
HOUSE BILL 1218

State of Washington

56th Legislature

1999 Regular Session

By Representatives Cody and Parlette; by request of Department of Health

Read first time 01/19/1999. Referred to Committee on Health Care.

1 AN ACT Relating to department of health recommendations for
2 improving nurse delegation in community settings; amending RCW
3 18.88A.210, 18.88A.230, and 18.79.260; and repealing RCW 18.88A.220 and
4 18.88A.240.

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

6 **Sec. 1.** RCW 18.88A.210 and 1998 c 272 s 10 are each amended to
7 read as follows:

8 (1) A ~~((nurse may delegate specific care tasks to))~~ nursing
9 assistant~~((s))~~ meeting the requirements of this section ~~((and))~~ who
10 provides care to individuals in ~~((community residential programs for
11 the developmentally disabled certified by the department of social and
12 health services under chapter 71A.12 RCW, to individuals residing in
13 adult family homes licensed under chapter 70.128 RCW, and to
14 individuals residing in boarding homes licensed under chapter 18.20 RCW
15 contracting with the department of social and health services to
16 provide assisted living services pursuant to RCW 74.39A.010))~~
17 community-based care settings, as defined in RCW 18.79.260(3), may
18 accept delegation of nursing care tasks by a registered nurse as
19 provided in RCW 18.79.260(3).

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

6 (3) Before commencing any specific nursing care tasks authorized
7 under this chapter, the nursing assistant must (a) provide to the
8 delegating nurse a certificate of completion issued by the department
9 of social and health services indicating the completion of basic core
10 nurse delegation training ((as provided in this section)), (b) be
11 regulated by the department of health pursuant to this chapter, subject
12 to the uniform disciplinary act under chapter 18.130 RCW, and (c) meet
13 any additional training requirements identified by the nursing care
14 quality assurance commission ((and authorized by this section)).
15 Exceptions to these training requirements must adhere to RCW
16 18.79.260(3)(d)(iii).

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

18 ~~(a) Oral and topical medications and ointments;~~

19 ~~(b) Nose, ear, eye drops, and ointments;~~

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

22 ~~(d) Suppositories, enemas, ostomy care;~~

23 ~~(e) Blood glucose monitoring;~~

24 ~~(f) Gastrostomy feedings in established and healed condition.~~

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

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

36 ~~(a) Ensure that determination of the appropriateness of delegation~~
37 ~~of a nursing task is at the discretion of the nurse;~~

38 ~~(b) Allow delegation of a nursing care task only for patients who~~
39 ~~have a stable and predictable condition. "Stable and predictable~~

1 condition" means a situation, as defined by rule by the nursing care
2 quality assurance commission, in which the patient's clinical and
3 behavioral status is known and does not require frequent presence and
4 evaluation of a registered nurse;

5 (c) ~~Assure that the initial delegating nurse obtains written~~
6 ~~consent to the nurse delegation process from the patient or a person~~
7 ~~authorized under RCW 7.70.065. Written consent is only necessary at~~
8 ~~the initial use of the nurse delegation process for each patient and is~~
9 ~~not necessary for task additions or changes or if a different nurse or~~
10 ~~nursing assistant will be participating in the process. The written~~
11 ~~consent must include at a minimum the following:~~

12 (i) ~~A list of the tasks that could potentially be delegated per RCW~~
13 ~~18.88A.210; and~~

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

17 (d) ~~Verify that the nursing assistant has completed the core~~
18 ~~training;~~

19 (e) ~~Require assessment by the nurse of the ability and willingness~~
20 ~~of the nursing assistant to perform the delegated nursing task in the~~
21 ~~absence of direct nurse supervision and to refrain from delegation if~~
22 ~~the nursing assistant is not able or willing to perform the task;~~

23 (f) ~~Require the nurse to analyze the complexity of the nursing task~~
24 ~~that is considered for delegation and determine the appropriate level~~
25 ~~of training and any need of additional training for the nursing~~
26 ~~assistant;~~

27 (g) ~~Require the teaching of the nursing care task to the nursing~~
28 ~~assistant utilizing one or more of the following: (i) Verification of~~
29 ~~competency via return demonstration; (ii) other methods for~~
30 ~~verification of competency to perform the nursing task; or (iii)~~
31 ~~assurance that the nursing assistant is competent to perform the~~
32 ~~nursing task as a result of systems in place in the community~~
33 ~~residential program for the developmentally disabled, adult family~~
34 ~~home, or boarding home providing assisted living services;~~

35 (h) ~~Require a plan of nursing supervision and reevaluation of the~~
36 ~~delegated nursing task. "Nursing supervision" means that the~~
37 ~~registered nurse monitors by direct observation or by whatever means is~~
38 ~~deemed appropriate by the registered nurse the skill and ability of the~~
39 ~~nursing assistant to perform delegated nursing tasks. Frequency of~~

1 supervision is at the discretion of the registered nurse but shall
2 occur at least every sixty days;

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

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

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

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

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

15 (7) A basic core training curriculum on providing care for
16 individuals in community residential programs for the developmentally
17 disabled certified by the department of social and health services
18 under chapter 71A.12 RCW shall be in addition to the training
19 requirements specified in subsection (5) of this section. Basic core
20 training shall be developed and adopted by rule by the secretary of the
21 department of social and health services. The department of social and
22 health services shall appoint an advisory panel to assist in the
23 development of core training comprised of representatives of the
24 following:

25 (a) The division of developmental disabilities;

26 (b) The nursing care quality assurance commission;

27 (c) Professional nursing organizations;

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

31 (8) A basic core training curriculum on providing care to residents
32 in residential settings licensed under chapter 70.128 RCW, or in
33 assisted living pursuant to RCW 74.39A.010 shall be mandatory for
34 nursing assistants prior to assessment by a nurse regarding the ability
35 and willingness to perform a delegated nursing task. Core training
36 shall be developed and adopted by rule by the secretary of the
37 department of social and health services, in conjunction with an
38 advisory panel. The advisory panel shall be comprised of
39 representatives from, at a minimum, the following:

- 1 ~~(a) The nursing care quality assurance commission;~~
2 ~~(b) Professional nurse organizations;~~
3 ~~(c) A state wide association of community residential service~~
4 ~~providers whose members are programs certified by the department under~~
5 ~~chapter 71A.12 RCW;~~
6 ~~(d) Aging consumer groups;~~
7 ~~(e) Associations representing homes licensed under chapters 70.128~~
8 ~~and 18.20 RCW; and~~
9 ~~(f) Associations representing home health, hospice, and home care~~
10 ~~agencies licensed under chapter 70.127 RCW.))~~

11 **Sec. 2.** RCW 18.88A.230 and 1998 c 272 s 11 are each amended to
12 read as follows:

13 (1) The ~~((nurse and))~~ nursing assistant shall be accountable for
14 their own individual actions in the delegation process. ~~((Nurses~~
15 ~~acting within the protocols of their delegation authority shall be~~
16 ~~immune from liability for any action performed in the course of their~~
17 ~~delegation duties.))~~ Nursing assistants following written delegation
18 instructions from registered nurses performed in the course of their
19 accurately written, delegated duties shall be immune from liability.

20 (2) ~~((No person may coerce a nurse into compromising patient safety~~
21 ~~by requiring the nurse to delegate if the nurse determines it is~~
22 ~~inappropriate to do so. Nurses shall not be subject to any employer~~
23 ~~reprisal or disciplinary action by the Washington nursing care quality~~
24 ~~assurance commission for refusing to delegate tasks or refusing to~~
25 ~~provide the required training for delegation if the nurse determines~~
26 ~~delegation may compromise patient safety.))~~ Nursing assistants shall
27 not be subject to any employer reprisal or disciplinary action by the
28 ~~((nursing care quality assurance commission))~~ secretary for refusing to
29 accept delegation of a nursing task based on patient safety issues. No
30 ~~((community residential program, adult family home, or boarding home~~
31 ~~contracting to provide assisted living services))~~ community-based care
32 setting as defined in RCW 18.79.260(3)(d) may discriminate or retaliate
33 in any manner against a person because the person made a complaint or
34 cooperated in the investigation of a complaint.

35 ~~((3) The department of social and health services may impose a~~
36 ~~civil fine of not less than two hundred fifty dollars nor more than one~~
37 ~~thousand dollars on a community residential program, adult family home,~~
38 ~~or boarding home under chapter 18, Laws of 1995 1st sp. sess. that~~

1 knowingly permits an employee to perform a nursing task except as
2 delegated by a nurse pursuant to chapter 18, Laws of 1995 1st sp.
3 sess.)

4 **Sec. 3.** RCW 18.79.260 and 1995 1st sp.s. c 18 s 51 are each
5 amended to read as follows:

6 (1) A registered nurse under his or her license may perform for
7 compensation nursing care, as that term is usually understood, of the
8 ill, injured, or infirm(, and in the course thereof, she or he may do
9 the following things that shall not be done by a person not so
10 licensed, except as provided in RCW 18.79.270 and 18.88A.210:)).

11 ((1)) (2) A registered nurse may, at or under the general
12 direction of a licensed physician and surgeon, dentist, osteopathic
13 physician and surgeon, naturopathic physician, podiatric physician and
14 surgeon, physician assistant, osteopathic physician assistant, or
15 advanced registered nurse practitioner acting within the scope of his
16 or her license, administer medications, treatments, tests, and
17 inoculations, whether or not the severing or penetrating of tissues is
18 involved and whether or not a degree of independent judgment and skill
19 is required. Such direction must be for acts which are within the
20 scope of registered nursing practice(;

21 (2) Delegate to other persons the functions outlined in subsection
22 (1) of this section in accordance with chapter 18.88A RCW;)).

23 (3) A registered nurse may delegate tasks of nursing care to other
24 individuals where the registered nurse determines that it is in the
25 best interest of the patient.

26 (a) The delegating nurse shall:

27 (i) Determine the competency of the individual to perform the
28 tasks;

29 (ii) Evaluate the appropriateness of the delegation;

30 (iii) Supervise the actions of the person performing the delegated
31 task; and

32 (iv) Delegate only those tasks that are within the registered
33 nurse's scope of practice.

34 (b) A registered nurse may not delegate acts requiring substantial
35 skill, the administration of medications, or piercing or severing of
36 tissues except to registered or certified nursing assistants who
37 provide care to individuals in community-based care settings as

1 authorized under (d) of this subsection. Acts that require nursing
2 judgment shall not be delegated.

3 (c) No person may coerce a nurse into compromising patient safety
4 by requiring the nurse to delegate if the nurse determines that it is
5 inappropriate to do so. Nurses shall not be subject to any employer
6 reprisal or disciplinary action by the nursing care quality assurance
7 commission for refusing to delegate tasks or refusing to provide the
8 required training for delegation if the nurse determines delegation may
9 compromise patient safety.

10 (d) For delegation in community-based care settings, a registered
11 nurse may delegate nursing care tasks only to registered or certified
12 nursing assistants. Simple care tasks such as blood pressure
13 monitoring, personal care service, or other tasks as defined by the
14 nursing care quality assurance commission are exempted from this
15 requirement. "Community-based care settings" includes: Community
16 residential programs for the developmentally disabled, certified by the
17 department of social and health services under chapter 71A.12 RCW;
18 adult family homes licensed under chapter 70.128 RCW; boarding homes
19 licensed under chapter 18.20 RCW; and other community-based settings as
20 authorized by the nursing care quality assurance commission by rule.
21 Community-based care settings do not include acute care or skilled
22 nursing facilities.

23 (i) Delegation of nursing care tasks in community-based care
24 settings is only allowed for individuals who have a stable and
25 predictable condition. "Stable and predictable condition" means a
26 situation in which the individual's clinical and behavioral status is
27 known and does not require the frequent presence and evaluation of a
28 registered nurse.

29 (ii) The determination of the appropriateness of delegation of a
30 nursing task is at the discretion of the registered nurse. However,
31 the administration of medications by the intravenous or intramuscular
32 route, sterile procedures, and central line maintenance may never be
33 delegated.

34 (iii) The registered nurse is responsible for ensuring that the
35 nursing assistant has completed the required core nurse delegation
36 training required in chapter 18.88A RCW prior to authorizing
37 delegation. On a case-by-case basis, the registered nurse may delegate
38 tasks to nursing assistants prior to the nursing assistant completing
39 the training if the registered nurse determines that it is appropriate

1 to do so, provides all necessary one-on-one training specific to that
2 task and resident, and ensures that the nursing assistant receives the
3 core delegation training within the first sixty days of the delegation
4 process. The registered nurse shall immediately rescind the delegation
5 process if the nursing assistant has not completed the core training
6 within this time frame.

7 (iv) The nurse is accountable for his or her own individual actions
8 in the delegation process. Nurses acting within the protocols of their
9 delegation authority are immune from liability for any action performed
10 in the course of their delegation duties.

11 (v) On or before June 30, 2000, the nursing care quality assurance
12 commission, in conjunction with the professional nursing organizations
13 and the department of social and health services, shall make any needed
14 revisions or additions to nurse delegation protocols by rule, including
15 standards for nurses to obtain informed consent prior to the delegation
16 of nursing care tasks. Nursing task delegation protocols are not
17 intended to regulate the settings in which delegation may occur, but
18 are intended to ensure that nursing care services have a consistent
19 standard of practice upon which the public and the profession may rely,
20 and to safeguard the authority of the nurse to make independent
21 professional decisions regarding the delegation of a task.

22 (e) The nursing care quality assurance commission may adopt rules
23 to implement this section.

24 (4) Only a person licensed as a registered nurse may instruct
25 nurses in technical subjects pertaining to nursing((+)).

26 ((+4)) (5) Only a person licensed as a registered nurse may hold
27 herself or himself out to the public or designate herself or himself as
28 a registered nurse.

29 NEW SECTION. Sec. 4. The following acts or parts of acts are each
30 repealed:

31 (1) RCW 18.88A.220 and 1995 1st sp.s. c 18 s 47; and

32 (2) RCW 18.88A.240 and 1995 1st sp.s. c 18 s 49.

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