



# Joint Task Force National Capital Region Medical INSTRUCTION

NUMBER 1322.01

AUG 02 2011

*Incorporating Change 1, March 26, 2012*

J-7

SUBJECT: Standardized Joint Enlisted Medication Administration Program

- References:
- (a) JTF CapMed Directive 5107.03, "Education, Training and Research Health Professionals Education Work Group Charter," March 26, 2010
  - (b) ~~Army Regulation 40-68, "Clinical Quality Management," May 22, 2009~~  
*JTF CapMed Instruction 6025.04, "Medical Quality Assurance (MQA) and Clinical Quality Management," October 5, 2011*
  - (c) JTF CapMed Directive 1025.01, "Command Education and Staff Development," ~~(Not Published yet)~~ July 26, 2011
  - (d) The Official Handbook, "Joint Commission on the Accreditation of Healthcare Organizations," 2011
  - (e) Comprehensive Accreditation Manual for Hospitals (CAMH), 2011

1. PURPOSE. This Instruction, in accordance with the authority in Reference (a), establishes policy and guidelines for the education, training, competency verification, and supervision of Army *68W*, Navy *0000*, and Air Force *4NOX1s*, *hereafter referred to as* medics and corpsmen, authorized to administer medications at Walter Reed National Military Medical Center (*WRNMMC*) and Fort Belvoir Community Hospital (*FBCH*), ~~hereafter referred to collectively as the Joint Facilities.~~

## 2. APPLICABILITY

a. This Instruction applies to

(1) Joint Task Force National Capital Region Medical (JTF CapMed) ~~and all Joint Medical Treatment Facilities (MTFs) and Centers in the National Capital Region (i.e., Fort Belvoir Community Hospital *FBCH*, Walter Reed National Military Medical Center *WRNMMC*, and the Joint Pathology Center (*JPC*).~~

(2) All Army, Navy, and Air Force medics and corpsmen assigned to the ~~Joint applicable~~ MTFs and ~~the JPC Centers~~ and includes those assigned in the career fields of Army 68W, Navy 0000, and Air Force 4N0X1.

b. This Instruction does NOT apply to licensed nursing staff members.

### 3. DEFINITIONS

a. competency. The ability to demonstrate and apply decision-making, psychomotor, and interpersonal skills at the level of proficiency expected for his or her current duty position in accordance with JTF CAPMED-I 6025.04 (Reference (b)).

b. competency assessment. A process for the initial and periodic evaluation and documentation of an individual's knowledge, skills, and ability to perform a specific job or task according to established standards that are determined, in part, by the work setting and the staff member's designated role in that setting.

c. Joint Training Record. The six-sided folder which contains documentation of a staff member's position description, orientation, required training, Annual Regulatory Training, and competency assessment as defined in JTF CAPMED-D 1025.01 (Reference (c)).

d. non-licensed enlisted personnel (NLEP). Enlisted personnel serving in career fields of Army 68W, Navy 0000, and Air Force 4N0X1 that do not maintain a nursing license as part of their normally assigned military duties. Non-licensed enlisted nursing services personnel include those assigned to the career fields previously mentioned, regardless of service or department of assignment within the facility.

4. POLICY. It is JTF CapMed policy to:

a. Identify and capitalize on all competencies of the Army 68W, Navy 0000, and Air Force 4N0s in the deployed environment based on Service policies while working within the Joint Commission standards when these same personnel provide care within non-deployed ~~Joint applicable~~ MTFs and ~~the JPC Centers~~.

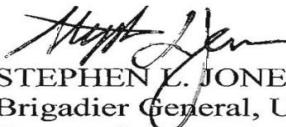
b. Provide trained and qualified Army and Air Force medics, and Navy corpsmen assigned to the ~~Joint applicable~~ MTFs and ~~the JPC Centers~~ that may administer medications within the scope and guidelines outlined in this Instruction.

c. ~~A medic~~ *Ensure medics* or ~~corpsman~~ *corpsmen must first* complete all required training; demonstrate competency to correctly respond to written, oral, and experiential assessment measures in the administration of medications to patients utilizing the six rights; and revalidate competency on a specified basis before being authorized to administer medications in any ~~Joint~~ MTFs or ~~the JPC Centers~~.

d. Review this Instruction annually.

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5. RESPONSIBILITIES. See Enclosure 1
  
6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Web Site at [www.capmed.mil](http://www.capmed.mil).
  
7. EFFECTIVE DATE. All provisions of this Instruction are effective immediately.

  
STEPHEN L. JONES  
Brigadier General, U.S. Army  
Deputy Commander  
By the direction of the Commander

Enclosures

1. Responsibilities
2. Program Specifics
3. Medication List

ENCLOSURE 1RESPONSIBILITIES

1. JOINT MTF DEPUTY COMMANDER FOR NURSING OR CENTER EQUIVALENT. The ~~Joint~~ MTF Deputy Commander for Nursing or Center Equivalent shall:

a. Ensure there is an appropriate scope of practice in place in the ~~Joint~~ *applicable* MTFs or ~~the JPC Centers~~ for non-licensed enlisted personnel.

b. Ensure all technical procedures medics and corpsmen are authorized to perform while assigned to the ~~Joint~~ *applicable* MTFs or ~~the JPC Centers~~ are identified in writing and are updated on a regular basis, including those for medication administration, and are filed in the individual's joint training record.

c. In coordination with the ~~Joint~~ MTF Deputy Commander for Education, Training, and Research or Center Equivalent, provide oversight for the Standardized Joint Enlisted Medication Administration Program in the ~~Joint~~ *applicable* Facilities.

d. Assign nursing staff personnel (officer, enlisted, or civilian) to assist Education, Training, and Research staff by serving as subject-matter experts, curriculum consultants, authors, instructors, and/or preceptors for this program.

~~e. Clinical Nurse Specialists, or a senior registered nurse (RN) for those duty sections without a clinical nurse specialist assigned, will ensure that:~~

~~(1) The general and unit-specific competency-based orientation for the administration of medication by unlicensed personnel is updated periodically.~~

~~(2) Unit-specific competency-based training is provided prior to the medic or corpsman being assigned responsibilities to administer medication in their clinical area and that training is documented in the individual's joint training record.~~

2. JOINT MTF DEPUTY DIRECTOR FOR EDUCATION, TRAINING, AND RESEARCH OR CENTER EQUIVALENT. The ~~Joint~~ MTF Deputy Director for Education, Training, and Research or Center Equivalent shall coordinate with the ~~Joint~~ MTF Deputy Commander for Nursing or Center Equivalent to provide oversight for the Standardized Joint Enlisted Medication Administration Program in the ~~Joint~~ *applicable* Facilities.

3. STAFF AND FACULTY DEVELOPMENT. The Staff and Faculty Development at each ~~Joint~~ *applicable* MTF and ~~the JPC Center~~ shall:

- a. Provide classroom, administrative, technical, and/or instructional support to ensure that computer-based and classroom training may be conducted on a regular basis.
- b. Ensure all computer-based and classroom training associated with the program is updated periodically in consultation with identified nursing subject-matter experts and stakeholders.
- c. Assist in competency based orientation development as needed.
- d. Appoint, in writing, a staff officer or non-commissioned officer (NCO) to serve as Standardized Joint Enlisted Medication Administration Program primary point of contact.
- e. Have a policy outlining remediation and additional training policies for students that fail to successfully complete the evaluation portion of the didactic training or fail to demonstrate competency in the delivery of medications during unit-specific competency assessments.

4. CLINICAL NURSE SPECIALISTS OR A SENIOR REGISTERED NURSE (RN). *Clinical Nurse Specialists or a Senior RN shall, for those duty sections without a clinical nurse specialist assigned, ensure that:*

- a. *The general and unit-specific competency-based orientation for the administration of medication by unlicensed personnel is updated periodically.*
- b. *Unit-specific competency-based training is provided prior to the medic or corpsman being assigned responsibilities to administer medication in their clinical area and that training is documented in the individual's joint training record.*

45. CLINICAL SUPERVISORS. Clinical Supervisors shall:

- a. Ensure NLEP are supervised by licensed health care professionals or privileged health care providers in the ~~Joint~~ *applicable* MTFs and *the JPC Centers*. Personnel in supervisory roles are responsible for the assessment and ongoing validation of the individual medics or corpsman's competency to administer medications within the guidelines of this Instruction.
- b. Monitor mechanisms for ongoing competency reassessment.
- c. Validate the potential for individual medics and corpsmen to administer medications and recommend them to complete training as appropriate.
- d. Coordinate with the appropriate personnel to ensure that the general and unit-specific competencies for medication administration for medics and corpsmen are evaluated initially and on an annual basis and that any required refresher or additional training is provided based upon the assessed learning needs of the individual.
- e. Ensure the individual's training is recorded in their joint training record.

f. Monitor the delegation of NLEP medication administration duties in either an inpatient or outpatient setting. In delegating such medication administration tasks to the medic or corpsman, the delegating authority authorizes them to administer the medication, but retains responsibility and accountability for the outcomes of the care. This may include the administration of medication by a non-licensed enlisted nursing Services member that are included on the Medication List (Enclosure 3) that are generally excluded from administration by a non-licensed enlisted nursing Service member. In these instances, the practice must be validated by the senior registered nurse in the associated duty section and presented to the Nursing Practice Council. Final approval for this deviation will come from the Nursing Practice Council in coordination with the Deputy Commander for Nursing. Once Nursing Practice Council and Deputy Commander for Nursing approval has been obtained, the Clinical Nurse Specialist, or senior *RN for those duty sections without a clinical nurse specialist assigned, must ensure that unit-specific* competency-based training is provided prior to the medic, *or* corpsman being assigned responsibilities to administer medication in their clinical area and that training is documented in the individual's joint training record.

**56. NLEP.** NLEP shall:

- a. Successfully complete all requirements of the Standardized Joint Enlisted Medication Administration Program before administering medications in an *Joint applicable* MTF or *the JPC Center*.
- b. Maintain a working knowledge of the Standardized Joint Enlisted Medication Administration Program, including those medications he or she may administer.
- c. Safely administer selected medications utilizing the six patient rights within the scope of his or her practice in the *Joint applicable* Facilities.
- d. Ensure his or her training is documented in his or her individual joint training record.
- e. Assume responsibility for medication administration only if required training has been provided to them in accordance with this Instruction.

ENCLOSURE 2PROGRAM SPECIFICS

1. The Standardized Joint Enlisted Medication Administration Program at the ~~Joint~~ *applicable* MTFs and *the JPC Centers* will adhere to the curriculum for Medical Technicians endorsed by the National Council of State Boards of Nursing and consist of four discrete requirements. Those requirements include:

a. Identification of eligible NLEP by the first RN or NCO in Charge in their supervisory chain. Enlisted personnel should have demonstrated that they possess the attributes necessary to safely administer medications to patients in their assigned clinical area only.

b. Classroom training may include didactic and computer-based training as appropriate for delivery of pertinent course material.

c. Hands-on simulation training.

d. Unit-specific competencies:

(1) Tailored to the individual's unit of assignment based on commonly used medications and routes of administration.

(2) Medics and corpsmen will be supervised one-on-one by a senior registered nurse, clinical nurse specialist or preceptor for a minimum of 24 contact hours to determine the ~~student~~*candidate*'s competency to administer medications.

(3) Medics and corpsmen with individual learning differences may, at the discretion of a senior registered nurse, clinical nurse specialist or preceptor be granted a longer period of orientation to determine their competency to administer medications.

*(4) Medics and corpsmen that do not successfully complete the training will follow guidelines established by Staff and Faculty Development.*

2. Annual competency training and re-validation must be conducted as directed by *the JTF CAPMED-D 1025.01*, The Official Handbook, "Joint Commission on the Accreditation of Healthcare Organizations," 2011, and the Comprehensive Accreditation Manual for Hospitals (CAMH), 2011 (References (c) through (e)).

ENCLOSURE 3MEDICATION LIST

1. Once training has been completed and the initial competency validated, medics and corpsmen may administer all medications EXCEPT the following:

- a. Any hospital-identified high risk or high alert medication
- b. Vancomycin or Gentamycin
- c. Drotrecogin alfa (activated) (brand name: Xigris)
- d. Chemotherapy agents
- e. Intravenous (IV) electrolytes
- f. IV push meds (unless certified in a special environment, such as the cardiac catheterization laboratory)
- g. Any medication administered via:
  - (1) Epidural catheter
  - (2) Patient-controlled analgesia (PCA) pump
  - (3) Central venous catheters, to include peripherally inserted central catheter lines
- h. Special infusions including, but not limited to:
  - (1) Vasoactive drugs
  - (2) Heparin
  - (3) Furosemide
  - (4) Insulin
  - (5) Aminophylline
  - (6) Narcotics, sedatives, or hypnotics
  - (7) Total parenteral nutrition or lipids
  - (8) Tissue plasminogen activator



- (9) Amphotericin
- (10) Alcohol
- (11) Blood or blood components (including albumin)
- (12) Controlled substances

2. Medics and corpsmen MAY NOT:

- a. Prepare any medication requiring a diluent, except pre-packaged intravenous piggybacks (IVPBs).
- b. Add medication to intravenous bottles or bags.
- c. Carry narcotic keys or have access to medication dispensing machines.
- d. Take verbal orders to administer medication.
- e. Administer medications on a unit other than the one to which they are assigned.
- f. Manipulate pumps controlling PCA, epidural, or central venous infusions.

3. Prior to administering medications, a medic or corpsman must have an RN verify:

- a. All dosage and infusion rate calculations including those for prescribed for pediatric patients, IVPBs, or IV fluids.
- b. Any injectable medication by any route including subcutaneous, intramuscular, or intradermal.