**Massachusetts Board of Registration in Nursing**

Advisory Ruling on Nursing Practice

**Title:** Advanced Practice Registered NurseDelegation of the Administration of Immunizations to Certified Medical Assistants

**Advisory Ruling Number:** AR 20-01

**Authority:**

The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education.  In addition, M.G.L. c.30A, § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board.  Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency.  The Board’s regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

**Date Issued:** November 9, 2020

**Scope of Practice:**

Advanced Practice Registered Nurse (APRN)

**Purpose:**

To guide the practice of Advance Practice Registered Nurses (APRNs) whose clinical responsibilities include delegation of the administration of immunizations to Certified Medical Assistants (CMAs).

**Definitions:**

Advanced Practice Registered Nurse (APRN): a currently licensed Massachusetts Registered Nurse (RN) who has current authorization by the Board to engage in advanced practice nursing activities. APRN practice activities include, but are not limited to: advanced assessment, diagnosis, treatment, referrals, consultations, and other modalities for individuals, groups or communities across the life span for health promotion or health maintenance and for those who are experiencing acute or chronic disease, illness, trauma or other life-altering event in which rehabilitative, and/or palliative interventions are necessary. APRN practice is defined to include only those activities within the APRNs authorized clinical category, scope of practice competencies, and accepted standards of Advanced Nursing practice. [[1]](#footnote-1)

Health Facility:

(1) A hospital, hospital pharmacy, long-term care facility or clinic, licensed or maintained by the Department or clinic, established solely to provide service to employees or students of such corporation or institution as authorized by M.G.L. c. 111, § 52; or

(2) A public medical institution as defined in M.G.L. c. 118E, § 8; or

(3) Any institution licensed or maintained by the Department of Mental Health;

(4) Any hospital, long-term care facility or clinic maintained by the Commonwealth; or

(5) Any ambulance service licensed by the Department to provide Advanced Life Support services. [[2]](#footnote-2)

Certified Medical Assistant (CMA): an individual who: (i) has graduated from a post-secondary medical assisting education program accredited by the committee on allied health education and accreditation of the American Medical Association or its successor, the Accrediting Bureau of Health Education Schools or its successor or another certificate program that the commissioner of public health may approve; (ii) is employed in a health facility, as defined by 105 CMR 700.001 or in the medical practice of a licensed primary care provider; and (iii) performs basic administrative, clerical, and clinical duties upon the specific authorization and under the direct supervision of a licensed primary care provider. [[3]](#footnote-3)

Direct Supervision: oversight of a CMA exercised by a PCP who is present in the facility and immediately available to furnish assistance and direction throughout the course of the performance of a delegated procedure; provided, however, that the primary care provider shall not be required to be present in the room when the procedure is performed.[[4]](#footnote-4)

Primary care provider (PCP): a health care professional qualified to provide general medical care for common health care problems who: (i) supervises, coordinates, prescribes or otherwise provides or proposes health care services; (ii) initiates referrals for specialist care; and (iii) maintains continuity of care within the health care professional's scope of practice.[[5]](#footnote-5)

**Advisory:**

For the purpose of this Advisory Ruling, the term “Primary Care Providers” means

Advanced Practice Registered Nurses (APRNs). M.G.L. c. 112, §265 authorizes a primary care provider (PCP) acting within the PCPs designated scope of practice, to delegate the administration of an immunization of a patient to a CMA who met specified qualifications. While the APRN is required to be present in the facility and immediately available to assist and direct the CMA this oversight does not require the APRN to be present in the room when the procedure is performed.

It is the Board’s position that it is within the scope of practice for the APRN as described in M.G.L. c. 112, §265 as PCP to delegate the administration of immunizations to a CMA.

Prior to delegating the administration of immunizations to the CMA, the APRN needs to assess the adequacy of a CMAs training and/or certification for the purpose of administering immunizations. Reference the appendix for the methods that APRNs may use to assess the adequacy of CMAs training and/or certifications for the purposes of administering immunizations. Competency validation is also required, by observing the CMA reconstituting and drawing up immunization and administering an injection on different types of patients and once the APRN has validated that the CMA is competent to perform the procedure, it can be routinely delegated to him or her.[[6]](#footnote-6)

Notwithstanding the delegation of the administration of immunizations under M.G.L. c. 112, § 265 when acting as a PCP, APRNs will be held to existing statutory and regulatory provisions governing their respective scope of practice and the administration of immunizations. Nothing in this law permits a PCP to exceed their scope of practice. Rather, the new law authorizes the APRN to delegate the administration of immunizations to a qualified CMA. Failure of the APRN to comply with the new law may be grounds for discipline against the APRN authorization and professional license.

APRNs who delegate administration of immunizations are required to report immunization administration data to the Massachusetts Immunization Information System (MIIS) to ensure compliance with 105 CMR 222.000.[[7]](#footnote-7)

**References**

* See 244 CMR 4.0. Retrieved at <https://www.mass.gov/regulations/244-CMR-400-advanced-practice-registered-nursing>
* See105 CMR 700.000. Retrieved at https://www.mass.gov/doc/105-cmr-700-implementation-of-mgl-c94c/download
* M.G.L. c. 112, s. 265. Retrieved at <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section265>
* National Council of State B Circular Letter: DCP 17-8-102 <https://www.mass.gov/files/documents/2017/09/28/cma-circular-17-8-102.pdf>
* Boards of Nursing. (2016). National Guidelines for Nursing Delegation. Journal of Nursing Regulation, 7(1), 5-12. Retrieved from <https://www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf>
* Guidelines for Compliance with Federal and State Vaccine Administration Requirements:

<https://www.mass.gov/doc/guidelines-for-compliance-with-federal-vaccine-administration-requirements/download>

* Circular Letter: DCP 17-8-102 <https://www.mass.gov/files/documents/2017/09/28/cma-circular-17-8-102.pdf>

**Appendix**

**Criteria to Assess the Adequacy of a Certified Medical Assistant’s Training**

**and/or Certifications for the Purposes of Administering Immunizations.**

**Method 1: Formal Education & Certification Examination**

In instances where a medical assistant has graduated from an acceptable post-secondary program, as described below, and passed a certification examination, a APRN as a primary care provider may accept the certification as authorizing the holder to administer immunizations under supervision, as authorized under M.G.L. c. 112, §265.

An acceptable post-secondary program should include training designed to prepare students to assist in a medical office and lead to the following competencies:

* Understanding of vaccines; their use, general recommendations for handling, storage and administration.
* Understanding of the general anatomy of the arm and thigh, and the position and extent of the deltoid muscles in the arm and the anterolateral thigh muscles.
* Understanding of vaccine products, packaging, correct use and labeling.
* Use of vaccine information statements (VISs) and provision of patient counseling regarding VIS and other relevant information.
* Aseptic techniques for drawing up vaccines in a syringe and administering vaccines.
* Use of standard infection control precautions as relates to vaccine administration.
* Correct administration of intramuscular and subcutaneous injections, with the correct use of the safe site and route of administration indicated for the particular vaccine, and use of a needle of the recommended size.
* Correct administration of vaccines given by the oral and nasal routes.
* Safe injection practices and safe disposal of needles, syringes, and other hazardous waste.
* Appropriate response to predictable emergency situations related to vaccine administration (e.g. fainting, allergy, etc.), using established procedures.
* Full documentation of vaccine administration; dose, route, date, time, and person administering.
* Understanding of immunization information systems and their use.
* Understanding of the Vaccine Adverse Event Reporting System (VAERS) and its use.

APRNs as primary care providers must obtain and retain sufficient records from a medical assistant to make a reasonable assessment as to whether the above requirements have been met. An appropriate notation should be made in the medical assistant’s personnel record reflecting this assessment, and authorizing the medical assistant to administer immunizations under the required conditions of supervision. [[8]](#footnote-8)7

**Method 2: Professional Experience**

Medical assistants may also qualify through 3 years or more of applicable professional experience in the administration of immunizations, as assessed by the APRN as a primary care provider. The criteria set out above in Method 1, regarding appropriate training and competencies, should be taken into account by a primary care provider, when assessing the professional experience of a medical assistant.

APRNs as primary care providers who determine a medical assistant may be authorized to administer immunizations through this method must include an appropriate notation in the medical assistant’s personnel record reflecting the PCPs assessment of the medical assistant’s experience and authorizing the medical assistant to administer immunizations under the required conditions of supervision. [[9]](#footnote-9)8

1. See 244 CMR 4.0. Retrieved at <https://www.mass.gov/regulations/244-CMR-400-advanced-practice-registered-nursing> [↑](#footnote-ref-1)
2. See105 CMR 700.000. Retrieved from https://www.mass.gov/doc/105-cmr-700-implementation-of-mgl-c94c/download [↑](#footnote-ref-2)
3. M.G.L. c. 112, s. 265. Retrieved from <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section265> [↑](#footnote-ref-3)
4. Id. [↑](#footnote-ref-4)
5. Id. [↑](#footnote-ref-5)
6. Guidelines for Compliance with Federal and State Vaccine Administration Requirements. Retrieved from

   <https://www.mass.gov/doc/guidelines-for-compliance-with-federal-vaccine-administration-requirements/download> [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. 7 Circular Letter: DCP 17-8-102. Retrieved from <https://www.mass.gov/files/documents/2017/09/28/cma-circular-17-8-102.pdf> [↑](#footnote-ref-8)
9. 8 Id. [↑](#footnote-ref-9)