

# AAOA

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## PRACTICE RESOURCE TOOL KIT

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### Staffing Considerations: Supervision



Materials presented in this tool kit are intended as resource only and should not be construed as guidance

## Staffing Considerations: Supervision

- All diagnostic tests are assigned a level of supervision
  - *General:* Physician does not need to be on premise, but have management responsibility for staff who does the test
  - *Direct:* Physician needs to be in the office suite, but does not need to be in the room when the test is done
  - *Personal:* Physician needs to be in the room when the test is performed
- Allergy tests are under **Direct Supervision**
- Vial Preparation is under **Direct Supervision**
- Allergy shots are also under **Direct Supervision**

### Ancillary Staff: Scope of Practice

- Nurse practice laws and regulations are specific to each state.
- AANP offers quick reference guide for licensure and regulatory requirements, as well as practice environment details, for all 50 states and the U.S. Territories. Downloadable State Regulatory Map available at [www.aanp.org](http://www.aanp.org)
- AAPA's webstore offers "PA State Laws and Regulations" includes all 50 states and the District of Columbia. [www.AAPA.org](http://www.AAPA.org) offers a synopsis of each state's PA practice act, including scope of practice, prescribing and supervision, among other topics that cover PA practice.
- Recommend checking with state nursing board to confirm scope of practice and whether an NP/PA can supervise another staff member testing or treating
- Medical assistant and Nurse laws are specific to each state.
- For medical assistants, refer to the CAAHEP Standards for the Accreditation of Educational Programs in Medical Assisting. Appendix B contains the Core Curriculum. This delineates what medical assisting students in CAAHEP-accredited programs must know and be able to do in order to complete the program. It varies between states and can change so please refer to the above for your state regulations.
- For examples, see below:
  - New York and Connecticut laws do not permit physicians to delegate to medical assistants any administration of medication, including by means of injection.
  - The laws of Washington, California, Florida, Maryland, and South Dakota are fairly specific. They do permit physicians to delegate to medical assistants the administration of IM, subq, and ID injections. There is no language in the laws of these states that forbids medical assistants from being delegated the administration of allergy injections.

The laws of some states require the delegating provider to verify the dosage and identity of the medication before it is administered by the medical assistant.

- The American Academy of Nursing has a "Policy and Advocacy" section on their website [www.aannet.org/](http://www.aannet.org/). Regulations may also be hospital specific as some hospitals only employ RNs and do not have LPNs.

*As an example, NP Scope of Practice is defined as:*

- Full Practice: Evaluate patients, diagnose, order and interpret tests, initiate and manage treatments under the exclusive licensure authority of the state nursing board
- Reduced Practice: Reduces the ability to engage in at least one element of NP practice (above) and requires collaborative agreement with an outside health discipline for the NP to provide patient care
- Restricted Practice: Restricts the ability to engage in at least one element of NP practice (above) and state requires supervision, delegation, or team-management by an outside health discipline in order to provide patient care.

All personnel performing shots or testing should have formal allergy training, as well as training in anaphylaxis management. All allergy test interpretation, dose calculation, and vial preparation should be performed in conjunction with a physician practicing otolaryngic allergy.