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PCA

Level 3

APPENDIX B

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES  
LEVEL II AND LEVEL III PERSONAL CARE SERVICES

SUMMARY OF MODIFICATIONS MADE\*

\*Key used throughout pages of summary to identify activities which, though revised in language or organization, are not changed in terms of permissibility/non-permissibility from designations and levels originally proposed.

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APPENDIX B  
SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE	
Preparing Meals in accordance with Complex Modified Diets	Purchase foods; serve meals; clean cooking area, equipment and utensils; store uneaten foods properly; observe, record and report.	Changed from: to:	permissible at Level III permissible at Level II and Level III.
-Total Parenteral Nutrition (TPN)	Dressing change to IV catheter site: -assemble necessary equipment and supplies; observe, record and report.	Changed from: to:	permissible at Level III under special circumstances non-permissible.
	Mixing solutions: -assemble necessary equipment and supplies; check for names, dates and clarity of solution; observe, record and report.	Changed from: to:	permissible at Level III under special circumstances non-permissible.
	Hooking up solutions: -assemble necessary equipment and supplies; hang solution on IV pole; observe, record and report.	Changed from: to:	permissible at Level III under special circumstances non-permissible
	Daily monitoring:  -perform other activities as required.	Deleted.	

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APPENDIX B  
SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
Administration of Medications	Identify the medication for the patient (all routes).	* Language changed to: "Read the label on the medication container."
-Topical medications	Remove proper amount of medication from container (see activities related to application).	(1) Parenthetical terminology deleted. (2) Activity designated permissible at Level III under special circumstances, non-permissible at Level II.
	Apply over the counter (OTC) medications.	(1) Language changed to: "Apply non-prescription medications." (2) Sunscreens and emollients deleted from list of types. (3) Activity changed from: permissible at Level II and Level III to: permissible at Level III under special circumstances; non-permissible at Level II.
	Apply prescription medications.	(1) Sunscreens and emollients deleted from list of types. (2) Activity changed from: permissible at Level III to: permissible at Level III under special circumstances.
-Injectible medications	Draw up solution to include reconstituting or: Prepare pre-filled dose.	* Combined in one activity.
-Intra-aural, nasal and	Instill/apply/spray over the counter (OTC) medications.	(1) Language changed to: "Instill/apply/spray non-prescription medications." (2) Activity changed from: permissible at Level II and Level III to: permissible at Level III under special circumstances, non-permissible at Level II.
Routine Skin Care	Cut nails.	Definition included in Glossary to Appendix. Changed from: non-permissible to: permissible at Level III under special circumstances.

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SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
Special Skin Care	---	Definition included in Glossary to Appendix.
	Apply topical medications to stable skin surface (see topical medications).	(1) Parenthetical terminology deleted. (2) Activity designated permissible at Level III under special circumstances, non-permissible at Level II. (3) Definition of stable skin surface included in Glossary to Appendix.
	Perform preventive measures.	Deleted.
Using Medical Equipment, Supplies and Devices: -Neck and back braces; transfer/sliding boards	---	Added; designated permissible at Level II and Level III.
-Traction	Put on/put in/remove/operate.	Added; designated non-permissible.
- Elastic support stockings	Put on/remove.	Changed from: permissible at Level III to: permissible at Level II and Level III
-Hoyer lift; electric lift chairs	---	Language changed to "hydraulic lift, e.g. Hoyer"
	Assemble/set up necessary equipment; position patient to move into/out of equipment; operate the equipment; clean reusable equipment; store equipment properly; observe, record and report.	Changed from: permissible at Level III to: permissible at Level II and Level III
-Catheters: Condom (Texas)	---	Language changed to "catheters, external."
	Change and empty collection bags.	* Separated into two activities.
	Measure and record urinary output.	* Reference to content on simple measurements and tests added.
-Catheters: straight; indwelling (Foley)	---	Language changed to "Catheters: straight (intermittent); indwelling (e.g. Foley)."

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SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
-Catheters: straight, indwelling (Foley) con't	Cleanse skin around insertion site.	Changed from: permissible at Level III to: non-permissible
	Perform routine perineal skin care and catheter care.	Added; designated permissible at Level III, non-permissible at Level II.
	Measure and record urinary output.	Changed from: permissible at Level III to: Permissible at Level II and Level III
	Irrigate indwelling catheter, only for patients who can fully direct and manage the procedure.	*Language changed to: "Irrigate indwelling catheter." Additional conditions established to describe patients for whom the activity may be performed. Additional conditions identified in body of Appendix and included in Glossary to Appendix.
	Change and empty drainage bags.	Separated into two activities; designated as follows: -empty drainage bag-permissible at Level III; -change drainage bag-permissible at Level III under special circumstances. Additional conditions established to describe patients for whom the activity may be performed (see irrigate catheter).
-Enemas	Prepare soap solution.	Added; designated permissible at Level III, non-permissible at Level II.
	Administer Fleets/Soap suds.	*Language changed to: "Administer commercially prepared/soap solutions."
-Douches	Prepare douche solution.	Added; designated permissible at Level III, non-permissible at Level II.
	Administer.	*Language changed to: "Administer commercially prepared/douche solution."
Hot and Cold Applications: Ultra Sound	---	Deleted in entirety.

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SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
-Medication nebulizers; air compressor and intermittent positive pressure breathing machine (IPPB).	-	Language changed to: "Medication nebulizers; air compressor."
	Adjust/set controls.	Changed from: permissible at Level III to: permissible at Level III under special circumstances.
-Humidifier	Prompt patient to use; assemble necessary equipment and supplies; fill with water; clean equipment; store equipment; observe, record and report.	Changed from: permissible at Level III to: permissible at Level II and Level III.
-Oxygen equipment: oxygen tanks and oxygen concentrators	All activities.	Separated into a list of activities for the oxygen tank and a list of activities for the oxygen concentrator.
-Oxygen tank	Regulate oxygen flow rate.	*Language changed to: "Adjust oxygen flow rate."
-Oxygen concentrator	Set the oxygen flow rate.	Changed from: permissible at Level III under special circumstances to: non-permissible.
	Check that flow rate is at setting prescribed on patient's care plan.	Added; designated permissible at Level III, non- permissible at Level II.
-Mechanical Ventilators	-	Language changed to: "Mechanical ventilators, including IPPB."

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SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
-Mechanical Ventilators (con't.)	All activities.	Requirement added as follows: "Assistance with use of this equipment requires current certification in cardiopulmonary resuscitation (CPR)." Also included in Glossary to Appendix B.
	Charge batteries.	Added; designated permissible at Level III under special circumstances, non-permissible at Level II.
	Adjust/set gauges.	Separated into two activities; designated as follows: (1) set gauges; non-permissible (2) adjust gauges; permissible at Level III under special circumstances.
	Check settings on gauges.	*Language changed to: "Check settings on gauges against prescribed settings on patient's care plan."
	Perform suctioning: superficial, oral.	*Language changed to: "Perform suctioning: superficial, oral with bulb syringe."
	Perform suctioning: superficial, of stable tracheostomy.	Changed from: permissible at Level III under special circumstances to: non-permissible.
	Perform emergency care as needed.	*Language changed to: "Perform emergency care as needed e.g. CPR."



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SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
-Apnea monitors	All activities.	Requirement added as follows: "Assistance with use of this equipment requires current certification in cardiopulmonary resuscitation (CPR)." Also included in Glossary to Appendix B.
	Assemble necessary equipment and supplies; position patient; prepare skin/electrodes; apply electrodes; check settings on monitor; observe safety precautions; store reusable equipment properly; observe, record and report.	Changed from: permissible at Level III under special circumstances to: permissible at Level III.
	Adjust/set monitor.	*Language changed to: "Set monitor."
	Perform emergency care as needed.	*Language changed to: "Perform emergency care as needed e.g. CPR."
Changing of dressings: simple	--	(1) Language changed to: "Dressings involving clean procedure, for stable surface wounds." (2) Definition of stable surface wound included in Glossary to Appendix B.
	Remove soiled dressing; dispose of soiled dressing.	*Language changed to: "Remove old dressing; dispose of used dressing."
	Apply topical medication (see topical medications).	(1) Parenthetical terminology deleted. (2) Activity designated permissible at Level III under special circumstances, non-permissible at Level II.

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APPENDIX B  
SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS	ACTIVITY(IES)	MODIFICATIONS MADE
Changing of dressings involving sterile procedure**, for stable surface wounds only	--	(1) Language changed to: "Dressings involving sterile procedure." (2) Asterisked definition of sterile procedure deleted.
** (Definition of sterile procedure was originally included here)	Sterilize instruments; clean equipment.	Changed from: permissible at Level III to: permissible at Level III under special circumstances.
	Set up sterile field; remove wrappings from new dressing; cut tape; remove soiled dressing; apply medications to dressing; apply new dressing; apply reinforcement dressing if necessary.	Changed from: permissible at Level III or permissible at Level III under special circumstances to: non-permissible.
	Hand requested items to patient.	Deleted.
Simple Measurements and Tests		
-Vital signs	Take pulse at other sites (other than radial and apical).	Deleted.
	Dispose of used supplies.	Added; designated permissible at Level III, non-permissible at Level II.
-Specimen collection: urine and stool	Label the specimen container.	Added; designated permissible at Level III, non-permissible at Level II.
-Specimen collection: blood	All activities.	Deleted in entirety.
-Specimen collection: sputum	Label the specimen container.	Added; designated permissible at Level III, non-permissible at Level II.

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**APPENDIX B  
SUMMARY OF MODIFICATIONS**

<b>FUNCTIONS/TASKS</b>	<b>ACTIVITY(ES)</b>	<b>MODIFICATIONS MADE</b>
-Specimen collection: wound culture	All activities.	Deleted in entirety.
-Intake and output	--	Added with list of associated activities; all activities designated permissible at Level II and Level III.
-Diabetic blood testing	Clean equipment.	Added; designated permissible at Level III, non-permissible at Level II.
-Urine testing	Collect specimen.	* Language changed to: "Collect specimen from commode, bedpan or urinal."
	Collect specimen from indwelling catheter.	Added; designated permissible at Level III under special circumstances, non-permissible at Level II. Additional conditions established to describe patients for whom the activity may be performed. Additional conditions identified in body of Appendix and included in Glossary.
-Weight	--	Added, with list of associated activities; all activities designated permissible at Level II and Level III.
<b>Ostomy Care:</b> changing a colostomy, ileostomy or ureterostomy appliance or dressing when the ostomy is mature and stable	See permissible activities related to changing simple dressings.	Language changed to: "Apply dressing (see permissible activities related to changing of dressings for stable surface wounds)."
	--	Ureterostomy separated; relabeled "changing a urinary diversion appliance or dressing" with subheadings as follows: -Ureterostomy -Ileal conduit -Others Associated list of activities added: all activities designated permissible at Level III under special circumstances, non-permissible at Level II.

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APPENDIX B  
SUMMARY OF MODIFICATIONS

FUNCTIONS/TASKS

ACTIVITY(IES)

MODIFICATIONS MADE

Ostomy Care;  
tracheostomy  
or gastrostomy when  
the ostomy is mature  
and stable

\*Separated into a list of activities for the  
tracheostomy and a list of activities for the  
gastrostomy.

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## APPENDIX B

### Introduction

This appendix, consisting of 47 pages, outlines the permissible and non-permissible activities associated with the provision of Level III health related tasks. Designations of permissibility or non-permissibility are based upon current interpretation of the practice of nursing.

The appendix also includes a list of permissible and non-permissible activities for some, but not all, Level II functions. Level II functions included are those with related Level III tasks, requiring distinction of permissible activities between the two levels. An example is the appendix content on medical equipment, supplies and devices. Permissible and non-permissible activities for Level I functions are not included in this appendix.

Appendix A identifies the complete list of permissible Level I, II and III functions/tasks. Together, appendices A and B constitute the scope of work for individuals (home care workers/aides) providing personal care services. Functions, tasks or activities absent from these appendices cannot be performed by such individuals.

A glossary of selected terms found in Appendix B is presented on the following pages. The glossary is intended to be used as a reference in conjunction with review and interpretation of Appendix B content. Page numbers are included in the glossary to assist in location of the terms within the body of the appendix.

## APPENDIX B

### Glossary

- o Activities Permissible Under Special Circumstances, General, pages 1 - 47: activities which can only be provided in association with a Level III task for a patient whose characteristics and case situation meet all of the following criteria:
  1. The patient is self-directing; i.e. has the capability to make choices about activities of daily living, understand the impact of these choices and assume responsibility for the results of the choices;
  2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
  3. The patient cannot physically perform the task or activity because of his/her disability; and
  4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task or the caregiver's involvement is unacceptable to the patient.
- Activities permissible under Special Circumstances do not apply to Level II functions. Accordingly, the Appendix B column labeled "Permissible Under Special Circumstances, Level II" has blank entries throughout the body of the appendix.
- o Activities Permissible Under Special Circumstances, Administration of Medication, pages 7-17: with some exceptions, removal of the proper amount of medication from the medication container and application/instillation, etc. of the medication for a patient whose characteristics and case situation meet the above four criteria.

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APPENDIX B  
Glossary (cont'd)

Performance of these activities for a patient who is self-directing does not violate the provision of the New York State Nurse Practice Act. However, performance of these activities for a patient under circumstances other than those specified above constitutes a felony.

- o Activities Permissible Under Special Circumstances, Indwelling Catheter, pages 23-25: Irrigation of the catheter and changing of the urinary drainage bag for a patient whose characteristics and case situation meet the above four criteria and, in addition, the following three conditions:
  1. The patient is physically disabled; and
  2. The patient can fully direct and manage the procedures; and
  3. The patient's home care worker(s) (aides) provide service exclusively to him/her.
- o Activities Permissible Under Special Circumstances, Mechanical Ventilators pages 31-32: activities which can only be performed for a patient whose characteristics and case situation meet the above four criteria and by an individual (home care worker/aide) with current certification in cardiopulmonary resuscitation (CPR).
- o Activities Permissible at Level III, Apnea Monitors, page 32: activities which can only be performed by an individual (home care worker/aide) with current certification in cardiopulmonary resuscitation (CPR).
- o Mature and Stable Ostomy, pages 43-47: an ostomy for which a routine of care has been established and is not new or changing.

APPENDIX B  
Glossary (cont'd)

- o Observe, Record and Report, General, pages 1 - 47: to gather, write down and verbally convey information. Includes information about changes in the patient's behavior, physical environment and relationships with other caregivers and information about the effects of, or, patient's reaction to a particular procedure or treatment. Also includes information documenting the actions and findings of the home care worker/aide when assisting the patient with a specific function, task or procedure.
- o Routine Skin Care, page 18: activities normally performed on a regular basis to maintain the skin's integrity; e.g. bathing and grooming.
- o Special Skin Care, page 19: activities performed on an as needed basis to protect a wound or to prevent the development of decubiti.
- o Stable Skin Surface, page 18: skin surface that may have a superficial wound but is not open, inflamed or infected.
- o Stable Surface Wound, page 33: a wound that is closed, crusted or scabbed over, non-draining and non-infected, but not necessarily healed.

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April 29, 1987

Ann B. Hallock  
Associate Social Service  
Program Specialist  
One Commerce Plaza, Rm. 608  
99 Washington Avenue  
Albany, NY 12210

Dear Ms. Hallock:

The New York State Nurses Association appreciates the opportunity to review the proposed Administrative Directives explaining the revisions and amendments to department regulations 505.14(a)(b).

The Association appreciates the Department of Social Service's concerns regarding the growing needs of patients in the home. However, you may remember in our original review of the proposed regulations, NYSNA strongly objected to the Level III health related tasks as outlined. At that time, NYSNA believed that many of the health related tasks as described would require licensed physicians and/or nurses to provide the care. We continue to believe that to allow unqualified, unlicensed personnel to perform these tasks will be an inappropriate delegation of responsibility for the registered professional nurse. While nursing tasks can and are delegated, the nurse remains legally accountable for the care of patients and the consequences of the delegated action.

The New York State Nurses Association recognizes the increasing stresses which are being placed upon individuals who require health care and/or would like their care to be delivered in the home setting. Rapid changes in the health care delivery system have greatly impacted upon home care.

NYSNA must stress to the Department that in the Rules of the Board of Regents on Unprofessional Conduct, Section 29.1(1), it is stated that delegating professional responsibility to a person when the licensee delegating such responsibility knows or has reason to know that such a person is not qualified by training, by experience or by licensure to perform these acts is professional misconduct. In addition, Section 29.2(5) states that failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed person, also, can constitute professional misconduct.

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Since allowing personal care aides to perform health related tasks gives a message to the consumer (patient) that a trained/qualified person is providing this care, the Association has concern regarding unauthorized practice. We refer the Department to Title VIII of the Education Law, Article 130, Sub-article 4, in which it is stated that "anyone who knowingly aids or abets three or more unlicensed persons to practice the profession or employs and holds such unlicensed persons out as being able to practice in any profession for which a license is a prerequisite to the practice of the acts shall be guilty of a Class E felony." Personal care aides should be assistive to the professional nurse, not substitutive. It is the opinion of this Association that these regulations and administrative directives in certain sections substitute an unlicensed person for the practice of a professional nurse.

With these general comments as a basis, NYSNA now presents its review of the two administrative directives. The first directive addressed is "Revised Standards and Authorized Procedures for Provision of Personnel Care Services."

The Association is pleased to note that the Department has extended the nursing assessment privilege. The definitions and types of service are clearly identified. It is important to note that one definition, which gives this Association concern when considering the tasks, is the definition of total assistance - "a specific function or task is performed and completed for the patient."

The Criteria for Provision of Services are clearly identified. However, NYSNA must question that the Stability of Patient's Medical Condition Criteria, while laudatory, may not be able to be achieved in many situations and/or may change more often than would be expected. The Association notes that the directive states "the assessing nurse has primary responsibility for determining stability of the patient's medical condition." Throughout the entire directive there seems to be confusion between the Department's understanding of medical condition and health condition. NYSNA believes that a nurse assesses the patient's health condition; a medical condition is within the purview of a physician, who is a practitioner of medicine. The Department might want to consider standardizing its terminology.

On page 5, the section on Ability of Patients to be Self Directing is quite clear. The section on non self directing patients is problematic to this Association. The possible scenario is that a non self-directing patient may be totally impaired, but, have an informal caregiver who is required to provide supervision and direction. Thus, personal care services are being delivered by a personal care aide who is under the supervision of a professional nurse to an impaired non self-directing patient with an outside supervisor. On page 6, the directive is clear regarding the fact that the personal care aide can not provide supervision and direction of non self-directing patients. However, the lengthy discussion regarding what is appropriate daily contact or daily supervision by the outside individual becomes prob-

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lematic. Can not the Department see the opportunity for error and/or difficulties in this scenario?

On page 7 in the section on Specific Functions and Tasks Needed by the Patient, it is stated that "Appendices A and B constitute the scope of practice for individuals providing personal care services." This Association must object to any identification of a scope of practice for unlicensed persons. A scope of practice is only applicable to those licensed individuals who have a demonstrable and identifiable scope of professional practice.

The New York State Nurses Association commends the Department of Social Services for its time frame on assessment and authorization procedures. It is extremely important for continuity of care that patients be assessed as timely and as currently as possible. Therefore, the requirement for five working days upon the receipt of the physician's orders seems to be a reasonable goal.

On page 9, under nursing assessment, there are concerns regarding the qualifications of the assessing nurse. This Association originally recommended that this section be eliminated as there are no qualifications in the regulations for social workers and physicians who are involved in the assessment. While a nurse with recent experience in home health care should be involved in the process, it is important that the Department understand that many individuals being evaluated may actually require the assessment of a nurse with recent acute care experience. Therefore, NYSNA recommends that this requirement be eliminated.

On page 10 in the section on the Development of the Plan of Care, the Department is to be commended on the close collaboration with the patient and/or his representative in planning for the care that will be delivered. The Department seems very sensitive to the needs of the patient/client to be involved in all aspects of his/her personal care. The directive is very specific in the details for a plan of care; the language in which it should be expressed; the need to have an updated plan posted in the patient's home and for the plan to be available to all caretakers and agencies. The Department should consider an additional statement regarding updating and reviewing the plan of care.

Next, NYSNA would like to respond to the administrative directive on "Provision of Level III Personal Care Services." This directive addresses the health related tasks for which this Association has previously expressed objection.

The permissible and non-permissible activities which are specifically described in Appendix A will be discussed when we discuss this specific appendix. However, great concern must be expressed regarding the language on page 3 of the directive, which states that "under special circumstances, additional activities associated with these health related tasks may be performed for a particular patient." While there are criteria that the patient must meet in order to be considered

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"under special circumstances," it still remains the registered professional nurse's primary responsibility for determining whether the performance of one or more of these activities is appropriate for a particular patient.

The Department must also have concerns in this area since there is lengthy discussion regarding the need for assessment of the patient's motivation, knowledge, experience and ability to be consistently self-directing. It is difficult to imagine a patient care situation in which so many factors will remain stable while a patient is ill or impaired and needs to be cared for in the home.

On page 5, the Department states that personal care services are not intended to substitute for other types of home care services. It is this Association's belief that these personal care services as described are often substitutive rather than assistive.

When reviewing the Qualifications and Training Requirements for Individuals Providing Level III Services, NYSNA is reminded of the situation which currently exists in the OMH/OMRDD facilities where mental health therapy aides have been performing nursing tasks for many years under an exemption clause in the Nurse Practice Act. Considerable energies and monies are spent in these departments to train these aides. However, unsafe practice situations continue and NYSNA is sponsoring legislation which will correct this dangerous and anachronistic custom which deprives one patient population of appropriate care. It appears that a similar system is being established and/or provided for under this section which will deprive another vulnerable group of appropriate nursing care.

OMH  
MHTA  
LPAs

This section extensively discusses the qualifications and training with regard experience, education, training, supervision and documentation. The New York State Nurses Association has previously questioned whether or not adequate time is being provided for the required training of these individuals when the basic program is being completed in 65 hours. We do not believe that a supplementary classroom training program of 25 hours will adequately prepare Level III personal care aides for even basic assistive care.

It is understandable why the Department does not want the activities permissible "under special circumstances" to be taught in the classroom. However, it becomes increasingly problematic for the professional nurse who will be required to assess the patient's status, assess the personal care aide's ability, teach the aide a professional or semi-professional task and finally provide the supervision.

On page 11 of this directive, there is additional discussion of "on the job training." This appears to establish a scenario where the supervisory nurse makes an orientation visit on the first day of the personal care aide's assignment to a patient. It is during this visit that the skills necessary for the performance of the activity "under special circumstances" will be taught. Many of the tasks specified in this column in the matrix cannot possibly be taught during one



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orientation visit. NYSNA believes that this expectation reflects incomplete understanding of the total care which is involved in many of these tasks.

There are two Appendices. Appendix A is labeled "Personal Care Services, Personal Functions and Tasks by Level" and Appendix B, "Permissible and Non-Permissible Activities, Level II and Level III Personal Care Services." Appendix A clearly identifies the difference between the three levels.

NYSNA has strong reservations about the procedures which the personal care aide will be allowed to perform under the functions and tasks contained in the matrix. We believe that any invasive procedure or one requiring sterile techniques should be done by a nurse (LPN or RN). The unlicensed aide can be taught a skill which may have many steps, but, it is questionable whether this person will be able to understand or interpret the rationale governing the procedure. There is also considerable question whether an unlicensed person will be able to respond appropriately to the emergencies which can arise in this type of care situation. Unfortunately, this puts the patient at risk and the professional nurse in a potentially liable/misconduct situation.

Specifically, the Association questions the advisability of the following procedures and recommends that they be placed under nonpermissible Level III activities:

1. Total parenteral nutrition - If the aide is assisting a self-directing patient to self administer the TPN, the responsibility for ascertaining the appropriateness of the solution remains with the patient. Thus, the aide could "read, not check, for names and dates and describe, not check, the clarity of the solution." Checking implies an independent judgment. Also, if a nurse is needed to administer the TPN solution, the above activities are the nurses responsibility. As currently worded, section 2b on page 5, should be nonpermissible.
2. Oral medications - When any individual removes a proper amount of a medication from a container and puts/sprays/spoons a medication into a patient's mouth, this is the administration of a medication. It is not assistive. Therefore, this Association must object to item numbers 6 and 7 on page 8. There is currently an established practice in home care where a professional or licensed nurse prepares medication for the administration to a self directing person.
3. Topical medication - The Association objects to items 8a, c and d on page 10 which is the application of prescriptive medications (antibiotics, cortosteroids, vasodilators) by an unlicensed person. Administration of a vasodilator requires an assessment of the patient's cardiovascular system in order

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to assure that the patient is medicated in a safe and timely manner.

4. Injectible medications - We object to allowing an unlicensed person to administer insulin without providing for the multiple health care needs of an individual who requires daily insulin injections. While NYSNA understands that only prefilled syringes will be utilized, we suggest that the assessment and understanding needed in this procedure is beyond the skill of a personal care aide.
5. Intraoral, nasal and ocular medications - The Association suggests that this activity be limited to over the counter medication. Since the need for prescriptive medications would indicate an alteration in the patient's health status, the Association believes that the patient would require the assessment and care of a nurse.
6. Rectal and vaginal medications - Again, NYSNA believes that the assessment required in the application and inserting of these medications is not within the understanding and skills of an aide.
7. Transcutaneous electrical nerve stimulator (TENS) - The Association believes the assessment necessary in applying this equipment in order to ensure that there is a positive effect of the treatment is beyond the skill of an unlicensed person.
8. Catheters (straight, indwelling) - Irrigation of an indwelling catheter is known to be associated with the introduction of infection. The patient is entitled to be cared for by a nurse who understands sterile/clean technique, the signs and symptoms of infection and anatomy and physiology.
9. Medical Equipment, Supplies and Devices - The Association objects to any instillation of prescribed medications and the adjustment/setting of controls on IPPB machines. In addition, regulating oxygen flow rates requires an assessment and understanding of the patient's overall condition which we believe is beyond the skill of a personal care aide.

NYSNA vehemently objects to the inclusion of mechanical ventilators in this category. The activities listed are care of the ventilator, not care of a patient. It is a complex task to adjust and set gauges on a ventilator machine.

In addition, we strongly object to any personal care aide performing tracheostomy suctioning. It is inconceivable that this type of a task be taught to an individual who lacks knowledge of basic anatomy and physiology, oxygen exchanges and resuscitation. NYSNA suggests that emergency care

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include mouth to stoma resuscitation as included in the curriculum of the American Heart Association Level I CPR. Any mechanical resuscitation would be a professional responsibility.

10. **Apnea Monitors** - It is interesting to note that it is a nonpermissible activity for a Level III aide to adjust and set an apnea monitor, while one could adjust and set the gauges on a mechanical ventilator. The adjustment of gauges on this type of monitor is no less complex than those on a mechanical ventilator.
11. **Changing of Sterile Dressings** - This activity implies that there is either an active infectious process, the assessment of which is more critical than the dressing change, or an area which should be protected from infection. Professional nursing input is vital.
12. **Specimen Collection (Wound Culture)** - Obtaining cultures and transferring specimens from a contaminated wound requires professional assessment and an understanding of infection control. If incorrectly obtained, there would be a false negative in the lab test resulting in inappropriate treatment.  
  
The items between pages 35 - 39 are not objectionable to this Association.
13. **Blood Testing (Diabetic)** - While NYSNA recognizes that many diabetic patients self-monitor their status, it is extremely important that any activity in this area by an aide be accurately and timely reported to the professional nurse.
14. **Performing a Maintenance Exercise Program (Postural Drainage)** - This Association believes that postural drainage requires an understanding of the anatomy and physiology of the patient and the potential for causing a medical crisis if it is inappropriately performed.
15. **Caring for an Ostomy** - This specific task appears to be an activity which potentially could be taught "under special circumstances" to a Level III aide. However, inserting a catheter and irrigating the colon requires an advanced understanding of anatomy and physiology and the potential for harm to the patient and we do not believe it can be taught on a one-to-one to an aide. Therefore, item 9 on page 45 should become a nonpermissible activity.
16. **Caring for a Tracheostomy** - No matter how stable or mature a tracheostomy is, changing the tapes often can result in the patient coughing and accidentally dislodging the tracheostomy tube. Therefore, the individual who is involved in changing tapes should have knowledge regarding how to replace the

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trach tube. This would not be within the activity of a Level III aide.

It is interesting to note that many high-tech activities are seen as being within the skill of a Level III aide "under special circumstances." However, on page 18 of Appendix B, there are no circumstances under which a Level III aide may cut the nails of a person requiring assistance.

The following comments are a review of the document labelled "Appendix B - Level III Personal Care Services Required Twenty-Five Hour Curriculum." We commend the Department for strongly emphasizing that the aide's role is not to make independent judgments about the activities he or she will perform with or for the patient. However, NYSNA is concerned that because of the type of care which is being proposed, that in many circumstances, independent judgments will occur. The New York State Nurses Association believes that the curriculum identified cannot be taught in a period of 25 hours.

NYSNA suggests that in the topic "Preparing Meals in Accordance with Complex Modified Diet," if monitoring of the patient on total parenteral nutrition remains in this section, that a registered nurse be a required instructor. The Association has considerable concern about the topic "Using Prescribed Medical Equipment, Supplies and Devices." There is a minimum of five hours assigned to this topic. It will take considerably more than five hours to teach the content of approved activities.

Applying hot water bottles, electric heating pads, heat lamps, hot and cold compresses, ice bags, sitz baths and utilizing a Hoyer lift, which are acceptable activities to this Association, will require more than five hours of classroom instruction. The Department truly seems to have a very limited understanding of what is involved in these activities. Even an uncomplicated application of a hot and cold compress will require an understanding of the anatomy of particular body parts and temperature factors.

There is a topic which is identified as "Changing Dressings to Stable Surface Wounds." This type of wording infers that there is something non-changing about a stable surface wound. It is extremely important that any wound be evaluated and assessed for its progress or deterioration.

NYSNA believes that an item which is illustrative of the Department's incomplete understanding of necessary content is the topic labelled "Performing a Maintenance Exercise Program." Three hours are allocated to teaching active, passive and resistive range of motion, postural drainage and an understanding of the types of disabilities which would require this type of activity. In professional nursing programs with a prerequisite in anatomy and physiology, these types of activities involve entire class days in order to teach the activity and then demonstrate a return understanding.

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Generally, NYSNA's reaction to the entire curriculum is that, while it identifies the types of content which should be taught, there is an incomplete understanding of the content which should be included in order to allow any individual to perform these types of activities. Enclosed are some sample materials from the literature which demonstrate the complexity of these tasks. Also, NYSNA is pleased to share its "Opinion on the Role of the Nursing Practitioner Re: Unlicensed Personnel" and the "Recommended Guidelines for Qualifications and Training and Competencies of Nurse Aides/Assistants."

The New York State Nurses Association is committed to advancing the delivery of home care to patients. However, this care must be safe, appropriate and complete. This will involve the activities of professional nurses and assisting aides. It is extremely important for patients that care is delivered by the individual with the appropriate knowledge and skills. Hopefully, the Department of Social Services will recognize that incorporation of the Association's suggestions will be in the best interests of the patients of New York State.

The New York State Nurses Association will be glad to meet with representatives of the Department to discuss our concerns and suggestions for revisions.

Sincerely,

Karen A. Ballard, MA, RN  
Director  
Nursing Practice and Services Program

KAB/nk  
enc.

File

Martha L. Orr, MN, RN  
Executive Director



Constituent of The American  
Nurses Association

**NEW YORK STATE NURSES ASSOCIATION**  
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

November 25, 1987

Ms. Anne Church  
Division of Medical Assistance  
NYS Department of Social Services  
40 North Pearl Street  
Albany, NY 12243

Dear Anne:

This letter is a follow up to our recent telephone conversation regarding the personal care aides matrix and curriculum.

First, you and your colleagues have obviously attempted to respond to the profession's input and concerns. This is truly appreciated. Secondly, the New York State Nurses Association appreciates your willingness to solicit additional review.

The Association would suggest that the language in the matrix under "Functions/Tasks" be revised to reflect the actual curriculum content. Your problems with lack of word processor back-up are appreciated. However, to leave the vital phrase "assisting with" out of this column, would leave the reader with a seriously incorrect impression regarding the intent of the curriculum.

NYSNA believes that this is particularly true with the function/task regarding medications. The approved curriculum content is for "assisting with medications;" any other medication activity is only under special circumstances which require 1:1 instruction from the supervising nurse, not classroom curriculum. We urge the Department to make the appropriate changes in wording.

In addition, the role of the PCA III with regard to medications in the "under special circumstances" category should be clearly understood as assisting the client in the self-administration of medication. The aide is an extension of the client and is being supervised by the professional nurse in this assistive role. The aide should be counseled to immediately report any directions by the client with regard to medications which differ from the care plan and instructions from the nurse.



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The planned explanatory language in the glossary is an improvement and should be assistive. The Department should include additional language which would more fully discuss the need for assessment, evaluation and supervision by the professional nurse for all the activities which are "under special circumstances." This would strengthen the intent of delegating certain tasks to the category of "under special circumstances." NYSNA would strongly recommend this type of additional clarifying statement.

With regard to tracheostomy care, I have explored your questions with colleagues knowledgeable in this area. It is recommended that "changing tapes" and "cleaning inner cannulas" be:

1. limited to "assisting another caretaker (family member or health care worker) with changing tapes and cleaning inner cannulas;"
2. only "under special circumstances;" and
3. limited to PCA III workers who have CPR certification which included mouth to stoma resuscitation technique.

By requiring that two people be involved, if there is an accidental extubation, one individual can maintain the client's airway while the other seeks professional assistance. I would be glad to review this section when it is completed.

The following comments relate to the revised curriculum for "Assisting with the Use of Prescribed Medical Equipment, Supplies and Devices."

Suggestions:

1. Graphics
  - a. The heat cradle diagram would benefit from showing it positioned on a patient, e.g., heat lamp diagram.
  - b. The sitz bath should be shown in use on a toilet.
  - c. The oxygen valves should be shown so that the numbers and words are legible, e.g., apnea monitor.

2. Content

Comments have been made directly on the proposed curriculum pages and are attached for your review. Generally, the re-organization of this section with the "Do's" and "Don'ts" is definitely an improvement. Note, since the curriculum content clearly emphasizes the "assisting" function of the aide, it underscores my earlier comments regarding the "Function/Tasks" section in the matrix.

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Once again, thank you for being receptive to comments and suggestions from the New York State Nurses Association. I will keep in touch with you.

Sincerely,

Karen A. Ballard, MA, RN  
Director  
Nursing Practice and Services Program

KAB/kac  
Enclosure

cc: Dorothy Behringer  
State Board for Nursing

Mary Ann Cresanti  
Department of Health  
Home Health