



# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

December 11, 2007

Clare M. Ley, CMA  
Ohio State Society of Medical Assistants  
7014 Bridgetown Road  
Cincinnati, OH 45248-2008

Dear Ms. Ley:

This letter is in response to your inquiry as to whether an Ohio licensed physician may delegate the initiating/starting of an intravenous catheter [IV] to a medical assistant. At its November 15, 2007 meeting, the State Medical Board of Ohio approved the following response to your inquiry:

In Ohio, medical assistants are unlicensed individuals. There is no standard training and education for medical assistants. While some medical assistants receive formal education and even attain national certification, other medical assistants receive only on-the-job training by the employing physician. Because medical assistants are unlicensed, their duties are limited to those delegated by a physician in compliance with the rules found in Chapter 4731-23, Ohio Administrative Code.

The criteria a physician must apply to determine whether a task may be delegated to an unlicensed individual include the following criteria set forth in Rule 4731-23-02, Ohio Administrative Code:

(B) Prior to a physician's delegation of the performance of a medical task, that physician shall determine each of the following:

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- (6) That the task is one that should be appropriately delegated when considering the following factors:
  - (a) That the task can be performed without requiring the exercise of judgment based on medical knowledge;
  - (b) That results of the task are reasonably predictable;
  - (c) That the task can safely be performed according to exact, unchanging directions;

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- (d) That the task can be performed without a need for complex observations or critical decisions;
- (e) That the task can be performed without repeated medical assessments; and
- (f) That the task, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient.

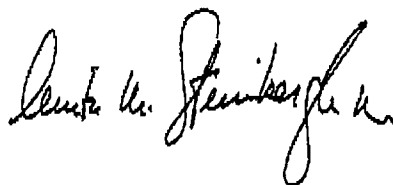
Physician delegation of the insertion/starting of an IV to an unlicensed individual would not comply with several of the criteria set forth in Rule 4731-23-02(B)(6), Ohio Administrative Code. For example, the exercise of judgment based on medical knowledge is required in the selection of the IV insertion site. Selection of the insertion site must be based on such clinical factors as the type of therapy the patient will be receiving, the patient's medical conditions, presence of disease, and surgical history. The patient's activity level must also be considered. Additionally, complex observations or critical decisions must be made in selecting the insertion site as the person performing the insertion must assess by feel the vein's suitability for holding up during the expected length of the therapy. Finally, an improperly inserted IV may well lead to life threatening consequences or the danger of immediate and serious harm to the patient.

**For the reasons discussed above, it is the opinion of the State Medical Board of Ohio that the delegation of the insertion/starting of IVs to an unlicensed individual would not comply with the criteria set forth in Rule 4731-23-02, Ohio Administrative Code. A copy of Rule 4731-23-02, Ohio Administrative Code, is enclosed.**

The State Medical Board appreciates your association's interest in this matter. If you have questions about this response, please contact Sallie Debolt, Executive Staff Attorney, at her direct telephone number: (614) 644-7021.

*This letter is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review all possible violations of the Medical Practices Act and/or rules promulgated there under on a case by case basis.*

Sincerely,



Anita M. Steinbergh, D.O.  
Chair  
Scope of Practice Committee

Encl.

**4731-23-02 Delegation of medical tasks.**

(A) A physician shall not delegate the performance of a medical task unless that physician has complied with all of the requirements of this chapter of the Administrative Code and the delegation otherwise conforms to minimal standards of care of similar physicians under the same or similar circumstances.

(B) Prior to a physician's delegation of the performance of a medical task, that physician shall determine each of the following:

- (1) That the task is within that physician's authority;
- (2) That the task is indicated for the patient;
- (3) The appropriate level of supervision;
- (4) That no law prohibits the delegation;
- (5) That the person to whom the task will be delegated is competent to perform that task; and,

(6) That the task itself is one that should be appropriately delegated when considering the following factors:

(a) That the task can be performed without requiring the exercise of judgment based on medical knowledge;

(b) That results of the task are reasonably predictable;

(c) That the task can safely be performed according to exact, unchanging directions;

(d) That the task can be performed without a need for complex observations or critical decisions;

(e) That the task can be performed without repeated medical assessments; and,

(f) That the task, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient.

(C) When a physician delegates the administration of drugs, that physician shall provide on-site supervision, except in the following situations:

(1) When the physician has transferred responsibility for the on-site supervision of the unlicensed person who is administering the drug to another physician and that physician has knowingly accepted that responsibility on a patient-by-patient basis; or

(2) In the routine administration of a topical drug, such as a medicated shampoo.

(3) When delegation occurs pursuant to section 5126.356 of the Revised Code within the programs and services offered by a county board of mental retardation and developmental disabilities.

(4) When delegation occurs pursuant to section 5123.193 of the Revised Code.

(5) When written policies and procedures have been adopted for the distribution of drugs by an

unlicensed person to individuals incarcerated in state correctional institutions as defined in division (A) of section 2796.01 of the Revised Code, other correctional facilities including county and municipal jails, workhouses, minimum security jails, halfway houses, community residential centers, regional jails and multi-county jails, or any other detention facility as defined in division (F) of section 2921.01 of the Revised Code.

(D) This chapter of the Administrative Code shall not apply if the rules contained herein:

(1) Prevent an individual from engaging in an activity performed for a handicapped child as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code;

(2) Prevent delegation from occurring pursuant to section 5126.356 of the Revised Code within the programs and services offered by a county board of mental retardation and developmental disabilities;

(3) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task;

(4) Conflict with any rule adopted pursuant to the Revised Code that is in effect on the effective date of this section, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task;

(5) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist.

**HISTORY: Eff 9-30-01; 5-31-02**

Rule promulgated under: RC 119.03

Rule authorized by: RC 4731.05, 4731.053

Rule amplifies: RC 4731.22, 4731.34

R.C. 119.032 review dates: 9/30/2006