patient	D	D, V	
	Medical History	D	D, V	
	History of Present Illness (HPI)	D	D, V	
	Medication Reconciliation	D	D, V	
	Chief Complaint/Reason for Visit	D	D, V	
	Review of Systems (ROS)	D	D, V	
	<b>Medical History</b>			
	Chronic Conditions	D	D, V	
	Family Health History	D	D, V	
	Surgeries (including oral)	D	D, V	
	Social			
	Alcohol/Drug/Tobacco	D	D, V	
	<b>Orders</b>			
	Diagnostic Test(s)	D	D, V	
	Immunization(s)	D	D, V	
	Laboratory Test(s)	D	D, V	
	Procedure(s)	D	D, V	
	Referral(s)	D	D, V	
	Standing Order(s)	D	D, V	
	Tuberculin (TB) Test	D	D, V	

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>Miscellaneous</b>			
	Communication/Message	D	D, V	
	Medical Information/Question	D	D, V	
	Medication Management	D	D, V	
	Referral Request	D	D, V	
	Results Request	D	D, V	
	Tasks	D	D, V	
	<b>Medication Administration</b>			
	<b>Prepare and Administer Medication</b>			
	Medication Check - Three (3) Times	D, V	D, V	
	Seven Rights of Medication Administration			
	• Right documentation	D, V	D, V	
	• Right dose	D, V	D, V	
	• Right medication	D, V	D, V	
	• Right patient	D, V	D, V	
	• Right reason	D, V	D, V	
	• Right route	D, V	D, V	
	• Right time	D, V	D, V	
	Knowledge of normal dosage, action and side effect of medication.	D, V	D, V	
	Administer:			
	Ear	D, V	D, V	
	Eye	D, V	D, V	
	Injection/Immunization			
	• Intradermal (ID)	D, V	D, V	
	• Intramuscular (IM)	D, V	D, V	
	• Subcutaneous (SubQ)	D, V	D, V	
	Oral	D, V	D, V	
	Sublingual	D, V	D, V	
	Monitor patient, recognize, and report adverse drug reaction.	D, V	D, V	

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>Venipuncture/Phlebotomy</b>			
	<b>Prepare and Perform</b>			
	Method			
	• Butterfly	D	D, V	
	• Lancet	D	D, V	
	• Vacuum	D	D, V	
	Preparation (order of draw, supplies)	D	D, V	
	<b>Equipment for Patient Care</b>			
	<b>Prepare and Perform</b>			
	Automated External Defibrillator (AED)	D	D, V	
	Electrocardiogram (ECG)	D	D, V	
	Emergency Kit/Cart	D	D, V	
	Nebulizer (breathing treatment)	D	D, V	
	Oxygen Administration	D	D, V	
	Oxygen Tank	D	D, V	
	Spirometry	D	D, V	
	Visual Acuity (Snellen eye chart)	D	D, V	
	<b>Minor Procedures</b>			
	<b>Assist, Prepare, and Set Up</b>			
	Consent/Final Verification	D	D, V	
	Ear Irrigation/Ear Lavage	D	D, V	
	Eye Irrigation	D	D, V	
	Lesion Biopsy/Removal	D	D, V	
	Papanicolaou (Pap) Smear/Pelvic Exam	D	D, V	
	Sterile Field	D	D, V	
	Toenail Removal	D	D, V	

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>Wound Care</b>			
	Dressing Change	D	D, V	
	Sterile Technique	D	D, V	
	<b>Ambulatory Aids</b>			
	Application of Brace (wrists, ankle)	D	D, V	
	Crutch or Cane	D	D, V	
	Dressing, Splinting, and Casting	D	D, V	
	<b>Laboratory Manual</b>			
	Laboratory Assistant Certification	D, P	D, V	
	Laboratory Area "Clean to Dirty"	D, P	D, V	
	Quality Controls	D, P	D, V	
	Reagents	D, P	D, V	
	Specimen Handling	D, P	D, V	
	<b>Performs Tests and Controls</b>			
	Glucose Test	D, P	D, V	
	HemoCue Hb Test	D, P	D, V	
	Hemoglobin A1C (HbA1c) Test	D, P	D, V	
	Influenza Test	D, P	D, V	
	Pregnancy Test	D, P	D, V	
	Rapid COVID Test	D, P	D, V	
	Rapid HIV Test	D, P	D, V	
	Rapid Strep Test	D, P	D, V	
	Urinalysis Test	D, P	D, V	
	<b>Proper Handling of Specimens/Cultures</b>			
	Clinical Pathology Laboratories (CPL)	D	V	
	LabCorp	D	V	
	Quest Diagnostics	D	V	

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>Sterilization</b>			
	<b>Sterilization Protocol</b>			
	Clean and Disinfect Instruments	D, P	D, V	
	Date and Initial Package	D, P	D, V	
	Sterilize Instruments	D, P	D, V	
	Autoclave	D, P	D, V	
	<ul style="list-style-type: none"> <li>• Cleaning (daily, weekly, and monthly)</li> </ul>	D, P	D, V	
	<ul style="list-style-type: none"> <li>• Spore Testing</li> </ul>	D, P	D, V	
	<b>Immunizations</b>			
	<b>Vaccine Preparation and Administration</b>			
	Adult Immunization	D, V	D, V	
	Influenza Vaccine	D, V	D, V	
	Pediatric Immunization	D, V	D, V	
	Vaccine Storage and Handling	D, V	D, V	
	Vaccines for Children (VFC)	D, V	D, V	
	WebIZ	D, V	D, V	
	You Call the Shots	V	T	
	<b>Tracking Logs</b>			
	<b>Complete, Maintain and Review</b>			
	Diagnostics	D, P	V	
	Labs	D, P	V	
	Referrals	D, P	V	
	Refrigerator/Freezer Temperatures	D, P	V	

# Medical Assistant Competency Checklist

Employee: \_\_\_\_\_ Preceptor(s): \_\_\_\_\_ Hire Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Manager: \_\_\_\_\_

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	<b>Infection Control</b>			
	<b>Knowledge, Perform, and Understand</b>			
	Communicable Disease Policy	D, P, V	V	
	Communicable Disease Reporting	D, P, V	V	
	Hand Hygiene	D, P, V	V	
	Personal Protective Equipment (PPE)	D, P, V	V	
	Universal Precautions	D, P, V	V	
	<b>OSHA</b>			
	<b>Knowledge and Understand</b>			
	Environment Safety	D, V	V	
	Fire Safety	D, V	V	
	Hazardous Chemicals	D, V	V	
	Infection Control/Bloodborne Pathogens	D, V	V	
	<b>Professional Competence</b>			
	Cultural Competence/Health Literacy	V	V	
	Customer Service	D	V	
	Medical Record Release of Information	D	D	
	Patient Confidentiality (HIPAA)	V	V	
	Job Description	D	V	
	<b>Other Services</b>			
	Behavioral Health	D	D	
	Dental	D	D	
	Dietician	D	D	
	Mobile Unit	D	D	
	Refugee Clinic	D	D	
	Ryan White Program	D	D	
	Sexual Health Clinic	D	D	
	<b>Miscellaneous</b>			
	Clinical Performance Measures	D	D	
	Medical Assistant Visits	D	D	
	Patient Centered Medical Home (PCMH)	D	D	
	Telehealth	D	D	

\_\_\_\_\_  
Signature of Employee      Date

\_\_\_\_\_  
Signature of Manager      Date