

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

1.4.20 Medical Assistant

(a) Policy

California Correctional Health Care Services (CCHCS) shall recruit, orient, train, evaluate, develop, and integrate Medical Assistant (MA) staff into the health care delivery system. CCHCS shall promote the use of MA staff in ambulatory care settings and in other settings for defined tasks. CCHCS recognizes that MA staff are integral and valued members of the care team.

(b) Purpose

To outline the supervision of the MA staff and establish the functions and tasks that MA staff shall perform in support of patient care consistent with the Complete Care Model within Primary Care Clinics and Mental Health Services Delivery System clinical areas.

(c) Responsibility

(1) Statewide

California Department of Corrections and Rehabilitation (CDCR) and CCHCS departmental leadership, at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place and appropriate tools, training, technical assistance, and levels of resources are available.

(2) Regional

Regional Health Care Executives are responsible for the implementation of this policy at the subset of institutions within an assigned region.

(3) Institutional

(A) The Chief Executive Officer (CEO) is responsible for the implementation of this policy at the institution level and for ensuring successful integration of the MA classification into the medical and mental health primary care teams at their institution. The CEO may delegate the day-to-day operations of this process to the Chief Medical Executive (CME) and/or Chief/Supervising Psychiatrist, and the Chief Nurse Executive (CNE).

(B) The CNE is responsible for training and administrative supervision of MAs, providing the initial orientation, testing of proficiencies to perform technical support services prior to performing those tasks, and ongoing mentoring of MAs assigned to their institution.

(C) The CME and/or Chief Physician and Surgeon (CP&S) and the Chief/Supervising Psychiatrist are responsible for the clinical supervision of MA staff.

(d) Procedure

(1) Overview

This procedure defines the roles and responsibilities of MA staff working within their scope of practice as defined by federal and state law. CCHCS shall utilize MA staff to perform functions within their scope of practice performed under specific written orders from the licensed health care provider (Physician, Psychiatrist, Podiatrist, or Advanced Practice Provider (APP)).

(2) Education, Experience, and Certification

(A) MA staff hired by CCHCS shall possess a valid certificate from an agency approved by the Medical Board of California to practice as an MA.

(B) Prior to performing technical support services, an MA shall receive training by the Supervising Registered Nurse (RN), nursing instructor, licensed health care provider, or an instructor in an approved school program to ensure the MA's competence in performing a technical support service at the appropriate standard of care.

(3) Medical Assistant Onboarding

Civil service MA staff shall complete position specific onboarding and proficiency testing at their assigned institution within 30 calendar days of the date of hire, in addition to New Employee Orientation and one week of nursing on-boarding training that is institution specific. Onboarding shall include pertinent information regarding the work environment, institution and headquarters resources, as well as job expectations. Proficiency in expected tasks and procedures shall be tested using the current Medical Assistant Technical Supportive Services Proficiency Observation and shall be administered by the institution CNE, or designee.

(4) Evaluation of Clinical Proficiency and Duties

(A) The CNE, or designee, or nursing or Mental Health (MH) designee, shall ensure that the MA is proficient in the skills necessary to perform essential job functions. During the onboarding process, the MA shall be observed by a Supervising RN, or in the case of MAs working in the MH program, a MH supervisor, demonstrating proficiency in each of the skills listed in Section (d)(4)(B). Prior to the MA independently working in the clinic,

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the CME or CP&S for Medical MAs or Chief/Supervising Psychiatrist for MH MAs or other Physician Manager shall review and sign the Medical Assistant Technical Supportive Services Proficiency Observation checklist confirming the MA is proficient in the expected skills and noting any exceptions. Exceptions or additions of skills for MH MAs may be noted on the checklist.

(B) Expected skills include, but are not limited to:

1. Use of the Electronic Health Record System.
2. First aid.
3. Measuring:
 - a. Weight
 - b. Height
 - c. Oral, tympanic, axillar, and rectal temperature
 - d. Apical and radial pulses
 - e. Respiratory rate
 - f. Manual and automated blood pressure
 - g. Visual acuity (Snellen Chart)
 - h. Peak flow
4. Recognizing and reporting abnormal vital signs.
5. Performing 12 lead electrocardiogram.
6. Preparing patients for examinations including positioning and draping.
7. Assisting the licensed health care provider in examinations.
8. Assisting the licensed health care provider in procedures including shaving and disinfecting treatment sites.
9. As authorized by the licensed health care provider, providing the patient information and instructions.
10. Performing patient ear lavage and removing impacted cerumen.
11. Administering medications via oral, sublingual, vaginal, or rectal routes. Inhalation medication requires additional certification/training.
12. Applying topical medication.
13. Performing intramuscular, subcutaneous, and intradermal injections with additional certification/training.
14. Describing and recording skin test reactions. MAs shall not interpret test results.
15. Applying bandages (e.g., dry sterile, steri-strip, ace wrap), dressings, and orthopedic appliances (e.g., knee immobilizer, orthotics).
16. Removing bandages, dressings, orthopedic appliances, casts, splints, external devices, staples, and sutures.
17. Orthotic impression; padding and custom molded shoes.
18. Collecting nasal smears; throat cultures; and urine, stool, sputum, and semen specimens.
19. Performing glucometer calibration; point of care testing for blood glucose; point of care testing-UA Dipstick, point of care testing-Fecal Occult Blood Test.
20. Processing and examining specimens.
21. Selecting and adjusting crutches and canes for patients.
22. Instructing patients on the proper use of crutches and canes.

(C) MA duties shall include, but are not limited to:

1. Attending daily huddles and Population Management Working Sessions. MAs shall actively participate in treatment team and primary care clinic huddles.
2. Conducting syringe and tool inventories for the assigned provider clinics and documenting the results of the counts on the appropriate forms.
3. Maintaining accurate logs for needles and syringes utilized.
4. Maintaining security of working areas and materials e.g., ensuring patients do not have access to contraband materials within the working areas.
5. Collecting the CDCR 7362, Health Care Services Request Form, for assigned area(s) of responsibility each day and delivering the forms to the Primary Care RN to determine disposition.
6. Checking-in/out of patients as directed (e.g., directing a patient to a room, recording vital signs, updating scheduling to indicate that the patient arrived for the appointment).
7. MAs shall assist in the management of the clinic schedule by:
 - a. Utilizing expected skills referenced in Section (d)(4)(B).

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- b. Ensuring the daily clinic starts as scheduled.
 - c. Reviewing and printing the Patient Summary Sheet for each patient as directed by care team members.
 - d. Reviewing Effective Communication (EC) needs of each patient pursuant to the Health Care Department Operations Manual (HCDOM), Chapter 2, Article 1, Section 2.1.2, Effective Communication; including ensuring paper forms contain the EC stamp/sticker; coordinating Sign Language Interpreters/Video Remote Interpretation, or other interpreters as needed; and ensuring the designated alternate means of EC are available prior to the scheduled appointment time.
 - e. Utilizing available resources including decision support tools (e.g., Patient Registries, Patient Summaries, Huddle Reports) to identify prescriptions expiring within seven calendar days. MAs shall review the health record and provide a Medication Reconciliation form to the provider for medication orders and appointment scheduling, if necessary, to ensure continuity of patient care.
 - f. Preparing the exam room and ensuring the necessary supplies and forms are available prior to each appointment.
 - g. Ensuring the health care and mental health provider maintains adherence to the clinic schedule.
 - h. Accurately charting, transcribing, and implementing provider diagnostic orders within their scope of practice.
 - i. Assisting the Health Care Access Unit officer in maintaining an accurate clinic log.
8. Performing routine testing per the physicians' order (e.g., electrocardiograms, visual acuity, office pulmonary function tests such as peak flow).
 9. Fitting prescription lenses or using optical devices in connection with ocular exercises, visual training, vision training, or orthoptics pursuant to Business and Professions Code, Section 2544 and 3042, if specifically trained.
 10. Assisting with telehealth clinic visits including preparing patients and administrative support for clinics as needed.
 11. Positioning, operating, and maintaining telehealth equipment including reporting damaged, malfunctioning, and missing equipment to the clinic supervisor.
 12. Processing provider's orders for Durable Medical Equipment (DME) including:
 - a. Distributing ordered DME (e.g., shoes, orthotics, insoles, glasses)
 - b. Completing the DME log. Once logged, the MA shall forward the completed DME receipts to the required departments per institutional local operating procedure (e.g., the ADA Coordinator).
 - c. Monitoring and ordering medical supplies and DME to maintain minimum clinic levels, completing appropriate paperwork, and distributing to the appropriate departments.
 13. Distributing ordered medical supplies to the patient with written instruction by the authorized provider (e.g., catheters for self-catheterization, wound care supplies, diabetic self-care supplies).
 14. Providing basic patient information and reinforcing patient education provided by the RN or provider.
 15. Assisting in the institution's response to emergencies as part of the health care team including:
 - a. Performing basic first aid and cardiopulmonary resuscitation (CPR) in emergencies per individual certification.
 - b. Assisting with coordinating the transportation of patients during medical emergencies.
 - c. Maintaining Basic Life Support certification in accordance with the HCDOM, Chapter 3, Article 7, Emergency Medical Response.
 16. Cleaning and performing operator level maintenance on assigned equipment and notifying the appropriate supervisor when equipment is not functioning per the manufacturer's specifications.
 17. Attending in-service training classes, staff or committee meetings as required, and continuing education classes.
 18. Maintaining required MA certification(s) and having knowledge of current local operating procedures.
 19. Assisting with Quality Management monitoring including compliance reports, medication refusals, and Penal Code 2602 data monitoring.
 20. Additional duties as required for MH MAs assigned to telepsychiatry.

(5) Care Setting

- (A) MA staff may perform designated tasks in Reception Centers, Ambulatory Care Clinics, Specialty Clinics, Telehealth, and other clinical settings as determined by the Physician Manager. MAs shall not be utilized in

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inpatient settings; Triage and Treatment Areas; or specialized health care housing units including Correctional Treatment Centers, Skilled Nursing Facilities, Outpatient Housing Units, and Psychiatric Inpatient Program units.

(B) MA staff may provide emergency medical response services in accordance with their training and experience in other areas of the institution when medically necessary for the preservation of life and limb.

(6) Health Record

Technical supportive services performed by the MA shall be documented in the health record, which shall include the name, initials, or other identifier of the MA; the date, time, and description of the service performed; and the name of the licensed health care provider (who gave the MA patient-specific authorization to perform the service, or who authorized such performance under a patient-specific standing order.

(7) Supervision and Clinical Oversight of Medical Assistants

(A) An onsite Physician Manager, or APP designee, shall be available at all times for provider consultation while MA staff is working including in the institution or receiving clinical direction from a Telehealth provider.

(B) MA staff shall not be scheduled during hours when an onsite Physician Manager, or APP designee, is not available.

(C) The CP&S and/or the CME for Medical MAs or Chief/Supervising Psychiatrist for MH MAs serves as the Physician Manager and may indicate in writing that an APP may provide clinical oversight to MAs functioning as provider support within an APP-lead care team.

(D) Daily clinical oversight of the MA is completed by the licensed health care provider working with the MA, and in the care team setting an RN may also provide clinical direction for basic tasks which do not require a specific order. The clinical oversight function for the MA may be delegated to an APP.

(E) A licensed health care provider may provide written instructions to be followed by an MA in the performance of tasks or supportive services. The written instructions may provide that a Supervising RN may assign a task that is authorized by a licensed health care provider.

(F) The CNE, or Supervising RN designee, at each institution shall ensure that MA staff receive administrative supervision and support.

(G) The CNE, or Supervising RN designee, shall complete probationary and annual performance evaluations for MA staff with input from the licensed health care provider and others who work closely with the MA.

References

- California Business and Professions Code, Division 2, Chapter 5, Article 3, Sections 2069-2071
- California Business and Professions Code, Division 2, Chapter 5.4, Section 2544
- California Business and Professions Code, Division 2, Chapter 7, Article 3, Section 3042
- California Health and Safety Code, Division 2, Chapter 1, Article 1, Section 1204
- California Code of Regulations, Title 16, Division 13, Chapter 3, Article 2, Sections 1366-1366.4
- California Department of Corrections and Rehabilitation, Department Operations Manual, Article 18, Section 32010.14 Non-Custody Staff Required Annual Training
- California Correctional Health Care Services, Health Care Department Operations Manual, Chapter 2, Article 1, Section 2.1.2, Effective Communication
- California Correctional Health Care Services, Health Care Department Operations Manual, Chapter 3, Article 1, Complete Care Model
- California Correctional Health Care Services, Health Care Department Operations Manual, Chapter 3, Article 7, Emergency Medical Response
- Bargaining Unit 17 Memorandum of Understanding
- Bargaining Unit 19 Memorandum of Understanding

Revision History

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