
HOUSE BILL 2071

State of Washington 54th Legislature 1995 Regular Session

By Representatives Dyer, Dellwo, Backlund and Hymes

Read first time 03/06/95. Referred to Committee on Health Care.

1 AN ACT Relating to authorizing the delegation of nursing care tasks
2 for the provision of health treatment to individuals in community
3 residential programs for the developmentally disabled, residents in
4 adult family homes, and residents of licensed boarding homes
5 contracting to provide assisted living services; amending RCW
6 18.79.040, 18.79.260, 18.88A.030, and 70.128.130; adding new sections
7 to chapter 18.88A RCW; creating a new section; and prescribing
8 penalties.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.88A RCW
11 to read as follows:

12 The legislature recognizes that nurses have been successfully
13 delegating nursing care tasks to family members and auxiliary staff for
14 many years. The opportunity for a nurse to delegate to nursing
15 assistants qualifying under section 2 of this act may enhance the
16 viability and quality of care in community health settings for long-
17 term care services and to allow citizens to live as independently as
18 possible with maximum safeguards.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.88A RCW
2 to read as follows:

3 (1) A nurse may delegate specific care tasks to nursing assistants
4 meeting the requirements of this section and who provide care to
5 individuals in community residential programs for the developmentally
6 disabled certified by the department of social and health services
7 under chapter 71A.12 RCW, to individuals residing in adult family homes
8 licensed under chapter 70.128 RCW, and to individuals residing in
9 boarding homes licensed under chapter 18.20 RCW contracting with the
10 department of social and health services to provide assisted living
11 services pursuant to RCW 74.39A.010.

12 (2) For the purposes of this section, "nursing assistant" means a
13 nursing assistant-registered or a nursing assistant-certified. Nothing
14 in this section may be construed to affect the authority of nurses to
15 delegate nursing tasks to other persons, including licensed practical
16 nurses, as authorized by law.

17 (3) Before commencing any specific nursing care tasks authorized
18 under this chapter, the nursing assistant must (a) provide to the
19 delegating nurse a certificate of completion issued by the department
20 of social and health services indicating the completion of basic core
21 training as provided in this section, (b) be regulated by the
22 department of health pursuant to this chapter, subject to the uniform
23 disciplinary act under chapter 18.130 RCW, and (c) meet any additional
24 training requirements identified by the nursing care quality assurance
25 commission and authorized by this section.

26 (4) A nurse may delegate the following care tasks:

27 (a) Oral and topical medications and ointments;

28 (b) Nose, ear, eye drops, and ointments;

29 (c) Dressing changes and catheterization using clean techniques as
30 defined by the nursing care quality assurance commission;

31 (d) Suppositories, enemas, ostomy care;

32 (e) Blood glucose monitoring;

33 (f) Gastrostomy feedings in established and healed condition.

34 (5) On or before September 1, 1995, the nursing care quality
35 assurance commission, in conjunction with the professional nursing
36 organizations, shall develop rules for nurse delegation protocols and
37 by December 5, 1995, identify training beyond the core training that is
38 deemed necessary for the delegation of complex tasks and patient care.

1 (6) Nursing task delegation protocols are not intended to regulate
2 the settings in which delegation may occur but are intended to ensure
3 that nursing care services have a consistent standard of practice upon
4 which the public and profession may rely and to safeguard the authority
5 of the nurse to make independent professional decisions regarding the
6 delegation of a task. Protocols shall include at least the following:

7 (a) Ensure that determination of the appropriateness of delegation
8 of a nursing task is at the discretion of the nurse;

9 (b) Allow delegation of a nursing care task only for patients who
10 have a stable and predictable condition. "Stable and predictable
11 condition" means a situation, as defined by rule by the nursing care
12 quality assurance commission, in which the patient's clinical and
13 behavioral status is known and does not require frequent presence and
14 evaluation of a registered nurse;

15 (c) Assure that the delegations of nursing tasks pursuant to this
16 chapter have the written informed consent of the patient consistent
17 with the provisions for informed consent under chapter 7.70 RCW, as
18 well as with the consent of the delegating nurse and nursing assistant.
19 The delegating nurse shall inform patients of the level of training of
20 all care providers in the setting;

21 (d) Verify that the nursing assistant has completed the core
22 training;

23 (e) Require assessment by the nurse of the ability and willingness
24 of the nursing assistant to perform the delegated nursing task in the
25 absence of direct nurse supervision and to refrain from delegation if
26 the nursing assistant is not able or willing to perform the task;

27 (f) Require the nurse to analyze the complexity of the nursing task
28 that is considered for delegation and determine the appropriate level
29 of training and any need of additional training for the nursing
30 assistant;

31 (g) Require the teaching of the nursing care task to the nursing
32 assistant including return demonstration under observation while
33 performing the task;

34 (h) Require a plan of nursing supervision and reevaluation of the
35 delegated nursing task. "Nursing supervision" means that the
36 registered nurse monitors by direct observation the skill and ability
37 of the nursing assistant to perform delegated nursing tasks. Frequency
38 of supervision is at the discretion of the registered nurse but shall
39 occur at least every sixty days;

- 1 (i) Require instruction to the nursing assistant that the delegated
2 nursing task is specific to a patient and is not transferable;
- 3 (j) Require documentation and written instruction related to the
4 delegated nursing task be provided to the nursing assistant and a copy
5 maintained in the patient record;
- 6 (k) Ensure that the nursing assistant is prepared to effectively
7 deal with the predictable outcomes of performing the nursing task;
- 8 (l) Include in the delegation of tasks an awareness of the nature
9 of the condition requiring treatment, risks of the treatment, side
10 effects, and interaction of prescribed medications;
- 11 (m) Require documentation in the patient's record of the rationale
12 for delegating or not delegating nursing tasks.
- 13 (7) A basic core training curriculum on providing care for
14 individuals in community residential programs for the developmentally
15 disabled certified by the department of social and health services
16 under chapter 71A.12 RCW shall be in addition to the specific nursing
17 assistant training specified in this section. Such additional training
18 shall be developed and adopted by rule by the secretary of the
19 department of social and health services. The department of social and
20 health services shall appoint an advisory panel to assist in the
21 development of core training comprised of representatives of the
22 following:
- 23 (a) The division of developmental disabilities;
- 24 (b) The nursing care quality assurance commission;
- 25 (c) Professional nursing organizations;
- 26 (d) A state-wide organization of community residential service
27 providers whose members are programs certified by the department under
28 chapter 71A.12 RCW.
- 29 (8) A basic core training curriculum on providing care to residents
30 in residential settings licensed under chapter 70.128 RCW, or in
31 assisted living pursuant to RCW 74.39A.010 shall be mandatory for
32 nursing assistants prior to assessment by a nurse regarding the ability
33 and willingness to perform a delegated nursing task. Core training
34 shall be developed and adopted by rule by the secretary of the
35 department of social and health services, in conjunction with an
36 advisory panel. The advisory panel shall be comprised of
37 representatives from, at a minimum, the following:
- 38 (a) The nursing care quality assurance commission;
- 39 (b) Professional nurse organizations;

1 (c) A state-wide association of community residential service
2 providers whose members are programs certified by the department under
3 chapter 71A.12 RCW;

4 (d) Aging consumer groups;

5 (e) Associations representing homes licensed under chapter 70.127
6 RCW; and

7 (f) Associations representing home care agencies licensed under
8 chapter 70.127 RCW.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.88A RCW
10 to read as follows:

11 On or before December 1, 1995, the department of health and the
12 department of social and health services, in consultation with the
13 nursing care quality assurance commission, shall develop and clarify
14 program and reimbursement policies, as well as clarify barriers to
15 current delegation, relating to the ability and authority of a nurse to
16 delegate care tasks in the programs and services operating under their
17 authority.

18 The nursing care quality assurance commission shall develop model
19 forms that will assist in standardizing the practice of delegation.

20 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.88A RCW
21 to read as follows:

22 (1) The nurse and nursing assistant shall be accountable for their
23 own individual actions in the delegation process. Nurses acting within
24 the protocols of their delegation authority shall be immune from
25 liability for any action performed in the course of their delegation
26 duties. Nursing assistants following written delegation instructions
27 from registered nurses performed in the course of their accurately
28 written, delegated duties shall be immune from liability.

29 (2) No person may coerce a nurse into compromising patient safety
30 by requiring the nurse to delegate if the nurse determines it is
31 inappropriate to do so. Nurses shall not be subject to any employer
32 reprisal or disciplinary action by the Washington nursing care quality
33 assurance commission for refusing to delegate tasks or refusing to
34 provide the required training for delegation if the nurse determines
35 delegation may compromise patient safety. Nursing assistants shall not
36 be subject to any employer reprisal or disciplinary action by the
37 nursing care quality assurance commission for refusing to accept

1 delegation of a nursing task. No community residential program, adult
2 family home, or boarding home contracting to provide assisted-living
3 services may discriminate or retaliate in any manner against a person
4 because the person made a complaint or cooperated in the investigation
5 of a complaint.

6 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.88A RCW
7 to read as follows:

8 The aging and adult services administration of the department of
9 social and health services shall establish a toll-free telephone number
10 for receiving complaints regarding delegation of specific nursing tasks
11 to nursing assistants, in conjunction with any other such system
12 maintained for long-term care services. Complaints specifically
13 related to nurse-delegation shall be referred to the nursing care
14 quality assurance commission for appropriate disposition in accordance
15 with established procedures.

16 **Sec. 6.** RCW 18.79.040 and 1994 sp.s. c 9 s 404 are each amended to
17 read as follows:

18 (1) "Registered nursing practice" means the performance of acts
19 requiring substantial specialized knowledge, judgment, and skill based
20 on the principles of the biological, physiological, behavioral, and
21 sociological sciences in either:

22 (a) The observation, assessment, diagnosis, care or counsel, and
23 health teaching of the ill, injured, or infirm, or in the maintenance
24 of health or prevention of illness of others;

25 (b) The performance of such additional acts requiring education and
26 training and that are recognized by the medical and nursing professions
27 as proper and recognized by the commission to be performed by
28 registered nurses licensed under this chapter and that are authorized
29 by the commission through its rules;

30 (c) The administration, supervision, delegation, and evaluation of
31 nursing practice. However, nothing in this subsection affects the
32 authority of a hospital, hospital district, medical clinic, or office,
33 concerning its administration and supervision;

34 (d) The teaching of nursing;

35 (e) The executing of medical regimen as prescribed by a licensed
36 physician and surgeon, dentist, osteopathic physician and surgeon,

1 podiatric physician and surgeon, physician assistant, osteopathic
2 physician assistant, or advanced registered nurse practitioner.

3 (2) Nothing in this section prohibits a person from practicing a
4 profession for which a license has been issued under the laws of this
5 state or specifically authorized by any other law of the state of
6 Washington.

7 (3) This section does not prohibit (a) the nursing care of the
8 sick, without compensation, by an unlicensed person who does not hold
9 himself or herself out to be a registered nurse, (~~(or)~~) (b) the
10 practice of licensed practical nursing by a licensed practical nurse,
11 or (c) the practice of a nursing assistant, providing delegated nursing
12 tasks under chapter 18.88A RCW.

13 **Sec. 7.** RCW 18.79.260 and 1994 sp.s. c 9 s 426 are each amended to
14 read as follows:

15 A registered nurse under his or her license may perform for
16 compensation nursing care, as that term is usually understood, of the
17 ill, injured, or infirm, and in the course thereof, she or he may do
18 the following things that shall not be done by a person not so
19 licensed, except as provided in RCW 18.79.270 and section 2 of this
20 act:

21 (1) At or under the general direction of a licensed physician and
22 surgeon, dentist, osteopathic physician and surgeon, podiatric
23 physician and surgeon, physician assistant, osteopathic physician
24 assistant, or advanced registered nurse practitioner acting within the
25 scope of his or her license, administer medications, treatments, tests,
26 and inoculations, whether or not the severing or penetrating of tissues
27 is involved and whether or not a degree of independent judgment and
28 skill is required;

29 (2) Delegate to other persons (~~(engaged in nursing,~~) the functions
30 outlined in subsection (1) of this section in accordance with chapter
31 18.88A RCW;

32 (3) Instruct nurses in technical subjects pertaining to nursing;

33 (4) Hold herself or himself out to the public or designate herself
34 or himself as a registered nurse.

35 **Sec. 8.** RCW 18.88A.030 and 1994 sp.s. c 9 s 709 are each amended
36 to read as follows:

1 (1) A nursing assistant may assist in the care of individuals as
2 delegated by and under the direction and supervision of a licensed
3 (registered) nurse or licensed practical nurse.

4 (2) A health care facility shall not assign a nursing assistant-
5 registered to provide care until the nursing assistant-registered has
6 demonstrated skills necessary to perform competently all assigned
7 duties and responsibilities.

8 (3) Nothing in this chapter shall be construed to confer on a
9 nursing assistant the authority to administer medication unless
10 delegated as a specific nursing task pursuant to this chapter or to
11 practice as a licensed (registered) nurse or licensed practical nurse
12 as defined in chapter 18.79 RCW.

13 (4) Certification is voluntary for nursing assistants working in
14 health care facilities other than nursing homes unless otherwise
15 required by state or federal law or regulation.

16 (5) The commission may adopt rules to implement the provisions of
17 this chapter.

18 **Sec. 9.** RCW 70.128.130 and 1989 c 427 s 26 are each amended to
19 read as follows:

20 (1) Adult family homes shall be maintained internally and
21 externally in good repair and condition. Such homes shall have safe
22 and functioning systems for heating, cooling, hot and cold water,
23 electricity, plumbing, garbage disposal, sewage, cooking, laundry,
24 artificial and natural light, ventilation, and any other feature of the
25 home.

26 (2) Adult family homes shall be maintained in a clean and sanitary
27 manner, including proper sewage disposal, food handling, and hygiene
28 practices.

29 (3) Adult family homes shall develop a fire drill plan for
30 emergency evacuation of residents, shall have smoke detectors in each
31 bedroom where a resident is located, shall have fire extinguishers on
32 each floor of the home, and shall not keep nonambulatory patients above
33 the first floor of the home.

34 (4) Adult family homes shall have clean, functioning, and safe
35 household items and furnishings.

36 (5) Adult family homes shall provide a nutritious and balanced diet
37 and shall recognize residents' needs for special diets.

1 (6) Adult family homes shall establish health care procedures for
2 the care of residents including medication administration and emergency
3 medical care.

4 (a) Adult family home residents shall be permitted to self-
5 administer medications.

6 (b) Adult family home providers may administer medications and
7 deliver special care only to the extent (~~that the provider is a~~
8 ~~licensed health care professional for whom the administration of~~
9 ~~medications is within the scope of practice under Washington~~)
10 authorized by law.

11 NEW SECTION. **Sec. 10.** The secretary of health in consultation
12 with the Washington nursing care quality assurance commission, the
13 school of public health and community medicine and the school of
14 nursing of the University of Washington, and the department of social
15 and health services shall monitor the implementation of this act and
16 shall make an interim report by December 31, 1996, and a final report
17 by December 31, 1997, to the legislature on the effectiveness of this
18 act, including protecting the health and safety of persons with
19 developmental disabilities and residents of adult family homes and
20 boarding homes providing assisted living services, including the
21 appropriateness of the tasks allowed for delegation, level and type of
22 training and regulation of nursing assistants, and with any
23 recommendations for improvements. The report shall be based on direct
24 observation, documentation, and interviews, and shall specifically
25 include outcome data on the following:

26 (1) Patient, nurse, and nursing assistant satisfaction;

27 (2) Medication errors, including those resulting in
28 hospitalization;

29 (3) Noncompliance with required training;

30 (4) Noncompliance with nurse delegation protocols;

31 (5) Incidence of harm to patients, including abuse and neglect;

32 (6) Impact on access to care;

33 (7) Impact on patient independence;

34 (8) Impact on patient quality of life; and

35 (9) Incidence of coercion in the nurse-delegation process.

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