**[PDF](http://app.leg.wa.gov/WAC/default.aspx?cite=246-840-010&pdf=true" \t "_blank)246-840-010**

**Definitions.**

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced clinical practice" means practicing at an advanced level of nursing in a clinical setting performing direct patient care.

(2) "Advanced nursing practice" means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(3) "Advanced registered nurse practitioner (ARNP)" is a registered nurse (RN) as defined in RCW [**18.79.050**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.050), [**18.79.240**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.240), [**18.79.250**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.250), and [**18.79.400**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.400) who has obtained formal graduate education and national specialty certification through a commission approved certifying body in one or more of the designations described in WAC [**246-840-302**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-302), and who is licensed as an ARNP as described in WAC [**246-840-300**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-300). The designations include the following:

(a) Nurse practitioner (NP);

(b) Certified nurse midwife (CNM);

(c) Certified registered nurse anesthetist (CRNA); and

(d) Clinical nurse specialist (CNS).

(4) "Associate degree registered nursing education program" means a nursing education program which, upon successful completion of course work, that includes general education and core nursing courses that provide a sound theoretical base combining clinical experiences with theory, nursing principles, critical thinking, and interactive skills, awards an associate degree in nursing (ADN) to prepare its graduates for initial licensure and entry level practice as an RN.

(5) "Bachelor of science degree registered nursing education program" means a nursing education program which, upon successful completion of course work taught in an associate degree nursing education program, as defined in subsection (28) of this section, plus additional courses physical and social sciences, nursing research, public and community health, nursing management, care coordination, and the humanities, awards a bachelor of science in nursing (BSN) degree, to prepare its graduates for a broader scope of practice, enhances professional development, and provides the nurse with an understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery.

(6) "Certifying body" means a nongovernmental agency using predetermined standards of nursing practice to validate an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of nursing.

(7) "Client advocate" means a licensed nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and choices by providing the client with adequate information about their care and options.

(8) "Commission" means the Washington state nursing care quality assurance commission.

(9) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.

(10) "Conditional approval" is the approval given a nursing education program that has not met the requirements of the law and the rules of the commission. Conditions are specified that must be met within a designated time to rectify the deficiency.

(11) "Dedicated education unit" means a clinical learning experience within a health care facility, as part of the curriculum of a nursing education program.

(12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260). Delegation in community and in-home care settings is defined by WAC [**246-840-910**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-910) through [**246-840-970**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-970).

(13) "Distance education" or "distance learning" means instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous, where the teacher and student communicate at the same time, or asynchronous, where the student and teacher communicate at different times, and shall facilitate and evaluate learning in compliance with nursing education rules.

(14) "Full approval" of a nursing education program is the approval signifying that a nursing program meets the requirements of the law and the rules of the commission.

(15) "Good cause" as used in WAC [**246-840-860**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-860) for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own; receipt of the examination results after 30 days after the nurse technician's date of graduation; or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."

(16) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program or licensed practical nursing program approved by the commission and is successfully meeting all program requirements.

(17) "Health care professional" means the same as "health care provider" as defined in RCW [**70.02.010**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.02.010)(18).

(18) "Home state" is defined as where the nursing education program has legal domicile.

(19) "Host state" is defined as the state jurisdiction outside the home state where a student participates in clinical experiences or didactic courses.

(20) "Immediately available" as applied to nursing technicians, means that an RN who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed which may include the use of two-way communication devices which allow conversation between the nursing technician and an RN who has agreed to act as supervisor.

(a) In a hospital setting, the RN who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(b) In a nursing home or clinic setting, an RN who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(21) "Initial approval" of nursing education program is the approval status conferred by the commission to a new nursing program based on its proposal prior to the graduation of its first class.

(22) "Licensed practical nurse (LPN)" is a nurse licensed as defined in RCW [**18.79.030**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.030)(3), with a scope of practice defined in RCW [**18.79.020**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.020) and [**18.79.060**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.060).

(23) "Limited educational authorization" is an authorization to perform clinical training when enrolled as a student through a commission approved refresher course. This authorization does not permit practice for employment.

(24) "Minimum standards of competency" means the knowledge, skills, and abilities that are expected of the beginning practitioner.

(25) "National nursing education accreditation body" means an independent nonprofit entity, approved by the United States Department of Education as a body that evaluates and approves the quality of nursing education programs within the United States and territories.

(26) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.

(27) "Nursing education program administrator" is an individual who has the authority and responsibility for the administration of the nursing education program.

(28) "Nursing education program" means a division or department within a state supported educational institution or other institution of higher learning, charged with the responsibility of preparing nursing students and nurses to qualify for initial licensing or higher levels of nursing practice.

(29) "Nursing faculty" means an individual employed by a nursing education program who is responsible for developing, implementing, evaluating, updating, and teaching nursing education program curricula.

(30) "Nursing technician" means a nursing student preparing for RN or LPN licensure who meets the qualifications for registration under RCW [**18.79.340**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.340) who is employed in a hospital licensed under chapter [**70.41**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.41) RCW or a nursing home licensed under chapter [**18.51**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.51) RCW, or clinic. Approved nursing education programs do not include nontraditional schools as defined in subsection (26) of this section.

(31) "Philosophy" means the beliefs and principles upon which a nursing education program curriculum is based.

(32) "Practical nursing education program" means a nursing education program which, upon successful completion of course work that includes core nursing course to provide a sound theoretical base combining clinical experiences with nursing principles, critical thinking, and interactive skills for entry level practical nursing, awards a certificate or degree that the graduate is prepared for interdependent practice to prepare a practical nurse for interdependent practice as an LPN.

(33) "Registered nurse" or "RN" is a licensed nurse as defined in RCW [**18.79.030**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.030)(1), [**18.79.040**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.040), [**18.79.240**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.240), and [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260).

(34) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

(35) "Traditional nursing education program" means a program that has a curriculum which includes a faculty supervised teaching and learning component in clinical settings.

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**Standards of nursing conduct or practice.**

(1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and [**246-840-710**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-710) is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter [**18.79**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79) RCW. Violation of these standards may be grounds for disciplinary action under chapter [**18.130**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.130) RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem-solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

|  |  |
| --- | --- |
| (a) **Registered Nurse:** | (b) **Licensed Practical Nurse:** |
| Minimum standards for registered nurses include the following: | Minimum standards for licensed practical nurses include the following: |
| (i) **Standard I Initiating the Nursing Process:** | (i) **Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process; |
| (A) **Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team; | (A) **Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person; |
| (B) **Nursing Diagnosis/Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care; | (B) **Nursing Diagnosis/Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care; |
| (C) **Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death; | (C) **Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care; |
| (D) **Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and | (D) **Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and |
| (E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes; | (E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider; |
| (ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by: | (ii) **Standard II Delegation and Supervision:** |
| (A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC [**246-840-010**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-010)(10); | (A) It is not within the scope of practice for the licensed practical nurse to delegate tasks to others. |
| (B) Supervising others to whom they have delegated nursing functions as defined in WAC [**246-840-010**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-010)(10); |  |
| (C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff; |  |
| (D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC [**246-840-910**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-910) through [**246-840-970**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-970) and WAC [**246-841-405**](http://app.leg.wa.gov/WAC/default.aspx?cite=246-841-405); and | (D)The licensed practical nurse may direct and supervise personal care tasks to qualified care givers; |
| (E) In a home health or hospice agency regulated under chapter [**70.127**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.127) RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter [**246-335**](http://app.leg.wa.gov/WAC/default.aspx?cite=246-335) WAC; |  |
| (iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome. | (iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences. |

(3) The following standards apply to registered nurses and licensed practical nurses:

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) Other responsibilities:

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of their education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in their scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in their field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter [**70.02**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.02) RCW.

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**Purpose.**

This rule defines a consistent standard of nursing care with the delegation of nursing tasks to nursing assistants, home care aides, or other assistive personnel. The registered nurse delegator makes independent professional decisions of the delegation of a nursing task. A licensed registered nurse may delegate specific nursing care tasks to nursing assistants in any setting delivering health care services where licensed nurses supervise nursing assistants performing within the nursing assistant scope. Examples include, but are not limited to, hospitals, nursing homes, community-based settings (adult family homes, assisted living facilities, residential homes for individuals with developmental disabilities), homes, hospice centers, correctional facilities, behavioral health centers, schools, adult day care centers, homeless shelters, ambulatory surgical facilities, and private clinics.

Before delegating a task, the registered nurse delegator determines that specific criteria are met, and the patient is in a stable and predictable condition. Registered nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. The registered nurse delegator and delegatee are each accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising patient safety by requiring the registered nurse to delegate. Registered nurse delegators shall not delegate the following care tasks except as defined in RCW 18.79.260 and RCW 28.A.210:

1. Administration of medications by any route with the following exceptions:
   1. A registered nurse may delegate medication administration to a nursing assistant or certified home care aide in community-based and in-home care settings that do not involve piercing or puncturing of tissues except for:
      1. Administration of insulin and non-insulin medications used to treat diabetes.
   2. A registered nurse may delegate medications in Kindergarten through twelfth grade, public and private to non-credentialed assistive personnel that do not involve piercing or puncturing of tissues
2. Tasks that involve piercing or puncturing of tissues
   1. A registered nurse may delegate performing clinical laboratory improvement amendments (CLIA)-waived capillary blood glucose testing to a nursing assistant or home care aide. This may occur in in any setting where nursing services are provided ([Chapter 18.88a RCW](https://app.leg.wa.gov/rcw/default.aspx?cite=18.88a&full=true" \l "18.88A.020), WAC 246-841-403).

(2) Sterile procedures.

(3) Central line maintenance.

(4) Acts that require nursing judgment.

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**Definitions.**

The following definitions apply to WAC [**246-840-910**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-910) through [**246-840-970**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true#246-840-970).

1. "Authorized representative" means a person allowed to provide informed consent for health care on behalf of a patient who is not competent to consent. Such person shall be a member of one of the classes of persons as directed in RCW [**7.70.065**](http://app.leg.wa.gov/RCW/default.aspx?cite=7.70.065).

(X) “Assistive personnel” means a person trained to function in a supportive role who whom a nursing task may be delegated including (but not limited to) nursing assistants, home care aides, and other credentialed or non-credentialed individuals. (2) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(3) "Complex task" means that a nursing task may become more complicated because of:

(a) The patient's condition;

(b) The setting;

(c) The nursing care task(s) and involved risks; and

(d) The skill level required to perform the task. The registered nurse delegator identifies and facilitates additional training of the nursing assistant or home care aide prior to delegation in these situations. The registered nurse delegator decides if the task is not delegable.

(X) “Delegatee” means one who is delegated a nursing task by a registered nurse delegator, is competent to perform it, and accepts the responsibility to carry out tasks as instructed.

(4) "Direct supervision" means the registered nurse delegator on the premises, quickly and easily available and the patient assessment by the registered nurse delegator occurs prior to the delegation of the duties to any care giver.

(5) "Home care aide" means a person certified under chapter [**18.88B**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88B) RCW.

(6) "Immediate supervision" means the registered nurse delegator is on the premises, within audible and visual range of the patient and the patient assessment by the registered nurse delegator occurs prior to the delegation of duties to any care giver.

(7) "Indirect supervision" means the registered nurse delegator is not on the premises. The registered nurse delegator previously provided written instructions for the care and treatment of the patient. The registered nurse delegator documents in the patient record the instruction to the delegatee observation of the delegated task, and confirmation of the delegatee’s understanding the directions.

(8) "Medication assistance" as defined in chapter [**246-888**](http://app.leg.wa.gov/WAC/default.aspx?cite=246-888) WAC does not require delegation by a licensed nurse.

(9) "Nursing assistant" means a nursing assistant-registered under chapter [**18.88A**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88A) RCW or a nursing assistant-certified under chapter [**18.88A**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88A) RCW, providing support and care to individuals -

(10) "Outcome" means the result or consequence of an action after following a plan of care.

(11) "Patient" means the individual receiving nursing care tasks. The terms client, consumer, or resident are interchangeable.

(12) "Personal care services" as defined in WAC [**388-106-0010**](http://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0010) do not require delegation by a licensed nurse.

(13) "Procedure" means a series of steps with a desired result; a particular course of action or way of doing something.

(14) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants, home care aides, or other assistive personnel in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(15) "Stable and predictable condition" means the registered nurse delegator determines the patient's clinical and behavioral status is nonfluctuating and consistent. Stable and predictable may include a terminally ill patient whose deteriorating condition is expected. Stable and predictable may include a patient with sliding scale insulin orders. The registered nurse delegator determines the patient does not require frequent nursing presence and evaluation.

(16) "Supervision" means the guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity, including the initial direction of the task or activity; periodic inspection at least every ninety days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

### WAC 246-840-930

### Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

**ASSESS**

1. The setting allows delegation of the specific task to the delegatee:
   1. In a community-based care setting as defined by RCW [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260) (3)(e)(i) or an in-home care setting as defined by RCW [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260) (3)(e)(ii) to a nursing assistant or home care aide.
   2. In an enhanced service facility as defined by [WAC 388-107-0250](https://app.leg.wa.gov/WAC/default.aspx?cite=388-107-0250) to a certified nursing assistant or home care aide.

c. In a kindergarten through twelfth grade school, public or private as defined in RCW 28.A.210 to a non-credentialed person.

d. In any health care setting where nursing care is provided to a registered or certified nursing assistant.

(3) Assess the patient’s nursing care needs and determine the patient’s condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine whether the task to be delegated is within the delegating registered nurse’s area of responsibility.

(5) Determine whether the task to be delegated can be properly and safely performed by the delegatee. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the delegatee to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the delegatee needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing delegatee.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

### (8) Verify that the delegatee is appropriately trained and meets credentialing requirements for the specific setting:

### (a)In community-based and in-home care settings as defined in RCW [18.88A.210](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88A.210) the registered nurse must confirm that the delegatee:

(x)Is registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(x)Has completed both the basic caregiver training and core delegation training required by the Washington State Department of Social and Health Services before performing any delegated task;

(x) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(x) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections and non-insulin injections for the treatment of diabetes.

(8) Willing and able to perform the task in the absence of direct or immediate supervision by the registered nurse delegator and accept responsibility for their actions.

(9) Assess the ability of the delegatee to competently perform the delegated nursing task in the absence of direct or immediate supervision by the registered nurse delegator.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the delagatee delivering care.

(b) Obtains verbal or written informed consent from the patient or authorized representative.

(x) in community-based and in-home care settings, licensed by the Washington State Department of Social and Health Services, the patient, or authorized representative, must give written, consent for care specific to the delegation process under chapter [**7.70**](http://app.leg.wa.gov/RCW/default.aspx?cite=7.70) RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

(x) in kindergarten through twelfth grade schools, public and private, the patient or authorized representative must give written consent to the delegation process.

**PLAN**

(11) Document in the patient’s record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the delegatee with a copy maintained in the patient’s record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant, one home care aide, or other delegatee and is not transferable to another delegatee for the condition requiring treatment and purpose of the delegated nursing task.

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the delegatee’s performance of the task is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision and evaluation shall occur at intervals or frequencies based on nursing judgment. Institutions, agencies, or employers may establish minimum intervals in policy.

(x) In community-based and in-home settings licensed by the department of social and health services, supervision and evaluation shall occur at least every 90 days or more frequent based on nursing judgment.

(X) With delegation of insulin injections or non-insulin injections for the treatment of diabetes, the supervision and evaluation occurs at least every two weeks the first four weeks, or more frequent based on nursing judgment. Administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections or non-insulin medications for the treatment of diabetes. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

**IMPLEMENT**

(14) Delegation requires the registered nurse delegator teach the delegatee how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

**EVALUATE**

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the delegatee including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the delegatee the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Supervision and reevaluation and documentation occur at intervals or frequencies based on nursing judgment. Institutional, agencies, or employers may establish minimum intervals in policy.

(x) i(x) In community-based and in-home settings licensed by the department of social and health services, supervision and evaluation shall occur at least every 90 days or more frequent based on nursing judgment.

(X) With delegation of insulin injections or non-insulin injections for the treatment of diabetes, the supervision and evaluation occurs at least every two weeks, or more frequently based on nursing judgment.

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**Washington state nursing care quality assurance commission delegation decision tree.**

|  |  |  |  |
| --- | --- | --- | --- |
| (1) | Is the delegation of the task legally permitted in the specific setting? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (2) | Has the patient or authorized representative given consent to the delegation? | No **→** | Obtain the informed consent |
|  | Yes **↓** | No **→** |  |
| (3) | Is RN assessment of patient's nursing care needs completed? | No **→** | Do assessment, then proceed with a consideration of delegation |
|  | Yes **↓** |  |  |
| (4) | Does the patient have a stable and predictable condition? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (5) | Is the task within the registered nurse's scope of practice? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (6) | Is the delegatee properly trained and competent to perform the task? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (7) |  |  |  |
|  | Yes **↓** |  |  |
| (8) | Can the task be performed without requiring judgment based on nursing knowledge? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (9) | Are the results of the task reasonably predictable? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (10) | Can the task be safely performed according to exact, unchanging directions? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (11) | Can the task be performed without a need for complex observations or critical decisions? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (12) | Can the task be performed without repeated nursing assessments? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (13) | Can the task be performed properly? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (14) | Is appropriate supervision available? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (15) | There are no specific laws or rules prohibiting the delegation? | No **→** | Do not delegate |
|  | Yes **↓** |  |  |
| (16) | Task is delegable |  |  |

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**How to make changes to the delegated tasks.**

(1) **Medication.** The registered nurse delegator discusses with the delegatee the process for continuing, rescinding, or adding medications to the delegation list when the changes occur:

(a) The registered nurse delegator verifies the change in medication or a new medication order with the health care provider;

(b) If the medication dosage or type of medication changes or for the same problem (i.e., one medication is deleted and another is substituted) and the patient remains in a stable and predictable condition, delegation continues at the registered nurse delegator's discretion; and

(c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the delegatee. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a nursing visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

(2) **Treatments and/or procedures.**

(a) The registered nurse delegator verifies the change in the medical order with the health care provider.

(b) The registered nurse delegator decides if the new treatment or procedure can be delegated immediately, if a nursing visit is warranted prior to delegation, or if delegation is no longer appropriate. If rescinding delegation, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

**Transferring delegation to another registered nurse.**

(3) The registered nurse delegator may transfer the delegation process to another registered nurse. The registered nurse assuming responsibility assesses the patient, the skills of the delegatee and the plan of care. The registered nurse is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record:

(a) The reason and justification for another registered nurse assuming responsibility for the delegation;

(b) The registered nurse assuming responsibility must agree, in writing, to perform the supervision; and

(c) The delegatee and patient have been informed of this change.

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**Rescinding delegation.**

(1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) The registered nurse delegator believes patient safety is being compromised;

(b) The patient's condition is no longer stable and predictable;

(c) When the frequency of staff turnover makes delegation impractical to continue in the setting;

(d) A change in the delegatee’s willingness or competency to do the task;

(e) When the task is not being performed correctly;

(f) When the patient or authorized representative requests rescinding the delegation;

(g) When the facility's license lapsed; or

(h) When caregivers are not currently registered, certified, or have restrictions to practice.

(2) In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to provide continuity of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator documents the reason for rescinding delegation of the task and the plan for continuing the task.

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**Accountability, liability, and coercion.**

(1) The registered nurse delegator and the delegatee are accountable for their own individual actions in the delegation process. While the delegated task becomes the responsibility of the delegatee, the registered nurse delegator retains overall accountability for the nursing care of the patient.

(2) Under RCW [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260) (3)(d)(iv), delegating nurses acting within their delegation authority shall be immune from liability for any action performed in the course of their delegation duties.

(3) Under RCW [**18.88A.230**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88A.230)(1) nursing assistants and under RCW [**18.88B.070**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88B.070)(3), home care aides, and under [RCW 28A.210.275, non-credentialed school district employees:](https://app.leg.wa.gov/RCW/default.aspx?cite=28A.210.275) following delegation instructions from registered nurses for delegated tasks shall be immune from liability.

following written delegation instructions from registered nurse delegators for delegated tasks shall be immune from liability.

(4) Complaints regarding delegation of nursing tasks in facilities licensed by the department of social and health services to the aging and adult services administration or via a toll-free telephone number.

(5) All complaints related to registered nurse delegators shall be referred to the nursing care quality assurance commission.

(6) All complaints related to nursing assistants or home care aides performing delegated tasks shall be referred to the secretary of health.

(7) Under RCW [**18.79.260**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260) (3)(c), no person may coerce the registered nurse delegator into compromising patient safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators shall not be subject to any employer reprisal or disciplinary action by the Washington nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(8) Under RCW [**18.88A.230**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88A.230)(2), nursing assistants and under RCW [**18.88B.070**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.88B.070)(4), home care aides and non-credentialed RCW 28A.210.275shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues.