

WSR 24-13-079

PERMANENT RULES

DEPARTMENT OF HEALTH

(Board of Nursing)

[Filed June 17, 2024, 10:58 a.m., effective July 18, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Delegation of glucose monitoring and testing by a registered nurse (RN). WAC 246-840-930, 246-840-940 and new rules, WAC 246-840-835 and 246-840-935, Blood glucose management. The Washington state board of nursing (board) permanently adopted amendments to change the amount of time required for RN supervision and evaluation of the delegated task of insulin injections as well as established new sections of rule regarding nurse delegation of blood glucose monitoring and testing, in response to SHB 1124 (chapter 14, Laws of 2022).

Citation of Rules Affected by this Order: New WAC 246-840-835 and 246-840-935; and amending WAC 246-840-930 and 246-840-940.

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

Adopted under notice filed as WSR 24-08-076 on April 3, 2024.

Changes Other than Editing from Proposed to Adopted Version: The adopted rule language differs from the text of the proposed rule. These changes included adding the word "care" to the phrase "in-home" in order to remain consistent with the care setting name and includes nonsubstantive grammatical corrections to WAC 246-840-835 and 246-840-935.

A final cost-benefit analysis is available 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, website www.nursing.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 2, Amended 2, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 2, Amended 2, Repealed 0.

Date Adopted: June 17, 2024.

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

OTS-5046.6

NEW SECTION

WAC 246-840-835 Nurse delegation—Blood glucose monitoring and testing in settings other than community-based and in-home care. In settings other than community-based and in-home care that deliver health care services, registered nurses 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 care 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 delegator 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? With insulin injections, the supervision occurs at least ((weekly)) every <u>two weeks</u> 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		