

## WSR 24-08-076

## PROPOSED RULES

## DEPARTMENT OF HEALTH

(Board of Nursing)

[Filed April 3, 2024, 8:06 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 23-02-037.

Title of Rule and Other Identifying Information: Delegation of glucose monitoring and testing by a registered nurse (RN). The Washington state board of nursing (board) is proposing new WAC 246-840-835 and 246-840-935, and amendments to WAC 246-840-930 and 246-840-940 to implement SHB 1124 (chapter 14, Laws of 2022).

Hearing Location(s): On May 10, 2024, at 2:15 p.m., at the Department of Health, Town Center 2, Room 166/167, 111 Israel Road S.E., Tumwater, WA 98501; or virtual. Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device or to call in to the meeting on the phone [https://us02web.zoom.us/meeting/register/tZEpd--qqjwiGN2BgNYQ5aDscmprUsuLbfW\\_](https://us02web.zoom.us/meeting/register/tZEpd--qqjwiGN2BgNYQ5aDscmprUsuLbfW_). After registering you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: May 10, 2024.

Submit Written Comments to: Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, email <https://fortress.wa.gov/doh/policyreview>, fax 360-236-4738, by April 24, 2024.

Assistance for Persons with Disabilities: Contact Jessilyn Dagum, phone 360-236-3538, fax 360-236-4738, TTY 711, email [WABONRules@doh.wa.gov](mailto:WABONRules@doh.wa.gov), by April 24, 2024.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: In 2022, the Washington state legislature passed SHB 1124 relating to nurse delegation of glucose monitoring, testing, and insulin injections. SHB 1124 allows RNs to delegate these tasks to nursing assistant-registered (NA-Rs), certified nursing assistant-certified (NA-Cs), or home care aides (HCAs) and specifies the settings, training, supervision, and liability of the delegation process.

The board is proposing new rule sections and amendments to existing rules to reflect current RN authority to delegate glucose monitoring and testing beyond community-based and in-home care settings to all settings where NA-Rs, NA-Cs credentialed under chapter 18.88A RCW, or HCAs certified under chapter 18.88B RCW, work. Additionally, the changes made by SHB 1124 now require the supervision and evaluation time frame to be defined in rule.

The proposed changes would significantly expand the scope of tasks that RNs can delegate related to glucose monitoring and testing. This expansion would apply to a broader range of health care settings, potentially enhancing efficiency in care delivery. The proposed changes also amend the interval of time in which RN supervision will occur from weekly to every two weeks for the first four weeks while maintaining the allowance of more frequent supervision as needed in rule.

Reasons Supporting Proposal: SHB 1124, now codified in RCW 18.79.260, directs the board to engage in rule making to expand the allowance of the RN to delegate glucose monitoring and testing beyond community-based and in-home care settings to all settings where NA-Rs, NA-Cs credentialed under chapter 18.88A RCW, or HCAs certified under

chapter 18.88B RCW, work; and define the interval of RN supervision and evaluation of the delegated task of administering insulin in rule.

Safety and the quality of care are principal in the board's rationale. The proposed changes emphasize a dedication to maintaining and enhancing patient safety by ensuring that only competent individuals undertake specific health care activities, ultimately contributing to an elevated quality of care. The board's proposal reflects a comprehensive approach to advancing health care practices, placing emphasis on patient safety, quality of care, and the adaptability of nursing professionals in response to the dynamic health care landscape as outlined in SHB 1124.

Statutory Authority for Adoption: RCW 18.79.010, 18.79.110, and 18.79.260.

Statute Being Implemented: SHB 1124 (chapter 14, Laws of 2022), codified in RCW 18.79.260.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Washington state board of nursing, governmental.

Name of Agency Personnel Responsible for Drafting and Implementation: Jessilyn Dagum, 111 Israel Road S.E., Tumwater, WA 98504, 360-236-3538; and Enforcement: Catherine Woodard, 111 Israel Road S.E., Tumwater, WA 98504, 360-236-4757.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Jessilyn Dagum, P.O. Box 47864, Olympia, WA 98504-7864, phone 360-236-3538, fax 360-236-4738, TTY 711, email WABONRules@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(4).

Explanation of exemptions: The proposed rules only apply to licensees and do not affect small businesses.

Scope of exemption for rule proposal:

Is fully exempt.

April 1, 2024

Alison Bradywood DNP, MN/MPH, RN, NEA-BC  
Executive Director  
Washington State Board of Nursing

## OTS-5046.5

### NEW SECTION

**WAC 246-840-835 Nurse delegation—Blood glucose monitoring and testing in settings other than community-based and in-home.** In settings other than community-based and in-home that deliver health care services registered nurse may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW in accordance with the delegation process in RCW 18.79.260 (3) (a).

AMENDATORY SECTION (Amending WSR 22-12-026, filed 5/23/22, effective 9/9/22)

**WAC 246-840-930 Criteria for delegation.** (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide (~~(s—the)~~) if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

**ASSESS**

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3) (e) (i) or an in-home care setting as defined by RCW 18.79.260 (3) (e) (ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

**PLAN**

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least (~~weekly~~) every two weeks for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

**IMPLEMENT**

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

**EVALUATE**

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least ~~((weekly))~~ every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

NEW SECTION

**WAC 246-840-935 Nurse delegation—Blood glucose monitoring and testing in community-based and in-home settings.** In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW following the criteria for the setting defined in RCW 18.79.260.

AMENDATORY SECTION (Amending WSR 13-15-063, filed 7/15/13, effective 8/15/13)

**WAC 246-840-940 Washington state (~~(nursing care quality assurance commission)~~) board of nursing community-based and in-home care setting delegation decision tree.** In community-based and in-home care settings, before delegating a nursing task, the registered nurse dele-

gator shall decide if a task is appropriate to delegate based on the decision tree:

|       |   |      |  |
|-------|---|------|--|
| (1)   | Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).   | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (2)   | Has the patient or authorized representative given consent to the delegation?   | No → | Obtain the written, informed consent                           |
| Yes ↓ |   | No → |  |
| (3)   | Is RN assessment of patient's nursing care needs completed?   | No → | Do assessment, then proceed with a consideration of delegation |
| Yes ↓ |   |      |  |
| (4)   | Does the patient have a stable and predictable condition?   | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (5)   | Is the task within the registered nurse's scope of practice?  | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (6)   | Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin? | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (7)   | Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?  | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (8)   | Can the task be performed without requiring judgment based on nursing knowledge?  | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (9)   | Are the results of the task reasonably predictable?   | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (10)  | Can the task be safely performed according to exact, unchanging directions?   | No → | Do not delegate  |
| Yes ↓ |   |      |  |
| (11)  | Can the task be performed without a need for complex observations or critical decisions?  | No → | Do not delegate  |
| Yes ↓ |   |      |  |

|       |  |      |                 |
|-------|--|------|-----------------|
| (12)  | Can the task be performed without repeated nursing assessments?  | No → | Do not delegate |
| Yes ↓ |  |      |                 |
| (13)  | Can the task be performed properly?  | No → | Do not delegate |
| Yes ↓ |  |      |                 |
| (14)  | Is appropriate supervision available?<br>With insulin injections, the supervision occurs at least <del>((weekly))</del> every <del>two weeks</del> for the first four weeks. | No → | Do not delegate |
| Yes ↓ |  |      |                 |
| (15)  | There are no specific laws or rules prohibiting the delegation?  | No → | Do not delegate |
| Yes ↓ |  |      |                 |
| (16)  | Task is delegable  |      |                 |