

# Registered Nurse (RN) Delegation in Settings other than Community-Based Care

## Statement of Purpose

The primary purpose of this policy is to provide further interpretation of Division 45 administrative rule language, OARs 851-045-0030 (2) (e) and 851-045-0600 (8), regarding Registered Nurse (RN) delegation of Certified Nursing Assistants (CNAs) and Certified Medication Aides (CMAs) and Unlicensed Assistive Personnel (UAPs). Division 47 administrative rule language (OAR 851-047-0000 through 851-047-0040) must still be followed by nurses who are delegating in the practice settings identified in those rules.

## Background/Significance

The demand for nursing care continues to grow, while the number of nurses is not keeping pace with the demand for services. As nurses have expanded scope of responsibility, greater numbers of nursing assistive personnel (CNAs/CMAs and UAPs) are being employed to assist them and other healthcare providers.

A person must either be licensed or certified to carry out nursing tasks (or tasks which would otherwise require performance by a licensed health care professional). Techs and medical assistants are UAPs and are not directly regulated by the state, so they do not have a specific scope of practice or authorized duties. Currently, in order to perform nursing tasks, they must receive delegated authority from a licensed health care professional.

There is confusion regarding the nurse's relationship to CNAs/CMAs as well as to UAPs, particularly when tasks of nursing must be delegated. Therefore, it has become increasingly important to fully understand the relationship between the RN and the CNA/CMA as well as the RN and UAP, and to know when and how the RN may safely delegate tasks of nursing.

## I. Board Position

- A. The health, safety and welfare of the public underpin all decisions regarding delegation.
- B. Competent and appropriately supervised nursing assistive personnel (CNAs/CMAs and UAPs) have a role to play in the delivery of healthcare.
- C. RNs may delegate to other Oregon licensed nurses and Certified Nursing Assistants or Medication Aides tasks of nursing that may not be within the licensee's or certificate-holder's normal duties but always fall within the licensee's scope of practice or certificate-holder's authorized duties;
- D. It is within the scope of practice for RNs and advanced practice nurses (Nurse Practitioners, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists) to delegate tasks of nursing to UAPs. It is outside the scope of the LPN.
- E. If the delegated authority for a specific task or tasks does not come from the RN/advanced practice nurse, the health professional who has delegated the task retains accountability for the task, not the RN/advanced practice nurse.
- F. Limitations to Delegation. RN/advanced practice nurse:
  1. May not delegate the insertion or removal of devices intended for infusion therapy; and
  2. May not delegate administration of medications by the intravenous route, except as provided in OAR 851-047-0030.

## II. RN Principles of Delegation

Nurses work in a wide variety of practice settings. Increasingly, in almost all practice settings, they must rely on nursing assistive personnel (CNAs/CMAs and UAPs) to provide nursing assistance. It is, therefore, of the highest importance that any decision to delegate nursing tasks must be made very carefully. Attention must always be given first and foremost to the safety and well-being of the individual person. The delegation rules spelled out in this policy provide a framework for the nurse to follow. The RN/advanced practice nurse:

- A. May delegate only within the scope of Registered Nursing practice.
- B. May delegate tasks of nursing, but may not delegate the nursing process. The core nursing functions of assessment, planning, evaluation and nursing judgment cannot be delegated.
- C. Must follow Appendix A: Decision Guideline for Delegation to Unlicensed Assistive Personnel when delegating to UAPs.
- D. Maintains responsibility, accountability and authority for teaching and delegation of tasks of nursing.
- E. Maintains sole responsibility, based on professional judgment, whether or not to delegate a task of nursing or to rescind that delegation.
- F. Maintains the right to refuse to delegate tasks of nursing if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision.
- G. Considers the training, experience and cultural competence of the delegated individual as well as facility and agency policies and procedures before delegating.
- H. Delegates tasks of nursing to another individual only if that individual has the necessary skills and competence to accomplish those tasks of nursing safely.
- I. Matches client needs with available, qualified personnel, resources and supervision.
- J. Communicates directions and expectations for completion of the delegated tasks of nursing.
- K. Supervises others to whom nursing activities are delegated and monitors performance, progress, and outcomes. Ensures documentation of the activity.
- L. Evaluates the effectiveness of the delegation and the outcomes of the interventions.
- M. Revises the plan of care as needed.

## III. Organization-related Delegation Principles

Although the Oregon State Board of Nursing (OSBN) does not set standards for organizations, the RN is held accountable for only delegating in accordance with the standards listed above. In order for those standards to be met, the RN needs to be able to rely on the organization to provide adequate staffing resources, communicate competencies of staff, have appropriate policies in place, etc. Therefore, the following organization-related principles should be followed before RN delegation occurs.

- A. Staffing resources are adequate to ensure safe delegation.
- B. Competency documentation is readily available to the RN who will be delegating patient care.
- C. Nurses at all levels of the organization (administrators, management and staff) are active participants in determining organizational policies on delegation.
- D. Ongoing educational needs of the UAPs are met by the organization with implementation of a system that allows for nurse input.

## IV. Definitions

- A. "Delegation," except as defined in OAR 851-047-0010 (7), means the process a Registered Nurse uses when authorizing a competent individual to perform a task of nursing, while retaining accountability for the outcome.
- B. "Licensed Nurse" means all Licensed Practical Nurses and Registered Nurses licensed under ORS 678.
- C. "Tasks of Nursing" means those procedures normally performed by nurses when implementing the nursing plan of care.
- D. "Unlicensed Assistive Personnel" means individuals who are not licensed to practice nursing, medicine or any other health occupation requiring a license in Oregon, but who may carry out delegated tasks of nursing. For the purpose of this policy, Certified Nursing Assistants and Certified Medication Aides are not considered unlicensed assistive personnel.

**V. Questions and Answers**

*Q: I am a CNA-2, but have been assigned to a "tech" position which allows me to perform activities that exceed the authorized duties listed in Division 63 (OAR 851-063-0035) of the administrative rules. What is my responsibility?*

A: You must work within the authorized duties and standards for the CNA-2 as they are listed in Division 63. The same thing is true for CNA-1s. If you are in a position like this, you will either have to limit your activities to those listed in Division 63 or you will no longer be able to consider this a CNA position. All of your activities would then need to be delegated by the RN using the delegation rules spelled out in administrative rule and listed in this policy.

*Q: I am a RN in a clinic working with a medical assistant. Can I delegate IM injections to this individual?*

A: As long as all of the rules for delegation are followed and the guideline in this policy is adhered to, this is allowable.

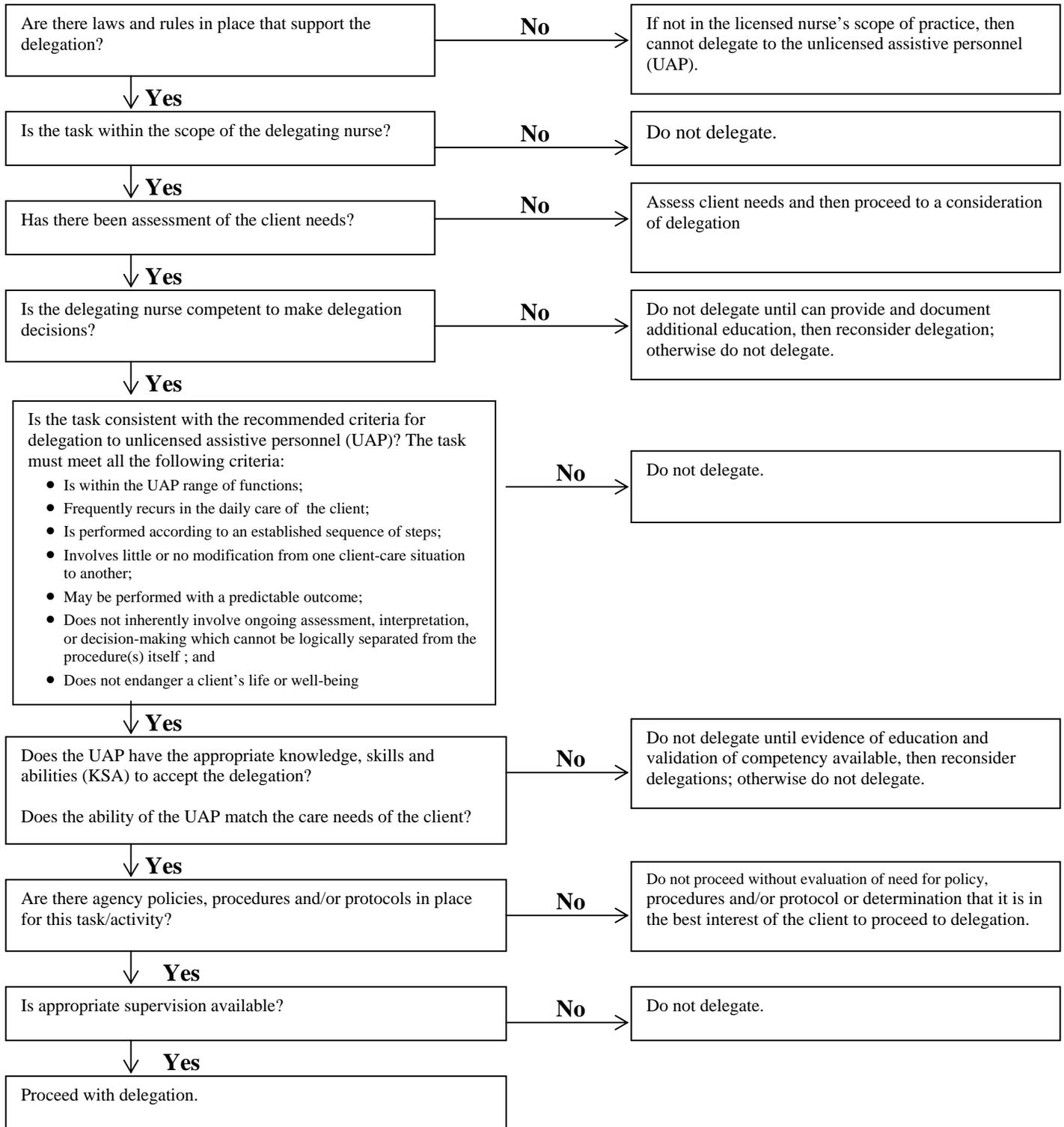
*Q: Why can I delegate more tasks of nursing to an unlicensed person than I can to a CNA/CMA?*

A: The CNA/CMA is regulated by the Board of Nursing and has set tasks that are identified in administrative rule. It would be inconsistent with current administrative rules to expand the duties of the CNA/CMA through nurse delegation.

# Appendix A

## Decision Guideline for Delegation to Unlicensed Assistive Personnel

### **Step One – Assessment and Planning**



## **Step Two – Communication**

*Communication must be a two-way process*

### **The nurse:**

- Assesses the UAP's understanding:
  - How the task is to be accomplished.
  - When and what information is to be reported, including:
    - Expected observations to report and record.
    - Specific client concerns that would require prompt reporting.
- Individualizes for the UAP and client situation.
- Addresses any unique client requirements and characteristics.
- Assesses the UAP's understanding of expectations, providing clarification if needed.
- Communicates his or her willingness and availability to guide and support assistant.
- Ensures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility.
- Determine the communication method between the nurse and the UAP
- Determine the communication and plan of action in emergency situations.

### **Unlicensed Assistive Personnel:**

- Ask questions regarding the delegation and seek clarification of expectations if needed.
- Inform the nurse if the UAP has not performed a task/function/activity before, or has only performed infrequently.
- Ask for additional training or supervision.
- Affirm understanding of expectations.

**Documentation:** *Timely, complete and accurate documentation of care provided.*

- Facilitates communication with other members of the healthcare team.
- Records the nursing care provided.

## **Step Three –Supervision**

### **The nurse considers the:**

- Client's health care status and stability of condition
- Predictability of responses and risks
- Setting where care occurs
- Availability of resources and support infrastructure.
- Complexity of the task being performed.

### **The nurse determines:**

- The frequency of onsite supervision and assessment based on:
  - Needs of the client
  - Complexity of the delegated function/task/activity
  - Proximity of nurse's location.

### **The nurse is responsible for:**

- Timely intervention and follow-up on problems and concerns. Examples of the need for intervention include:
- Alertness to changes in client condition (which allows nurse and UAP to be proactive, before a client's condition deteriorates significantly).
- Awareness of UAP's difficulties in completing delegated activities.
- Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.

## **Step Four – Evaluation and Feedback**

Evaluation is often the forgotten step in delegation.

### **In considering the effectiveness of delegation, the nurse addresses the following questions:**

- Was the delegation successful?
  - Was the task/function/activity performed correctly?
  - Was the client's desired and/or expected outcome achieved?
  - Was the outcome optimal, satisfactory or unsatisfactory?
  - Was communication timely and effective?
  - What went well; what was challenging?
  - Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the UAP and/or the nurse?
- Was appropriate feedback provided to the UAP regarding the performance and completion of the delegation?

## VI. References

American Nurses Association and National Council of State Boards of Nursing (2005). Joint Statement on Delegation. Retrieved 03/20/2007, from [https://www.ncsbn.org/Joint\\_statement.pdf](https://www.ncsbn.org/Joint_statement.pdf)

American Nurses Association (1992). Policy Statement: Registered Nurse Utilization of Unlicensed Assistive Personnel. Retrieved 03/20/2007, from <http://www.nursingworld.org/readroom/position/uap/uapuse.htm>

Anthony MK; Standing T; Hertz JE (2000). Factors Influencing Outcomes after Delegation to Unlicensed Assistive Personnel. Journal of Nursing Administration, 30(10), 474 - 81. Abstract retrieved 05/02/2007, from CINAHL.

Huston CL (1997). The Replacement of Registered Nurses by Unlicensed Assistive Personnel: The Impact on Three Process/Outcome Indicators of Quality. University of Southern California, D.P.A., 169. Abstract retrieved 05/02/2007, from CINAHL.

Kido VJ (2001). The UAP Dilemma. Nursing Management, 3(11), 27 - 9. Abstract retrieved 05/02/2007, from CINAHL.

Krainovich Miller B; Sedhom LN; Bidwell Cerone S; Campbell Heider N; Malinski VM; Carter E (1997). A Review of Nursing Research on the Use of Unlicensed Assistive Personnel (UAP). Journal of the New York State Nurses Association, 28(3), 8 - 15. Abstract retrieved 05/02/2007, from CINAHL.

National Council of State Boards of Nursing . (2004). Model Nursing Administrative Rules. Chicago: Author.

National Council of State Boards of Nursing (2005). Working with Others: Delegation and Other Health Care Interfaces. Chicago: Author.

### **Adopted: June 12, 2008**

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*The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education and practice in order to assure that the citizens of Oregon receive safe and effective care.*

*The OSBN further interprets statute and rule and issues opinions in the form of Board Policies, Policy Guidelines and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.*