School district's responsibility for the student with special health needs

All students attending public schools must have access to health care during the school day and for extracurricular school activities, if necessary to enable the student to participate fully in the program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973. Since most school districts in Colorado do not have a full time nurse in each school it is often necessary to delegate specific nursing tasks, including medication administration, to Unlicensed Assistive Personnel (UAP) so that children with special health care needs can attend school. Knowing when and how to delegate specific nursing tasks is essential for the school nurse. Only a professional nurse can delegate nursing care. Further, nursing delegation is not appropriate for all students, all nursing tasks, or all school settings (NASN 2014). Tasks commonly performed by a parent/guardian at home take on a more complex dimension in the school setting. What appears to be a simple task is held to a much higher standard at school. Any health-related procedure in school requires medical orders and licensed nurses are held to a higher standard than a parent would be for the same procedure. (Resha 2010) Both the American Nurses Association and National Council for State Boards of Nursing have developed resources to support the professional nurse in making decisions related to delegation. It is the purpose of this document to provide guidance to professional school nurses and child care health consultants who find it necessary to delegate nursing tasks.

State of Colorado

The *Colorado Nurse Practice Act* is the state law that licenses and regulates the practice of nursing. The *Rules and Regulations Regarding the Delegation of Nursing Tasks* provide further clarification and interpretation of the *Nurse Practice Act.* The Delegatory Clause of the *Colorado Nurse Practice Act* (12-38- 101 C.R.S.) states, "***...*** *(1) Any registered nurse…may delegate any task included in the practice of nursing….In no event may a registered nurse delegate to another person the authority to select medications if such person is not, independent of such delegation, authorized by law to select medications."* The *Rules and Regulations Regarding the Delegation of Nursing Tasks* (Chapter XIII. §4 – 9) allow the professional nurse to delegate nursing functions to Unlicensed Assistive Personnel (UAP) within specified guidelines.

Definitions

- Professional Nurse (RN) – Licensed to practice nursing in Colorado to perform independent nursing functions and delegated medical functions according to the C*olorado Nurse Practice Act (12-38-101 C.R.S.*
- Licensed practical nurse – Perform under the supervision of a registered professional nurse, physician, or other qualified individual according to the Colorado Nurse Practice Act *(12-38-101 C.R.S.)*
- Delegation – the assignment of a selected nursing task to a UAP or a selected nursing task that is not within the CNA or LPN scope of practice to perform in a selected situation a selected nursing task, including the administration of medication (*Chapter XIII – Rules and Regulations Regarding the Delegation of Nursing Tasks)*
- Delegatee– an individual receiving the delegation who acts in a complementary role to the professional nurse and whom the professional nurse authorizes to perform tasks which the individual is not otherwise authorized to perform (*Chapter XIII - Rules and Regulations Regarding the Delegation of Nursing Tasks)*
- Delegator – the registered professional nurse who holds a current, active license in the state of Colorado, who delegates the nursing task (*Chapter XIII - Rules and Regulations Regarding the Delegation of Nursing Tasks)*
- Supervision – the provision of guidance and review by a qualified registered professional nurse for the accomplishment of a nursing task or activity including initial direction of the task and periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome (*Chapter XIII - Rules and Regulations Regarding the Delegation of Nursing Tasks)*

- Training - the action of teaching a person a particular skill and should include demonstrating the steps required to perform the task, reviewing associated risks, identifying what to report, and a return demonstration of the task. It is a part of the delegation process but is not considered delegation

The School Nurse, Child Care Consultant and Delegation

"Delegation is the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome" (American Nurses Association, 2008). ANA further clarified that a registered professional nurse (RN) can direct another individual to do something that that person would not normally be allowed to do and stressed that the nurse retains professional accountability for the overall care of the individual. Nursing tasks and nursing procedures performed in schools may be delegated solely by the supervising school nurse. The decision to delegate is based upon professional judgment that the UAP can safely perform a selected nursing task for a student. The professional nursing judgment of assessment, evaluation, and care planning may not be delegated (NASN, 2006; NASSNC, 2000). Delegation allows school nurses to utilize unlicensed school staff to provide safe and efficient nursing care for individual students or groups of students and provides a mechanism for workload distribution to better utilize the time and skills of each of the members of the school health team.

Who can Delegate?

- Only a professional nurse (RN) can delegate a nursing task.
- Parents cannot delegate to a teacher or any other unlicensed person in the school.
- School administrators cannot delegate nursing tasks to a teacher or any other unlicensed person in the school.
- The UAP or licensed practical nurse (LPN) cannot delegate nursing tasks.

Who is an Unlicensed Assistive Person (UAP)?

- Any person who does not have a nursing, medical technology or medical license, who acts in a complementary role and whom the professional nurse, authorizes to perform certain nursing tasks, which the individual is not otherwise authorized to perform. A school principal is licensed as an educator but is not licensed to perform healthcare tasks.
- LPNs and CNAs are delegated those tasks that are not within the LPN or CNA scope of practice.
- A UAP could be a secretary, school administrator, teacher, para-educator, therapist, bus driver, practical nurse, or health aide.UAP cannot train, re-delegate, or ask any other person to perform any nursing task under any circumstances.

Who makes the final decision on whom or what is delegated?

If an individual, who has been assigned by a school administrator, is not competent to complete the task, whether due to lack of education, attentiveness, availability or proximity, the professional registered nurse must work with administration to identify a more qualified individual. Until that person can assume the responsibility of delegation, the school nurse may need to directly provide the care needed by the student. The professional nurse adheres to state laws regulating nursing and the standards of nursing practice, even if it is conflicts with an administrator's directives. (NASN 2014)

What tasks can the Professional Nurse delegate?

All situations must be carefully assessed on a case by case basis by the professional nurse for delegation to occur. The following points must be considered:

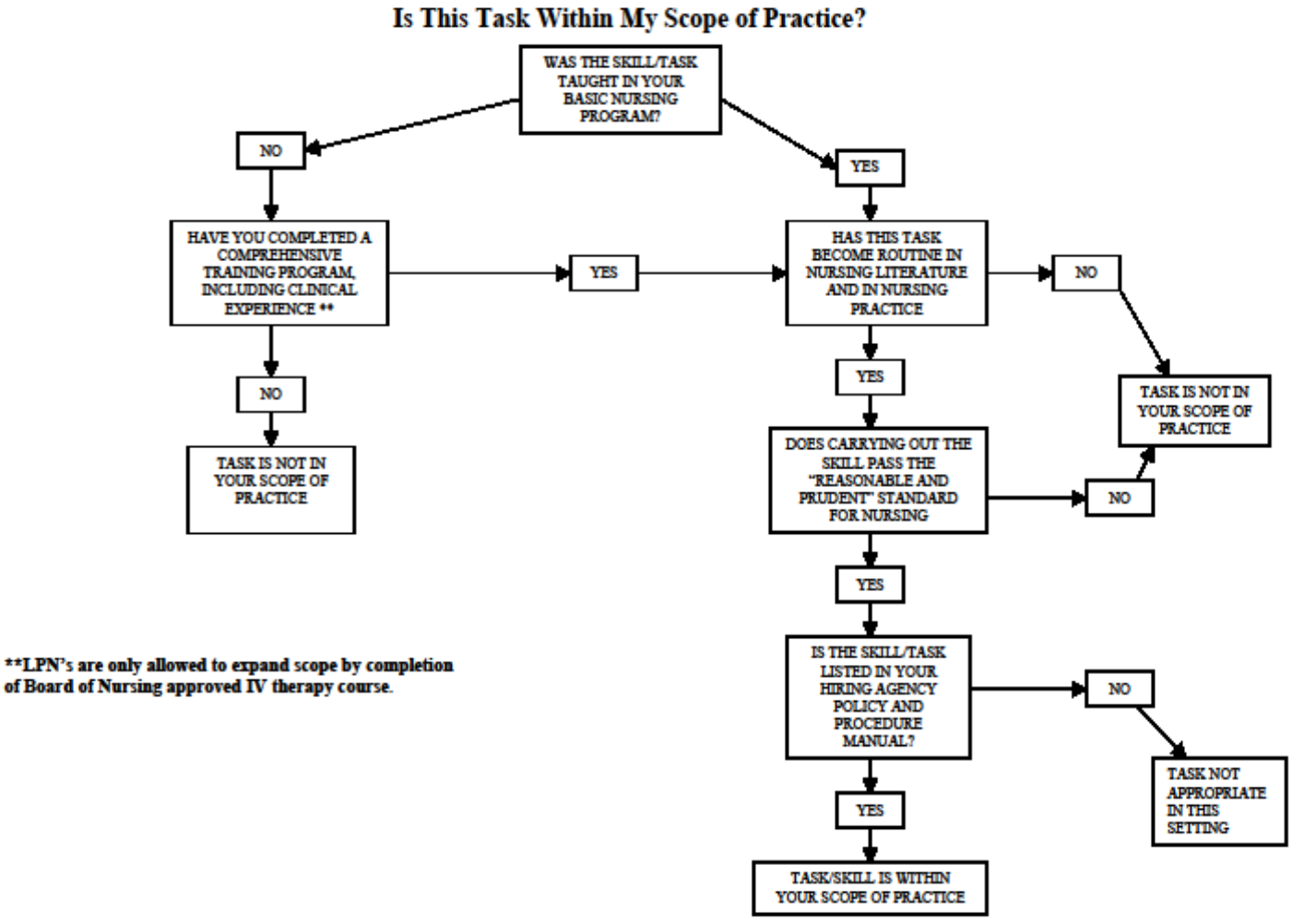
- The task being considered for delegation is within the scope of practice of the delegating nurse.
- The task being delegated does not require the professional judgment of a professional nurse.
- The student's condition is stable and the outcome of the task is predictable.
- The nursing task does not inherently involve ongoing assessments, interpretations, or decision making.
- The delegatee is competent to perform the task
- Ongoing monitoring and supervision can be provided by the delegating nurse or nurse designee
- The nurse must determine if these are any other considerations that would prohibit delegation be a reasonable and prudent nurse.

How can I determine my RN Scope of Practice?

Begin by asking the following question: **Is this task/practice within my scope of practice?**

1. Was the skill/task taught in your basic nursing program?
2. If it was not included in your basic nursing education, have you since completed a comprehensive training program, which included clinical experience?
3. Has this task has become so routine in the nursing literature and in nursing practice it can be reasonably and prudently assumed within scope?
4. Is the skill/task in your hiring agency policy and procedure manual?
5. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?

If you can answer “yes” to all the above questions, the task is within your scope of practice.



What is the Colorado Scope of Practice for the Certified Nurse Aide (CNA) and Licensed Practical Nurse (LPN)?

Professional registered nurses working with CNAs and LPNs in the school and child care setting should be knowledgeable about their current scope of practice and related rules**.**

Rules and Regulations for Certification As A Nurse Aide CNA scope of practice is found in Chapter 10, Section 7.1 and 7.2.

Scope of Practice for Licensed Professional Nurses
https://www.colorado.gov/pacific/dora/Nursing_Laws

What is meant by supervision of the delegated nursing task?

Inherent in the decision to delegate is the requirement that the school nurse must supervise the UAP. The Colorado Nurse Practice Act defines supervision as "the provision of guidance and review by a qualified professional nurse for the accomplishment of a nursing task or activity, with initial direction of the task, periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome."

DEFINITIONS OF LEVELS OF SUPERVISION

Supervision means review, observation, and/or instruction of a designated school person's performance and of physical health care services, but does not necessarily require the immediate presence of the delegating nurse at all times.

1. Direct supervision means that the delegating nurse shall be physically present while a procedure is being administered or simulation of an emergency intervention.

2. Indirect supervision means that the delegating nurse shall be available to provide direction to the qualified delegated school person either in person or through various means either in written, electronic, or verbal communication to provide necessary instruction, consultation, and referral to appropriate care and services as needed.

Supervision of designated school persons shall include periodic review on-site by the delegating nurse. Supervision shall also include review of the competence of that individual in performing the specialized health care service, maintenance of appropriate records, physical environment, and equipment.

The specific amount of time required for supervision will depend upon the abilities of the UAP, training, and type and number of delegated nursing care tasks. It is the nurse's responsibility to use professional judgment to make decisions related to the amount, frequency, and type of supervision needed. (NASN 2014)

Can the nurse delegate and provide supervision in exceptional situations?

Exceptional situations include but are not limited to activities on campus, off campus, during school hours and outside of school hours.

Delegation and supervision of nursing tasks during exceptional situations shall be determined by the professional nurse in consultation with school administration and may not be appropriate in some circumstances.

The nurse must have adequate time to determine appropriateness of delegation and will consider the following in the decision to delegate:

- Assessing student's health needs
- Establishing a safe plan of care
  - Location of activity
  - Availability of supplies and equipment
  - Availability of parent/guardian during the activity
  - Availability of other appropriate health care personnel
- Communication plan for unexpected situations that may occur during 24/7 care.
- Training the UAP, including the demonstration of skill competency to the RN
- Providing adequate supervision of UAP as determined by the delegating nurse.

Other considerations:

- Is the delegating nurse licensed to practice in the location of the activity?
- Is there a reliable mode of direct communication between the delegating nurse and UAP? *[hard copy of written health care plan, text messaging, telephone, pager]* (Chapter 13 5.1D CNPA)

What is the legal liability for the school nurse?

The delegating RN is responsible for the act of delegating and for supervising and evaluating the delegated tasks and could be found liable if harm results from inappropriate actions in these areas. The delegation of nursing tasks to UAPs carries legal implications for the delegating RN. However, if the delegating nurse has taken steps to ensure that the task is delegated properly and that appropriate supervision is provided, the risk for legal liability is minimized. The UAP must follow the steps outlined in the plan of care. (Resha, 2010)

What is the procedure for documentation of delegation?

1. Instructions for the procedure or task must be specific and broken into its individual components.
2. Specific steps for the procedure/task that will be delegated must be documented.
3. For complicated procedures or tasks, the delegatee and the RN may want to initial each step in the document.
4. Documentation of each demonstration of the task must be made, including signatures of both the RN and the delegatee and the date of the demonstration.
5. The nursing task or procedure can be delegated once the delegatee has demonstrated competence through this training process.
6. The delegating nurse should determine frequency of evaluation.
7. Errors in carrying out a task must be documented along with the corrective actions taken. Errors should be reported to district or licensing agency according to policy

Can all nursing procedures be delegated?

All situations must be carefully assessed on a case by case basis by the professional registered nurse for delegation to occur. There is no laundry list of tasks that can/cannot be delegated. The following points must be considered:

- The task must be within the nurse's knowledge, skills and abilities.
- The nurse must assess whether the student's health condition is stable.
- The nurse must provide a specific written protocol for the delegated task.
- The nurse must determine if the delegatee is competent and the task can be safely performed.
- Task should not require nursing judgment

Can delegation be withdrawn?

- Delegated tasks must be withdrawn if the professional nurse who has delegated the procedure determines that circumstances have changed so that
    - the student is less stable and the task no longer has a predictable outcome or
    - the delegatee fails at any time to demonstrate competence and is unsafe in performing the task
    - If the delegate or delegating nurse leaves their position/program
- If another professional nurse replaces the delegating nurse; the new nurse is responsible for re-delegating the task, following the procedures outlined above or as described in district/agency policy.

The Delegatory Clause of the Nurse Practice Act allows professional nurses to determine whether nursing tasks other than those listed in the attached table can be safely delegated to unlicensed persons in the school. This can be done only on a case-by-case basis and assessment, training, on-going supervision, and regular evaluation must be included for each task and each individual. As with all other acts of delegation, a professional nurse must determine the appropriateness of the delegation and provide supervision and follow-up. Organizations or individuals other than the delegating nurse can provide training as long as the delegating nurse approves the process and provides the other steps.

Rules and Regulations Regarding the Delegation of Nursing Tasks

Chapter XIII - Rules and Regulations Regarding the Delegation of Nursing Tasks addresses issues specific to the delegation of nursing tasks in schools.

4. CRITERIA FOR DELEGATION

4.1 Any nursing task delegated by the professional nurse shall be:

4.1.1 Within the area of responsibility of the nurse delegating the task;

4.1.2 Within the knowledge, skills and ability of the nurse delegating the task;

4.1.3 Of a routine, repetitive nature and shall not require the Delegatee to exercise nursing judgment or intervention;

4.1.4 A task that a reasonable and prudent nurse would find to be within generally accepted nursing practice;

4.1.5 An act consistent with the health and safety of the Client; and

4.1.6 Limited to a specific Delegatee, for a specific Client, and within a specific time frame, except for Delegation in Schools or Delegation in a Licensed Child Care Facility as described in Section 7 of these Chapter 13 rules.

4.2 The Delegatee shall not further delegate to another individual the tasks delegated by the professional nurse.

4.3 The delegated task may not be expanded without the expressed permission of the Delegator.

4.4 The Delegator shall assure that the Delegatee can and will perform the task with the degree of care and skill that would be expected of the professional nurse. (Chapter 13, Rules and Regulations CO Nurse Practice Act)

5. RESPONSIBILITY OF THE DELEGATOR

5.1 The decision to delegate shall be based on the Delegator's assessments of the following:

5.1.1 The Client's nursing care needs including, but not limited to, complexity and frequency of the nursing care, stability of the Client, and degree of immediate risk to the Client if the task is not carried out;

5.1.2 The Delegatee's knowledge, skills and abilities after training has been provided

5.1.3 The nature of the task being delegated including, but not limited to, degree of invasiveness, irreversibility, predictability of outcome, and potential for harm;

5.1.4 The availability and accessibility of resources, including but not limited to, appropriate equipment, adequate supplies and appropriate other health care personnel to meet the Client's nursing care needs; and

5.1.5 The availability of adequate Supervision of the Delegatee.

5.2 The Delegator shall:

5.2.1 Explain the Delegation to the Delegatee and that the delegated task is limited to the identified Client within the identified time frame;

5.2.2 As appropriate, either instruct the Delegatee in the delegated task and verify the Delegatee's competency to perform the delegated nursing task, or verify the Delegatee's competence to perform the delegated nursing task;

5.2.3 Provide instruction on how to intervene in any foreseeable risks that may be associated with the delegated task;

5.2.4 Provide appropriate and adequate Supervision to the Delegatee to the degree determined by the Delegator, based on an evaluation of all factors indicated in Section 5.1; and

5.2.5 If the delegated task is to be performed more than once, develop and employ a system for ongoing monitoring of the Delegatee.

5.3 The Delegator, on an ongoing basis, shall evaluate the following:

5.3.1 The degree to which nursing care needs of the Client are being met;

5.3.2 The performance by the Delegatee of the delegated task;

5.3.3 The need for further instruction; and

5.3.4 The need to continue or withdraw the Delegation.

5.4 Documentation of the Delegation by the Delegator in the Client record shall adhere to generally accepted standards and minimally include, but not be limited to, the following:

5.4.1 Assessment of the Client;

5.4.2 Identification of the task delegated, the Delegatee, the Delegator, time delegated, and time frame for which the Delegation is effective;

5.4.3 Direction for documentation by the Delegatee that the task or procedure was performed and the Client's response, if appropriate; and

5.4.4 Periodic evaluation of the Client's response to the performed delegated task.

6. STANDARDS FOR THE ACCOUNTABILITY OF THE DELEGATOR

6.1 The Delegator shall adhere to the provisions of the Nurse Practice Act and the rules and regulations of the Board.

6.2 The Delegator is accountable for the decision to delegate and the assessments indicated in 5.1.

6.3 The Delegator is accountable for monitoring, outcome evaluation, and follow-up of each Delegation.

6.4 The Delegator is accountable for the act of delegating and supervising.

Delegation is determined on a case-by-case basis by the Professional Nurse

W-Within Scope of Practice S-Within Scope with Supervision D-Delegated Tasks with Supervision T-Training with Supervision E-In Emergencies X-Cannot Perform						Provider = Person w/ legal authority to prescribe: MD, Advance Practice Nurse with prescriptive authority, Dentist, and Physician Assistant with prescriptive authority and a primary physician supervisor.
Procedure		**Provider order Required**	**RN**	**LPN**	**Unlicensed Assistive Personnel**	**RN Scope of Practice**: The delivery of health care services which require**: Assessment, Diagnosis, Planning, Intervention, and Evaluation** and are within the nurse's knowledge, skills and ability. Supervision and monitoring required. **LPN Scope of Practice**: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, licensed dentist, or podiatrist, including: **Observation, Intervention, and Evaluation**. Scope is determined by the practical nurse program curriculum and cannot be expanded by additional education, training or experience. UAP Unlicensed Assistive Personnel: Does not hold a healthcare related license – School personnel who assist students with healthcare needs under the supervision of a professional nurse.
1.0 Activites of Daily Living						
1.1 Toileting/ Diapering			**W**	**W**	**T**	
1.2 Applying preventative diaper cream		*	**W**	**W**	**D**	*In accordance with state medication administration guidelines
1.3 Bowel/ Bladder Training			**W**	**W**	**T**	
1.4Dental/ Oral Hygiene			**W**	**W**	**T**	
1.5 Lifting/ Positioning/ Transfers			**W**	**W**	**T**	
1.6 Oral Feeding						
1.6.1 Nutritional Assessment			**W**	**X**	**X**	
1.6.2 Oral Feeding		**Y***	**W**	**W**	**T**	*Need Rx if specific food texture or feeding techniques are required.
1.7 Special Feeding						
1.7.1 Naso-Gastric Feeding		**Y**	**W**	**S**	**D***	*Can be delegated if placement can be determined by an objective measure
1.7.2 Gastrostomy Feeding		**Y**	**W**	**S**	**D**	
1.7.3 Jejunostomy Tube Feeding		**Y**	**W**	**S**	**D**	
1.7.4 Total Parenteral Feeding (intravenous)		**Y**	**W**	**X**	**X**	
1.7.5 Emergency Preservation of Gastrostomy stoma		**Y**	**W**	**D***	**D***	* Prior to use in school/childcare, Parent/guardian must verify that they have successfully administered feeding/medication using replacement device
1.7.6 Reinsertion of Gastrostomy button or tube for feeding		**Y**	**W***	**X**	**X**	*Special training and verification of competency per district guidelines
2.0 Urinary Catheterization						
2.1 Clean Intermittent Cath.		**Y**	**W**	**S**	**D**	

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2.2 Sterile Catheterization		**Y**	**W**	**S**	**X**	
2.3 Indwelling Catheter Care			**W**	**W**	**D**	
3.0 Medical Support Systems						
3.1 Ventricular Peritoneal Shunt Function Monitoring			**W**	**S**	**T**	
3.2 Mechanical Ventilator						
3.2.1 Monitoring		**Y**	**W**	**S**	**X**	
3.2.2 Adjustment of Ventilator		**Y**	**W***	**S**	**X**	* Special training and verification of competency per district guidelines
3.2.3 Ambu bag			**W**	**S**	**E**	
3.2.4 Continuous Positive Airway Pressure (CPAP)		**Y**	**W**	**S**	**D**	
3.3 Oxygen						
3.3.1 Intermittent/emergency		**Y**	**W**	**S**	**D**	
3.3.2 Continuous – monitoring		**Y**	**W**	**S**	**D**	
3.3.3 Pulse oximetry monitoring		**Y**	**W**	**S**	**D**	
3.4 Central Line Port/Catheter –Site Monitoring or emergency care		*	**W**	**S**	**T**	*Provider should provide clarification for school/program participation and emergency care.
3.5 Dialysis Access Port- Site Monitoring		*	**W**	**S**	**T**	*Provider should provide clarification for school/program participation
3.6 Subcutaneous Continuous Glucose Monitoring		*	**W**	**S**	**D**	*Refer to Diabetes Standards of Care
4.0 Medication Administration						
4.1 Prescription/Non-Prescription Medications		**Y**	**W**	**S**	**D**	Students may self-carry inhalers, Epi-Pens and certain prescription medications per RN assessment (1 CCR 301-68)

Delegation is determined on a case-by-case basis by the Professional Nurse						
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4.2 Medical Marijuana or derivatives (i.e. oils, etc.)			**X**	**X**	**X**	Cannot be administered on school ground by parent or caregiver without specific district policy (C.R.S. 22-1-119.3)
4.3 Injections		**Y**	**W**	**S**	**D**	Emergency medications must be in prepackaged unit dose preparations with the exception of glucagon (Chapter 13, 7.2)
4.4 Per Gastrostomy Tube		**Y**	**W**	**S**	**D**	
4.5 Intravenous		**Y**	**W**	**S***	**X**	* LPN needs IV certification
5.0 Ostomies (colostomy, ileostomy, urostomy)						
5.1 Ostomy Care (empty bag, cleanse w/ soap & water)			**W**	**S**	**T**	
5.2 Ostomy Irrigation		**Y**	**W**	**S**	**X**	
6.0 Respiratory						
6.1 Postural Drainage		**Y**	**W**	**S**	**D**	
6.2 Percussion		**Y**	**W**	**S**	**D**	
6.3 Suctioning						
6.3.1 Pharyngeal		**Y**	**W**	**S**	**D**	
6.3.2 Tracheostomy		**Y**	**W**	**S**	**D**	
6.4 Tracheostomy Tube Replacement		**Y**	**W**	**S**	**D**	
6.5 Tracheostomy Care (Clean/ Dress)		**Y**	**W**	**S**	**D**	
7.0 Screening						
7.1 Growth (height/weight)			**W**	**S**	**T**	
7.2 Vital Signs			**W**	**W**	**T**	

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7.3 Hearing			**W**	**S**	**T**	
7.4 Vision			**W**	**S**	**T**	
7.6 Body Mass Index			**W**	**S**	**T**	
8.0 Specimen Collecting/ Testing						
8.1 Blood Glucose/Ketone		**Y**	**W**	**S**	**D**	
8.2 Urine Ketone		**Y**	**W**	**S**	**D**	
9.0 Other Healthcare Procedures						
9.1 Seizure Safety Procedures			**W**	**S**	**T**	
9.2 Pressure Ulcer Care		**Y**	**W**	**S**	**D**	
9.3 Dressing, Non-sterile			**W**	**S**	**T**	
9.4 Vagal Nerve Stimulator		**Y**	**W**	**S**	**D**	
10.0 Developing Protocols						
10.1 Healthcare procedures			**W**	**X**	**X**	
10.2 Emergency Protocols			**W**	**X**	**X**	
10.3 Individualized Healthcare Plan			**W**	**X**	**X**	
10.4 IEP Health Assessments			**W**	**X**	**X**	
10.5 504 Health Assessments			**W**	**X**	**X**	
10.6 Home Bound Services-Health Assessments			**W**	**X**	**X**	

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