

# ANALYSIS OF HOUSE BILL 1218

Modifying provisions related to nurse delegation of tasks.

**SPONSORS:** Representative Eddy and Parlette.

**BACKGROUND:** In 1995 the Legislature authorized nurses to delegate specific nursing tasks to nursing assistants for serving persons in three community settings. These include community resident programs for persons with developmental disabilities in family homes; and boarding homes contracting with the Department of Social and Health Services to provide assisted living services to clients.

The nurse practice law generally authorizes a nurse to delegate the administration of medications, treatment tests and inoculations under the general direction of physicians and other specified health providers.

The specific nurse-delegation regulations in the chapter of the code providing for the registration and certification of nursing assistants generally by law require a nursing assistant to complete basic core training and meet any additional training requirements for delegating complex tasks as determined by the Nursing Quality Assurance Commission.

## NURSING TASKS THAT CAN BE DELEGATED

The nursing tasks that can be delegated are specified by law to include oral and topical medications, nose, ear, eye drops, dressing changes and catheterization, suppositories, enemas, ostomy care, blood glucose monitoring, and gastrostomy feedings.

## NURSE DELEGATION PROTOCOL

The nursing commission was directed to develop rules for nurse-delegation protocols. These protocols are specified in law and include the following:

1. The determination of the appropriateness of delegations left to the discretion of the nurse;
2. The status of the patient must be stable and predictable;
3. The written informed consent of the patient is initially obtained by the nurse and the elements of this informed consent is specified by law;
4. A basic core training curriculum for providing care to developmentally disabled persons must be taken in addition to the training requirements as defined in rule by the Secretary of Social and Health Services and

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**PREPARED BY:** John Beresford Welsh, Senior Counsel  
House Health Care Committee, P.O. Box 40600  
Olympia, WA. 98504-0600, (360) 786-7133

5. The completion of basic core training by a nursing assistant is mandatory prior to delegation.

#### IMMUNITIES

Nurses acting within the protocol are immune from liability in the nurse-delegation process. Nurses may not be coerced to delegate any task compromising patient safety and may not be subject to any employer reprisal or disciplinary action. The Department of Social and Health Services can impose a civil fine from \$250 to \$1000 on a resident setting that knowingly permits for improper nurse-delegation.

#### MONITORING THE NURSE DELEGATION PROCESS

The Department of Health in consultation with the Department of Social and Health Services and nursing commission are required to monitor the implementation of the nurse-delegation process and report to the Legislature with recommendations for improvements. As part of the monitoring process, the departments of Health and Social and Health Services, in consultation with the University of Washington School of Nursing were directed to conduct a study of the nurse-delegation process. A Joint Legislative Task Force on Nurse-Delegation was established to oversee the implementation of the nurse-delegation pilot program.

**SUMMARY:** Generally, the statutory references of the nurse-delegation law in the chapter of the code relating to nursing assistants are repealed and transferred to the Nurse Practice Act.

The lawful delegation of nursing care tasks by a nurse is clarified. A nurse may delegate nursing care tasks to other individuals in the best interest of the patient. In such case, the nurse must determine the competency of the delegatee, evaluate the appropriateness of delegation, supervise the performance of the delegation, and only delegate tasks limited to the nursing scope of practice. A nurse may not delegate acts requiring substantial skill, the administration of medications, or piercing or severing of tissues, except to nursing assistants providing care to individuals in community-based care settings. Acts requiring nursing judgment may not be delegated.

The prohibitions against coercing nurses to delegate and employer reprisal are transferred to the Nurse Practice Act, including the requirement of stable and predictable patient status and the immunity of nurses from liability within the limits of the protocol. The specified nursing tasks that can be delegated are repealed. The determination of the appropriateness of delegation is left to nurse discretion, but the administration of medications through intravenous or intramuscular routes, sterile procedures, and central line maintenance may never be delegated.

The nurse is responsible for ensuring that the nursing assistant has completed core nurse delegation training. However, on a case-by-case basis, a nurse may delegate to a nursing assistant receiving retraining within the first 60 days of the delegation process.

The delegation of nursing care tasks can only be made to nursing assistants in community-based care settings, except for simple tasks defined by the nursing commission, such as blood pressure

monitoring and personal care services. Community-based care settings include community resident programs for the developmentally disabled, adult family homes; alcohism homes; and other settings determined by the nursing commission by rule but hospitals and skilled nursing homes are excluded.

On or before June 30, 2000, the nursing commission by rule shall make needed revisions in the nurse-delegation protocols including standards for informed consent. The specific requirements of the protocols are repealed.

The following statutes are repealed:

RCW 18.88A.220 requiring the departments of Health, Social and Health Services, and the nursing commission to clarify reimbursement policies and barriers to current delegation and

RCW 18.88A.240 establishing a toll-free phone number for receiving complaints.