

Department of Health
Nursing Care Quality Assurance Commission
Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

Title:	Registered Nurse Delegation in School Settings	Number: NCAO 4.0
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing Nursing Scope of Practice Decision Tree RCW 18A.210 Delivery of Medications and Services by Unlicensed School Employees Senate Bill 6128 RCW 72.40 State Schools for Blind, Deaf and Sensory Handicapped	
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Approved By:	Nursing Care Quality Assurance Commission	

Conclusion Statement

The purpose of this advisory opinion is to ensure that nursing care has a consistent standard of practice upon which the profession, school administrators, teachers, parents, other school staff and the public may rely, to safeguard the authority of the registered nurse (RN) to make independent professional decisions regarding delegation of nursing tasks, and to protect students’ safety. Nursing delegation is defined as transferring a nursing task to another individual who would not normally be allowed to perform the task (WAC 246-840). Student health and safety must be the primary consideration in the RN’s decision to delegate a nursing task to unlicensed assistive personnel (UAP) in public schools, private schools, charter schools, and any entity that considers itself an educational institution or school. Licensed practical nurses (LPNs) may not delegate nursing care in this setting. The RN delegating the care retains accountability and responsibility for the delegation. Delegation of nursing care is not within the authority of school administrators, principals, teachers, office staff, coaches, bus drivers, other health care professionals, or other school employees. RNs cannot delegate to volunteers, parents, or non-school employees during school or during school-sponsored events. Nursing delegation is not appropriate for all students, all nursing tasks, all school settings, or all circumstances. The RN delegating the care must have the education, knowledge, skills, and abilities to delegate nursing tasks competently and safely. No person may coerce a RN into compromising student safety by requiring delegation if the RN determines it is inappropriate to do so.

Background and Analysis

Nurses, school administrators, and the general public frequently seek guidance from the NCQAC about delegation in school settings. Growing numbers of Washington State students with acute or chronic health care needs depend on help with nursing tasks during the school day. Students must have access to health care during school and extra-curricular school-sponsored events to enable them to participate fully. Many school districts in Washington State do not have a full-time school nurse. To meet student needs, Washington State law allows school RNs to delegate certain nursing tasks to UAP in routine and emergency situations.

Providing nursing care and delegation in school settings is uniquely challenging since a school's primary mission is education, not health care. It is not a traditional health care setting where advanced emergency equipment and other licensed health care providers are readily available. Another challenge is that school administrators, staff, parents, and other health care professionals may not understand the legal and regulatory parameters that guide nursing delegation nor the complexity of delegating care in this setting.

Nurses may be confronted with pressure from school administrators or others to delegate inappropriately, which might extend to threatening their jobs if they refuse to do so. At the same time, they may face disciplinary action if delegation does not follow nursing standards and regulatory practices.

State law stipulates that delegation can only be done if a student's condition is stable and predictable. Legal exceptions exist for emergencies limited to delegating injectable epinephrine for students with known anaphylaxis and intranasal medications for seizures (RCW 18.79.240, RCW 28A.210.330).

Laws allow a parent designated adult (PDA) to give care for students with seizures and diabetes. The RN does not delegate care to a PDA (RCW 28A.210.330). The RN may delegate administration of nasal sprays. Intranasal legend drugs (including controlled substances) may be delegated only if a licensed nurse is not on the premises (RCW 28A.210.260). The law requires a school employee (non-nurse) that administers a legend drug (intranasal) to summon emergency medical assistance as soon as practicable.

The RN assigned to a student, or with a student caseload, is solely responsible for the decision to delegate. No one else has the authority to delegate nursing care activities. The law provides protection from coercion from others (such as administrators, teachers, parents, or other health care providers) if the nurse determines it is inappropriate to delegate a task (RCW 18.79.260). This includes protection from employer reprisal or disciplinary action by the NCQAC if delegation could compromise student safety.

Questions often arise regarding the concepts of supervision and delegation in schools. In this context, supervision is defined as, "providing guidance and evaluation for the specific task including the initial direction of the task, periodic inspection of the actual act of accomplishing the task, and the authority to require corrective action." (WAC 246-840-010). This definition is different from the overall act of supervision of general performance as an employee. RNs may perform nursing care independently and carry out medical regimens interdependently under the direction of an authorized provider (RCW 18.79.260) without supervision. LPNs may carry out medical regimens under the direction and

supervision of an authorized provider (physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, osteopathic physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, or midwife (RCW 18.79.060). LPNs may carry out nursing regimens under the direction and supervision of a RN. LPNs may assist RNs in carrying out complex activities. The act of delegation does not apply to LPNs based on the definition previously provided. When supervising UAP or LPNs, the act of supervision does not necessarily mean the RN delegating the care has to be on the premises. The law does not allow LPNs may not delegate to UAP in the school.

As of July 1, 2014, in order to carry out delegated tasks, school district employees who are UAP must first submit letters indicating their willingness to give medications or perform nursing care not previously recognized in law (SB 6128). School district employees may decline to file letters and are protected from coercion, employer reprisal, or disciplinary action. Employees, school districts or schools, governing board members, and chief administrator are protected from liability if the UAP performs the task in substantial compliance with NCQAC rules, follows the RN's instructions, and follows written school or district policies. School boards must designate a school RN or ARNP to consult and coordinate care with parents and health care providers as well as train and supervise the school UAP to ensure a safe, therapeutic learning environment. This includes ongoing training for tasks performed infrequently. Volunteers and school district UAP are immune from civil damages when they provide emergency medical services (or transport for emergency medical treatment) at a school-sponsored event. This excludes licensed health care providers.

The majority of laws and rules about nursing delegation in schools apply to public school settings. RCW 28A.210.260 addresses delegation of medication administration in public and private schools but does not address delegation of other care that students might require. There is no explicit guidance for nurse delegation in other school-based entities such as private schools; charter schools; tribal schools; state schools such as the schools for the blind, deaf, and sensory handicapped, and juvenile residential schools (RCW 72.40).

Recommendations

Principles of Delegation

The Nursing Commission adopts the following principles for RNs from the *American Nurses Association and National Council of State Boards of Nursing Joint Statement on Delegation*. A RN delegating in a school setting:

- Takes responsibility and is accountable for providing nursing care
- Directs the care and determines whether delegation is appropriate
- Delegates specific tasks but not the nursing process
- Uses nursing judgment concerning a student's condition, the competence of the UAP, and the degree of supervision required prior to delegation
- Delegates only those tasks where the UAP has the knowledge, skill, and ability to perform the task safely (considering training, cultural competence, experience, regulations, and institutional policies and procedures)
- Communicates and verifies comprehension and acceptance of delegation and responsibility (consider a letter of intent to accept delegation based on law and school policy in instances where the task is not previously recognized in law)

- Provides opportunities for the UAP to ask questions and clarify expectations
- Uses critical thinking and professional judgment when following the *Five Rights of Delegation* (National Council of State Boards of Nursing):
 - Right task – task is appropriate to be delegated
 - Right circumstances – appropriate setting and necessary resources
 - Right person – right task for the right student
 - Right directions and communication – clear, culturally appropriate and concise training of the tasks (objectives, limits, expectations and skills competency demonstration)
 - Right supervision and evaluation – appropriate monitoring, evaluation, intervention, supervision, feedback, and documentation
- Should be involved in establishing systems to assess, monitor, verify, and communicate ongoing competency requirements in areas related to delegation

Delegation Process

1. Use the *School RN Delegation Decision Tree* to determine whether delegation of a nursing task is appropriate
2. Perform nursing assessment of the student's health care needs; consider available resources and unique factors that could make outcomes of the delegated task unpredictable, such as:
 - Whether there is a nurse available or able to provide care on a regular basis
 - Whether the student's health care needs are stable, uncomplicated, routine, and predictable
 - Whether the environment is conducive to delegation
 - Whether the student is unable to provide self-care
 - Whether the task does not require use of nursing judgment
3. Develop a plan to provide periodic re-training and re-demonstration of competency
4. Perform periodic inspection and evaluation and take corrective action as needed
5. Delegate only in accordance with the RN's education, training, knowledge, skills, and experience (seek consultation from another RN if necessary)
6. Assess the UAP's willingness and potential ability to perform the task for the individual student:
 - Consider psychomotor and cognitive skills required to perform the nursing task
 - Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and has signed the letter of intent (if applicable)
 - Analyze the complexity of the nursing task to determine required or additional training needed by the UAP to competently accomplish the task
 - Assess the level of interaction required, considering language or cultural diversity, that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction
7. Provide or verify training and competency assessment for the UAP (consider using standardized training modules and assessment processes)
8. Provide clear and specific instructions to the UAP including when and how to contact the RN delegating the care or back-up RN
9. Implement and evaluate delegation
 - Supervise and evaluate the UAP's performance on a periodic basis (The method and frequency of supervision and evaluation is at the discretion of the RN delegating the care)
10. Document the delegation process and adherence according to school or school district policies

11. Notify district administration if it is not safe to delegate a particular nursing task and of the potential need for the district to provide nursing services rather than providing the care through delegation to a UAP

Implementing Changes in Delegated Tasks

The assigned RN retains authority to decide if a new or altered task can be delegated immediately:

1. Review the criteria and process for delegation prior to delegating the new or revised task
2. Provide training or re-training and competency assessment as appropriate
3. Document changes in delegation of the new or altered task

Rescinding Delegation

School RNs delegating care retain the authority to rescind delegation when the following occur:

1. A significant change or decline in the student's health status that would make delegation unsafe
2. The UAP lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently
3. A determination that the specific task requires nursing judgment
4. There is a change in school nurse assignment or school nurse turnover
5. The school nurse is no longer employed by the school or school district or there is a change in the school nurse's assignment
6. The school nurse is no longer under contract (for example, during summer vacation)

In such cases, the delegating RN should initiate and participate in developing an alternative plan to ensure continuity. Rescission of delegation and actions taken should be documented.

Transferring Delegation

Delegation authority cannot be transferred from one RN to another. If the delegating RN is no longer assigned to a student or group of students, the RN assuming authority must undertake new delegation to the UAP.

Documentation

The delegating RN should document the delegation process regardless of the documentation system used by the school or school district using the fundamental principles of nursing documentation:

- Instructions for the task should be specific and broken into individual components
- Document specific steps for the delegated task
- Consider using a system where the RN and UAP initial each step in the document for complicated tasks
- Document date(s), training, and competency assessment including RN and UAP signatures

Supervision

RNs may have a non-nursing supervisor for general employment purposes. Performance evaluation specific to nursing care should only be done by a RN with the education, knowledge, skills, and abilities specific to school nursing. RNs delegating care must assess students prior to delegation and should determine the appropriate level of supervision of the UAP based on the task and student-specific circumstances:

- Indirect supervision: the RN gives written or oral instructions for the care and treatment and is not on the premises
- Immediate supervision: the RN provides guidance and evaluation, is on the premises within audible and visual range of the student
- Direct supervision: the RN provides guidance and evaluation based on assessment, is on the premises and quickly and easily available

Policies and Procedures

School nurses should follow professional practice standards within the legal framework and individual scope of practice. The school or school district should have policies and procedures based on regulations, scope of practice, and nursing care standards relevant to delegation. School RNs should be involved in developing these.

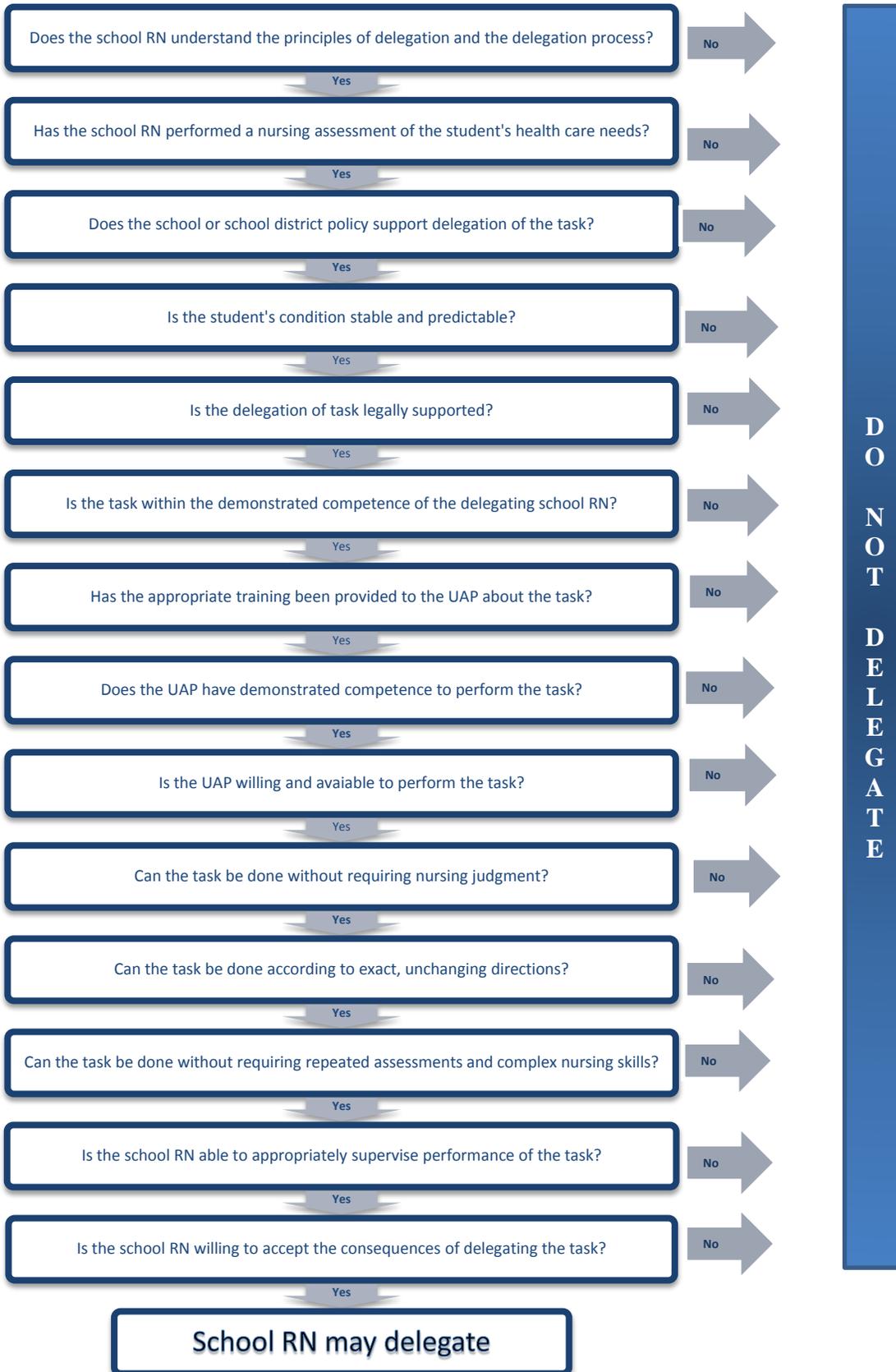
Consultation

School nurses should be knowledgeable about available support resources that provide assistance and consultation from other school nurse colleagues and professional organizations about delegation and related activities such as the Office of Superintendent of Public Instruction, School Health Services Program, Administrator, Regional School Nurse Corps Nurse Administrators, School Nurses Organization of Washington, and National Association of School Nurses.

Conclusion

Safe delegation is critical for the provision of safe, effective, and efficient student health services. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free school RNs to attend to more complex patient care needs and allow students with acute and chronic health care needs to participate in school. School nurses need to be able to work effectively with UAP and be competent to delegate, assign, and supervise delegable tasks. School nurses faced with pressure to delegate inappropriately must feel it is safe to follow nursing standards and regulatory practices. Following employer directives does not relieve the school nurse of accountability and responsibility for delegating according to nursing standards and regulation.

School Registered Nurse Delegation Decision Tree



References

American Nurses Association and National Council of State Boards of Nursing. Joint Statement on Delegation

National Association of School Nurses (2010). Delegation: Position Statement

National Council of State Boards of Nursing (2005). Working with Others: A Position Paper

National Association of School Nurses. Delegation in the School Setting. Is it Safe? Resha, C. (2010)

Washington State Nurses Association (2013). Registered Nurses and Delegation