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HOUSE BILL 2363

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State of Washington

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1998 Regular Session

By Representatives Backlund, Cody, Skinner, Dyer, Anderson and D. Sommers; by request of Department of Health

Read first time 01/12/98. Referred to Committee on Health Care.

1 AN ACT Relating to department of health recommendations removing  
2 barriers to nurse delegation; and amending RCW 18.88A.030 and  
3 18.88A.210.

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

5 **Sec. 1.** RCW 18.88A.030 and 1995 1st sp.s. c 18 s 52 are each  
6 amended to read as follows:

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

10 (2) A health care facility shall not assign a nursing assistant-  
11 registered to provide care until the nursing assistant-registered has  
12 demonstrated skills necessary to perform competently all assigned  
13 duties and responsibilities.

14 (3) Nothing in this chapter shall be construed to confer on a  
15 nursing assistant the authority to administer medication except as  
16 authorized in public and private schools under RCW 28A.210.260 unless  
17 delegated as a specific nursing task pursuant to this chapter or to  
18 practice as a licensed (registered) nurse or licensed practical nurse  
19 as defined in chapter 18.79 RCW.

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

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

6 **Sec. 2.** RCW 18.88A.210 and 1995 1st sp.s. c 18 s 46 are each  
7 amended to read as follows:

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

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

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

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

32 (a) Oral and topical medications and ointments;

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

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

36 (d) Suppositories, enemas, ostomy care;

37 (e) Blood glucose monitoring;

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

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

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

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

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

20 (c) Assure that the (~~delegations of nursing tasks pursuant to this~~  
21 ~~chapter have the written informed consent of the patient consistent~~  
22 ~~with the provisions for informed consent under chapter 7.70 RCW, as~~  
23 ~~well as with the consent of the delegating nurse and nursing assistant.~~  
24 ~~The delegating nurse shall inform patients of the level of training of~~  
25 ~~all care providers in the setting~~) initial delegating nurse obtains  
26 written consent to the nurse delegation process from the patient or a  
27 person authorized under RCW 7.70.065. Written consent is only  
28 necessary at the initial use of the nurse delegation process for each  
29 patient and is not necessary for task additions or changes or if a  
30 different nurse or nursing assistant will be participating in the  
31 process. The written consent must include at a minimum the following:

32 (i) A list of the tasks that could potentially be delegated per RCW  
33 18.88A.210; and

34 (ii) A statement that a nursing assistant through the nurse  
35 delegation process will be performing a task that would previously have  
36 been performed by a registered or licensed practical nurse;

37 (d) Verify that the nursing assistant has completed the core  
38 training;

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

5 (f) Require the nurse to analyze the complexity of the nursing task  
6 that is considered for delegation and determine the appropriate level  
7 of training and any need of additional training for the nursing  
8 assistant;

9 (g) Require the teaching of the nursing care task to the nursing  
10 assistant (~~including~~) utilizing one or more of the following: (i)  
11 Verification of competency via return demonstration (~~under observation~~  
12 ~~while performing the task~~); (ii) other methods for verification of  
13 competency to perform the nursing task; or (iii) assurance that the  
14 nursing assistant is competent to perform the nursing task as a result  
15 of systems in place in the community residential program for the  
16 developmentally disabled, adult family home, or boarding home providing  
17 assisted living services;

18 (h) Require a plan of nursing supervision and reevaluation of the  
19 delegated nursing task. "Nursing supervision" means that the  
20 registered nurse monitors by direct observation or by whatever means is  
21 deemed appropriate by the registered nurse the skill and ability of the  
22 nursing assistant to perform delegated nursing tasks. Frequency of  
23 supervision is at the discretion of the registered nurse but shall  
24 occur at least every sixty days;

25 (i) Require instruction to the nursing assistant that the delegated  
26 nursing task is specific to a patient and is not transferable;

27 (j) Require documentation and written instruction related to the  
28 delegated nursing task be provided to the nursing assistant and a copy  
29 maintained in the patient record;

30 (k) Ensure that the nursing assistant is prepared to effectively  
31 deal with the predictable outcomes of performing the nursing task;

32 (l) Include in the delegation of tasks an awareness of the nature  
33 of the condition requiring treatment, risks of the treatment, side  
34 effects, and interaction of prescribed medications;

35 (m) Require documentation in the patient's record of the rationale  
36 for delegating or not delegating nursing tasks.

37 (7) A basic core training curriculum on providing care for  
38 individuals in community residential programs for the developmentally  
39 disabled certified by the department of social and health services

1 under chapter 71A.12 RCW shall be in addition to the training  
2 requirements specified in subsection (5) of this section. Basic core  
3 training shall be developed and adopted by rule by the secretary of the  
4 department of social and health services. The department of social and  
5 health services shall appoint an advisory panel to assist in the  
6 development of core training comprised of representatives of the  
7 following:

8 (a) The division of developmental disabilities;

9 (b) The nursing care quality assurance commission;

10 (c) Professional nursing organizations;

11 (d) A state-wide organization of community residential service  
12 providers whose members are programs certified by the department under  
13 chapter 71A.12 RCW.

14 (8) A basic core training curriculum on providing care to residents  
15 in residential settings licensed under chapter 70.128 RCW, or in  
16 assisted living pursuant to RCW 74.39A.010 shall be mandatory for  
17 nursing assistants prior to assessment by a nurse regarding the ability  
18 and willingness to perform a delegated nursing task. Core training  
19 shall be developed and adopted by rule by the secretary of the  
20 department of social and health services, in conjunction with an  
21 advisory panel. The advisory panel shall be comprised of  
22 representatives from, at a minimum, the following:

23 (a) The nursing care quality assurance commission;

24 (b) Professional nurse organizations;

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

28 (d) Aging consumer groups;

29 (e) Associations representing homes licensed under chapters  
30 70.128 and 18.20 RCW; and

31 (f) Associations representing home health, hospice, and home care  
32 agencies licensed under chapter 70.127 RCW.

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