

Documentation of Certified DD Personnel Performance of Skills Covered by Certification 1 Training: Initial Certification / Renewal

Certified DD Staff Name: _____ Date _____

*Below is a list of skills included in the Prescribed Medication and Health-Related Activities Training Manual. **The skills below are ALL required for Certification Category 1 Initial training course. Skills verification for renewal must include the General Steps Regardless of Route, and any specific skill currently being used by the personnel.***

Indicate for each skill:

RDC = Returned demonstration in the classroom setting

RDW = Returned demonstration at the work site

VOK = Verbalization of knowledge of how to perform the skills in the classroom setting

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|---------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> General: all routes | <input type="checkbox"/> Diastat | <input type="checkbox"/> Glucagon |
| <input type="checkbox"/> Oral Medications | <input type="checkbox"/> MDI inhalers with spacer | <input type="checkbox"/> DPI inhalers |
| <input type="checkbox"/> Eye Medications | <input type="checkbox"/> Compression Hose | <input type="checkbox"/> Nebulizer Treatment |
| <input type="checkbox"/> Topical Medications | <input type="checkbox"/> Ear Medications | <input type="checkbox"/> Nose Medications |
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Rectal Medications | <input type="checkbox"/> Vaginal Medications |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Pulse | <input type="checkbox"/> Respirations |
| <input type="checkbox"/> Oral Suctioning | <input type="checkbox"/> Clean Dressing | <input type="checkbox"/> Intake/Output |
| <input type="checkbox"/> Glucometer | <input type="checkbox"/> Clean Catch Urine Sample | <input type="checkbox"/> Percussion Vest |
| <input type="checkbox"/> BiPAP/CPAP | <input type="checkbox"/> Oxygen Therapy | <input type="checkbox"/> Pulse Oximetry |
| <input type="checkbox"/> External Urinary Catheter Care | <input type="checkbox"/> Cough-Assist Insufflator-Exsufflator | <input type="checkbox"/> Empty Urine Collection Bag |
| <input type="checkbox"/> MDI inhalers without spacer | <input type="checkbox"/> OTC Topical Musculoskeletal Medications | <input type="checkbox"/> Emptying and Replacing Colostomy Bag |

Skills verification must indicate if done by RDC, RDW or VOK. For any skill/task listed as RDC or VOK the employer may still want to have the certified DD personnel perform a real-life return demonstration prior to assigning that skill/task to the certified personnel. *The RN Trainer may choose to delay certification completion start date until RDW can be completed (see MAIS Decision page for start date edits).*

A copy of Medication Administration Curriculum and Skills Check List can be found at

<http://dodd.ohio.gov/Pages/default.aspx> Home → Health & Welfare → Medication Administration

*Receipt of Category 1 certification indicates that DD personnel have successfully completed training for medication administration and performance of specific health-related activities according to ORC 5123.41-47 and OAC 5123:2-6-01 thru 07. **Nurses, employers and DD personnel are reminded that receipt of certification is not necessarily a guarantee of skill competency. Trained and certified DD personnel may require additional observation, evaluation of skill and review of procedures as needed. Successful re-demonstration of skill is ultimately at the determination of the nurse trainer during training, and delegating nurse and/or employer, where applicable, post training.***

Signature/title of person verifying skills: _____ Date: _____

Annually, the employer or delegating nurse is responsible for having DD personnel complete return demonstrations of any tasks (MA and HRAs) performed as a part of personnel's assigned duties.