

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.125 Unlicensed Assistive Personnel Training Program. The department is amending subsection (2)(A), amending subsection (2)(D), amending subsection (3)(F), adding a new subsection (3)(H) and amending section (6).

PURPOSE: PURPOSE: This proposed amendment amends subsection (2)(A) to reclassify UAP Program curriculum content, amends subsection (2)(D) to correct an obsolete rule reference, amends subsection (3)(F) to exempt hospitals from complying with certain UAP training requirements if the employees can prove completion of patient care technician training programs, adds a new subsection (3)(H) to exempt hospitals from complying with certain UAP training requirements if the employees have proof of certification as a patient care technician, and amends section (6) to extend the UAP training completion deadline from ninety (90) days to one hundred-eighty (180) days and requires quality and safety curriculum to be completed within ninety (90) days of employment.

(2) The hospital training policy for UAPs shall include the following minimum standards:

(A) The curriculum of the UAP Program shall consist of a standard plan of instruction to include:

1. A minimum of seventy-five (75) hours of classroom instruction;
2. Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time;
3. Comparable certified medical assistant training from an accredited medical assistant program may be substituted for up to fifty (50) hours of classroom time of comparable subject matter;
4. A minimum of one hundred (100) hours of clinical practicum; and
5. Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
 - A. The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology);
 - B. Patient/Client Rights (Health Insurance Portability and Accountability Act (HIPAA), privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint-free care, end-of-life care, death and dying, do not resuscitate (DNR) orders, post-mortem care);
 - C. Vital Signs;
 - D. **Quality** ([B]basic [H]human [N]needs: [(age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making);
 - E. Infection Control (universal precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation);
 - F. Skin Care (wound care, pressure ulcers and prevention); and
 - G. Safety (cardiopulmonary resuscitation (CPR), allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information (HAZMAT), emergency procedures, body mechanics).

(B) The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.

- (C) Skill validation and knowledge verification is to be used to determine student competence.
- (D) Annual in-service training also shall occur as required by [19 CSR 30-20.110] **19 CSR 30-20**.

(3) Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and—

- (A) Is enrolled in a professional or practical nursing education program and has or will complete within ninety (90) days a fundamentals of nursing course; or
- (B) Was a professional nursing or practical nursing licensure candidate who failed to pass the state licensure examinations in the past three (3) years; or
- (C) Is certified as a nursing assistant as defined in section 198.082, RSMo; or
- (D) Has documentation of current registration as a certified nursing assistant in another state that meets the requirements listed in 42 CFR 483.151 and 483.152 (April 2012) which are incorporated by reference in this rule and are published by the U.S. Government Printing Office, 710 North Capitol Street, NW, Washington, DC 20401. This rule does not incorporate any subsequent amendments or additions; or
- (E) Has documented experience as a nurse assistant, emergency medical technician, or surgical technician in the past three (3) years; or
- (F) Has proof of completion of **a patient care technician training program which meets the curriculum requirements of this rule or** UAP training program in Missouri or another state which meets the requirements of this rule within the last three (3) years; or
- (G) Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country[.]; **or**
- (H) Has proof of certification as a patient care technician.**

(6) The UAP training shall be completed within [*ninety (90)*] **one hundred-eighty (180)** days of employment for any individual who is hired as a UAP. **Quality and Safety curriculum shall be covered within ninety (90) days of employment.** A UAP shall not work in direct patient care, except as part of their supervised practicum, until the entire UAP training requirements have been met.

AUTHORITY: section 197.287, RSMo Supp. [2013] **2022**.* Original rule filed Jan. 31, 2008, effective Sept. 30, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. **Amended: Filed May 22, 2023.**

*Original authority: 197.287, RSMo 2000.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) annually.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Steve Bollin at Steve.Bollin@health.mo.gov or Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, Missouri 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.