

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

Certified DD Personnel 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 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"/> Oral Medications                  | <input type="checkbox"/> Diastat®                                 | <input type="checkbox"/> Glucagon                                |
| <input type="checkbox"/> Skin Medications                  | <input type="checkbox"/> Sublingual/Buccal                        | <input type="checkbox"/> Transdermal                             |
| <input type="checkbox"/> Eye Medications                   | <input type="checkbox"/> Compression Hose                         | <input type="checkbox"/> Nebulizer Treatment                     |
| <input type="checkbox"/> Respirations                      | <input type="checkbox"/> Ear Medications                          | <input type="checkbox"/> Nose Medications                        |
| <input type="checkbox"/> Temperature                       | <input type="checkbox"/> Rectal Medications                       | <input type="checkbox"/> Oral Suctioning                         |
| <input type="checkbox"/> Blood Pressure                    | <input type="checkbox"/> Vaginal Medications                      | <input type="checkbox"/> Versed®                                 |
| <input type="checkbox"/> Pulse                             | <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<br>Care | <input type="checkbox"/> Cough Assist Insufflator-<br>Exsufflator | <input type="checkbox"/> Empty Urine Collection Bag              |
| <input type="checkbox"/> MDI inhalers                      | <input type="checkbox"/> OTC Topical<br>Musculoskeletal           | <input type="checkbox"/> Emptying and Replacing<br>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 on the DODD website [dodd.ohio.gov](http://dodd.ohio.gov)

*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 5123.41-7 and OAC 5123:2-6-01 thru 07. Nurses, employers and DD personnel are reminded that receipt of certification is not 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.**