

# **GUIDELINES TO DELEGATION FOR INDIANA SCHOOL NURSES**

Authors/Endorsements

## **INTRODUCTION**

All students attending public schools must have access to healthcare during the school day and for extracurricular school activities, if necessary to enable the student to participate fully in the program, pursuant to federal law.<sup>1</sup> Indiana law requires school nurses to be Registered Nurses (RNs). Since some school districts in Indiana do not have full time school nurses in every building, it is often necessary for school nurses to delegate certain tasks to a Licensed Practical Nurse (LPN) or Unlicensed Assistive Personnel (UAP) so that children with special healthcare needs can attend school and participate in extracurriculars. Knowing when and how to delegate specific nursing tasks is essential for the school nurse. It is the purpose of this document to provide guidance to registered nurses in the school setting who find it necessary to delegate nursing tasks.

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<sup>1</sup> Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973

## **SECTION 1 - State of Indiana Regulations**

The practice of nursing in Indiana is regulated by Indiana Code Title 25, Article 23 and Indiana Administrative Code Title 848. The provision of health care in the school setting is regulated by Indiana Code Title 20, Article 34 and Indiana Administrative Code Title 511, Article 4. Full text of these regulations is available at [iga.in.gov](http://iga.in.gov). The most relevant provisions are detailed below.

### **Definitions**

- **School Nurse** IC 20-34-5-9  
As used in this chapter, "school nurse" refers to an individual who:
  - (1) is employed by a school;
  - (2) is licensed as a registered nurse under IC 25-23; and
  - (3) meets the requirements set forth in 515 IAC 8-1-47.
  
- **School services: school nurse** 515 IAC 8-1-47  
The content area school nurse shall appear on the license if the department determines that the applicant:
  - (1) successfully meets the standards for the school services professional and the national standards for school nurse;
  - (2) obtains a bachelor's degree from an approved school of nursing program;
  - (3) obtains a registered nurse's license through the Indiana state board of nursing.
  
- **School Health Services** 511 IAC 4-1.5-6(b)  
A school corporation shall employ at least one registered nurse who holds a bachelor of science in nursing and who shall coordinate health services.
  
- **Registered nurse** IC 25-23-1-1.1(a)  
Bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
  
- **Registered nursing** IC 25-23-1-1.1(b)  
Registered nursing means performance of services which include but are not limited to:
  - (1) assessing health conditions;
  - (2) deriving a nursing diagnosis;
  - (3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;
  - (4) advocating the provision of health care services through collaboration with or referral to other health professionals;
  - (5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;
  - (6) teaching, administering, supervising, delegating, and evaluating nursing practice;
  - (7) delegating tasks which assist in implementing the nursing, medical, or dental regimen;
  - (8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.
  
- **Licensed practical nurse** IC 25-23-1-1.2

Functions at the direction of a registered nurse, physician, dentist, chiropractor, optometrist, or podiatrist in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.

- Practical Nursing IC 25-23-1-1.3

Practical nursing means the performance of services commonly performed by practical nurses, including:

- (1) contributing to the assessment of the health status of individuals or groups;
- (2) participating in the development and modification of the strategy of care;
- (3) implementing the appropriate aspects of the strategy of care;
- (4) maintaining safe and effective nursing care; and
- (5) participating in the evaluation of responses to the strategy of care.

## **RN Standards of Practice**

### **848 IAC 2-2-1 Responsibility to apply the nursing process**

Sec. 1. The registered nurse shall do the following:

- (1) Assess the patient/client in a systematic, organized manner.
- (2) Formulate a nursing diagnosis based on accessible, communicable, and recorded data which is collected in a systematic and continuous manner.
- (3) Plan care which includes goals and prioritized nursing approaches or measures derived from the nursing diagnosis.
- (4) Implement strategies to provide for patient/client participation in health promotion, maintenance, and restoration.
- (5) Initiate nursing actions to assist the patient/client to maximize his or her health capabilities.
- (6) Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering priorities, new goal setting, and revision of the plan of nursing care.
- (7) Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth.

### **848 IAC 2-2-2 Responsibility as a member of the nursing profession**

Sec. 2. The registered nurse shall do the following:

- (1) Function within the legal boundaries of nursing practice based on the knowledge of statutes and rules governing nursing.
- (2) Accept responsibility for individual nursing actions and continued competence.
- (3) Communicate, collaborate, and function with other members of the health team to provide safe and effective care.
- (4) Seek education and supervision as necessary when implementing nursing practice techniques.
- (5) Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problem.
- (6) Maintain each patient/client's right to privacy by protecting confidential information unless obligated, by law, to disclose the information.
- (7) Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.
- (8) Delegate and supervise only those nursing measures which the nurse knows, or should know, that another person is prepared, qualified, or licensed to perform.**
- (9) Retain professional accountability for nursing care when delegating nursing intervention.

(10) Respect and safeguard the property of patient/client, family, significant others, and the employer.

(11) Notify, in writing, the appropriate party, which may include:

(A) the office of the attorney general, consumer protection division;

(B) his or her employer or contracting agency; or

(C) the board;

of any unprofessional conduct which may jeopardize the patient/client safety.

(12) Participate in the review and evaluation of the quality and effectiveness of nursing care.

### **848 IAC 2-2-3 Unprofessional conduct**

Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing nursing practice, which could jeopardize the health, safety, and welfare of the public, shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:

(1) Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.

(2) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.

(3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.

(4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.

(5) Abusing a patient/client verbally, physically, emotionally, or sexually.

(6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.

(7) Abandoning or knowingly neglecting patients/clients requiring nursing care.

**(8) Delegating nursing care, functions, tasks, or RN responsibility to others when the nurse knows, or should know, that such delegation is to the detriment of patient safety.**

(9) Providing one's license/temporary permit to another individual for any reason.

(10) Failing to practice nursing in accordance with prevailing nursing standards due to physical or psychological impairment.

(11) Diverting prescription drugs for own or another person's use.

(12) Misappropriating money or property from a patient/client or employee.

(13) Failing to notify, in writing, the appropriate party, which may include:

(A) the office of the attorney general, consumer protection division;

(B) his or her employer or contracting agency; or

(C) the board;

of any unprofessional conduct which may jeopardize patient/client safety.

### **LPN Standards of Practice**

#### **848 IAC 2-3-1 Responsibility to apply the nursing process**

Sec. 1. The licensed practical nurse shall do the following:

(1) Know and utilize the nursing process in planning, implementing, and evaluating health services and nursing care to the individual patient or client.

(2) Collaborate with other members of the health team in providing for patient/client participation in health promotion, maintenance, and restoration.

- (3) Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth.
- (4) Assess the health status of the patient/client, in conjunction with other members of the health care team, for analysis and identification of health goals.
- (5) Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering of priorities, and new goal setting for contribution to the modification of the plan of nursing care.

### **848 IAC 2-3-2 Responsibility as a member of the health team**

Sec. 2. The licensed practical nurse shall do the following:

- (1) Function within the legal boundaries of practical nursing practice based on the knowledge of statutes and rules governing nursing.
- (2) Accept responsibility for individual nursing actions and continued competence.
- (3) Communicate, collaborate, and function with other members of the health care team to provide safe and effective care.
- (4) Seek education and supervision as necessary from registered nurses and/or other members of the health care team when implementing nursing techniques or practices.
- (5) Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problems.
- (6) Maintain each patient/client's right to privacy by protecting confidential information unless obligated, by law, to disclose the information.
- (7) Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.
- (8) Accept only those delegated nursing measures which he or she knows he or she is prepared, qualified, and licensed to perform.**
- (9) Respect and safeguard the property of patient/client, family, significant others, and the employer.
- (10) Notify, in writing, the appropriate party which may include:
  - (A) the office of the attorney general, consumer protection division;
  - (B) his or her employer or contracting agency; or
  - (C) the board;of any unprofessional conduct which may jeopardize the patient/client safety.
- (11) Participate in the review and evaluation of the quality and effectiveness of nursing care.

### **848 IAC 2-3-3 Unprofessional conduct**

Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing licensed practical nursing practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:

- (1) Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.
- (2) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.
- (3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.
- (4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.
- (5) Abusing a patient/client verbally, physically, emotionally, or sexually.

- (6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.
- (7) Abandoning or knowingly neglecting patients/clients requiring nursing care.
- (8) Accepting delegated nursing measures that he or she knows that he or she is not prepared, qualified, or licensed to perform.**
- (9) Providing one's license/temporary permit to another individual for any reason.
- (10) Failing to practice nursing in accordance with prevailing practical nursing standards due to physical or psychological impairment.
- (11) Diverting prescription drugs for own or another person's use.
- (12) Misappropriating money or property from a patient/client or employee.
- (13) Failing to notify, in writing, the appropriate party which may include:
  - (A) the office of the attorney general, consumer protection division;
  - (B) his or her employer or contracting agency; or
  - (C) the board;of any unprofessional conduct which may jeopardize patient/client safety.

### **Violations**

#### **Indiana Code 25-23-1-7(a)(8) Powers and duties of board**

Registered nurses and licensed practical nurses who violate these standards are subject to prosecution by the Indiana State Board of Nursing.

#### **Indiana Code 25-23-1-27 Violations; penalty**

It is a Class B misdemeanor for an unlicensed individual to:

1. practice nursing as a registered nurse or licensed practical nurse when unlicensed to do so, or
2. use in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse when unlicensed

## **SECTION 2 - The Principles of Delegation for the School Nurse<sup>2</sup>**

Delegation is the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome (ANA, 2010). Through delegation, a registered nurse can direct another individual to do something that that person would not normally be allowed to do (ANA & NCSBN 2006). The RN retains professional accountability for the overall care of the individual (NASN, 2014). Nursing tasks and nursing procedures performed in schools may be delegated solely by the school nurse, who must be a registered nurse. The RN may delegate components of care but not the nursing process (NASN 2014). Nursing assessment, planning, evaluation and judgment cannot be delegated (ANA & NCSBN 2006). The decision to delegate is based upon professional judgment that the delegatee safely can perform a selected nursing task for a student. 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 (NASN, 2014). Delegation is not appropriate for all students, all nursing tasks, or all school settings, (NASN, 2014). Due to individual circumstances or complex medical needs, some nursing tasks can only be performed by an RN or LPN.

### **Who can Delegate?**

- Only a registered 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 assistive person (UAP) in the school.
- A 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 or medical license, who acts in a complementary role, and to whom the registered nurse authorizes to perform certain nursing tasks which the individual is not otherwise authorized to perform.
- A UAP could be a secretary, school administrator, teacher, para-educator, therapist, bus driver, or health aide.
- A UAP cannot train, re-delegate, or ask any other person to perform any nursing task under any circumstances.

### **When can the School Nurse delegate?**

- The task being considered for delegation is within the area of responsibility of the registered nurse and within the knowledge, skills and ability of the delegating nurse.
- The task being delegated does not require the professional judgment of a registered 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, and
- Ongoing supervision can be provided by the delegating nurse or nurse designee.

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<sup>2</sup> Adapted from *Guide to Delegation for Colorado School Nurses*, with the permission of the Colorado Dept. of Education, and from *Delegation, The Nurse Practice Act, and School Nursing in Wisconsin* (2009) with the permission of the Wisconsin Department of Public Instruction.

### **What types of nursing acts may be delegated and to whom?**

There is not a state statute listing nursing tasks that are appropriate for delegation. The decision to delegate a nursing task is based on the registered nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the student, and the educational preparation and demonstrated abilities of the delegatee. Nursing tasks may be delegated when the task does not require assessment and evaluation of the student's health and modifications to the plan of care. The school nurse determines the necessary training required to safely delegate the nursing task. While employers and administrators may suggest which nursing acts should be delegated and/or to whom the delegation may be made, it is the school nurse who must make, and is legally responsible for making the decision whether, and under what circumstances, the delegation occurs. If the school nurse decides that the delegation may not appropriately or safely take place, then the school nurse should not engage in such delegation. School nurses are encouraged to work with school district administrators to problem solve solutions to the issues of delegation. For further guidance, please refer to the Decision Tree and the Guide to Delegation Chart in Section 3.

### **What are the general steps involved in the process of nursing delegation?**

The general steps involved in the process of delegation are:

1. Determine the appropriateness of the delegation of the nursing task to school personnel without a health care license.
2. Determine if the delegated nursing task is commensurate with the nurse's education, training, and experience.
3. Assess the student's health status, environment, and available resources to determine the predictability of the outcomes of the nursing task.
4. Assess the school personnel's willingness and ability to perform the nursing task.
5. Provide the training of the school personnel. Nurses need to document competency level of the school personnel's knowledge and skill acquisition.
6. Provide the school personnel with contact information for the nurse and plan for the nurse's back-up as needed.
7. Supervise and evaluate performance of the school personnel's ability to perform the delegated nursing task.
8. Document the student's health status, delegated task, school personnel performance of the task, and competency and evaluation of the outcomes of the nursing tasks.

### **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 delegatee. Supervision means that the delegating RN or RN designee is available while the task is being performed to provide direction through various means of direct, written or verbal communications. If the RN is unable to provide this supervision, the RN is unable to delegate the tasks. 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 ensure delegation is not to the detriment of patient safety (848 IAC 2-2-3(8)).

### **How often should the registered nurse monitor the delegation of a procedure?**

Frequency and extent of monitoring depend on the health status of the student, the complexity of the procedure, as well as the learning style of the person doing the procedure. For example, monitoring a tube feeding that has very predictable steps for a child with a history of tolerating this procedure well may require less supervision than for insulin administration to a child newly diagnosed with Type 1 Diabetes. The complexity of the task and the need for monitoring an oral medication administration is usually less involved than that for an injectable medication. The level of training, experience, and educational preparation of the person assuming the delegation from the nurse will also determine the monitoring needs. The nurse may rescind delegation of the nursing task whenever he/she believes that the student's safety is being compromised or for other reasons according to the judgment of the nurse.

### **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 registered nurse in consultation with school administration, and delegation 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 status and 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 delegatee, including the demonstration of skill competency to the RN
- Providing adequate supervision of the delegatee as determined by the school nurse.

Other considerations:

- Is the delegating nurse licensed to practice in the location of the activity (e.g. if delegation situation is not in home state, licensure laws and Nurse Practice Act must be followed).?
- 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)

### **What is the difference between training and delegation?**

Training is the process of providing general health information to others regarding a health skill, condition, injury, medication or procedure. When the training becomes specific to a certain child's health care needs, medications and/or procedures, then the training by the nurse is part of the process of delegation. The process of delegation includes: instruction regarding the plan of care, administration of medication and/or procedure; direction, assistance, and observation of those supervised; and evaluation of the effectiveness of the delegated nursing act.

For example, a nurse providing instruction to school personnel regarding the effectiveness of administration of rectal valium to students who are experiencing ongoing continuous seizure activity would be training. When a nurse provides training to

school personnel who will be responsible to administer rectal valium to a specific student after three minutes of continuous seizure activity, then training becomes part of the process of the delegation. The nurse must provide direction, assistance, observation and monitoring of activities to those supervised and evaluation of the effectiveness of the task performed under their supervision.

### **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 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 delegatee must follow the steps outlined in the plan of care.

The RN must satisfy that all of the criteria for delegation in the Indiana Code and Indiana Administrative Code have been addressed, including responsibility for:

- Determining that the delegation is appropriate;
- Monitoring, outcome evaluation, and follow-up of each delegation;
- Documentation of the process for training and evaluating the delegatee.

### **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. A schedule for periodic evaluation of continuing competence should be established. The delegating nurse should determine frequency of evaluation.
7. Errors in carrying out a task must be documented along with the corrective actions taken.

**The Delegatory Clause of the Nurse Practice Act** allows registered nurses to determine whether nursing tasks other than those listed in the attached table can be safely delegated. 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 registered nurse must determine the appropriateness of the delegation and provide supervision and follow-up. Organizations or individuals other than the registered nurse can provide training as long as the registered nurse approves the process and provides steps that are individualized to the delegatee and the situation.

### **Can delegation be withdrawn?**

Delegated tasks must be withdrawn if the registered 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 another registered nurse replaces the delegating nurse, the new nurse is responsible for re-delegating the task, following the procedures outlined above.

### **Can all nursing procedures be delegated?**

All situations must be carefully assessed on a case by case basis by the registered nurse for delegation to occur. 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

### **Can a school nurse refuse to administer a prescribed medication or nursing procedure?**

Yes, under certain circumstances a school nurse may refuse to provide certain nursing services. A nurse can only accept a medical act or task delegated by a medical provider for which the nurse is competent to perform, based on the nurse's education, training, or experience. However, the nurse's inability to perform the task does not erase the school district's obligation to provide the nursing service for the student to benefit from his/her education. The nurse may have to secure specialized training or another health care provider may need to be employed by the school district to meet the student's health care needs. The nurse must refuse to perform a delegated task if the nurse suspects performance of the task may harm the student. If a nurse believes that medical directive is not safe or not appropriate, the nurse cannot legally comply with the order. If the nurse complies, the nurse could face disciplinary action. If a nurse refuses to administer a medication or perform a procedure, he/she must notify the prescribing medical provider and parent.

### **What is the difference between assignment and delegation of a medication?**

School administrators and principals have the authority to assign an employee or volunteer to administer prescription and over-the-counter medication. This assignment must be authorized by the principal in writing. Delegation is a term that is reserved for the relationship between the registered nurse and the individual that is performing the task. This is a responsibility that is regulated by 848 IAC, Article 2: Standards for the Competent Practice of Registered and Licensed Practical Nursing.

### **May a parent delegate to a nurse?**

No, a parent may not delegate to a nurse. The parent could come into a school and instruct school staff regarding medication administration without the assistance of a nurse. In this model, the authority for performing the task comes from the parent. However, school policy should dictate that written permission from a healthcare provider with prescriptive authority and the parent still be required as well as having a school policy regarding the safe administration of medication in the school setting.

## **Five Rights of Delegation**

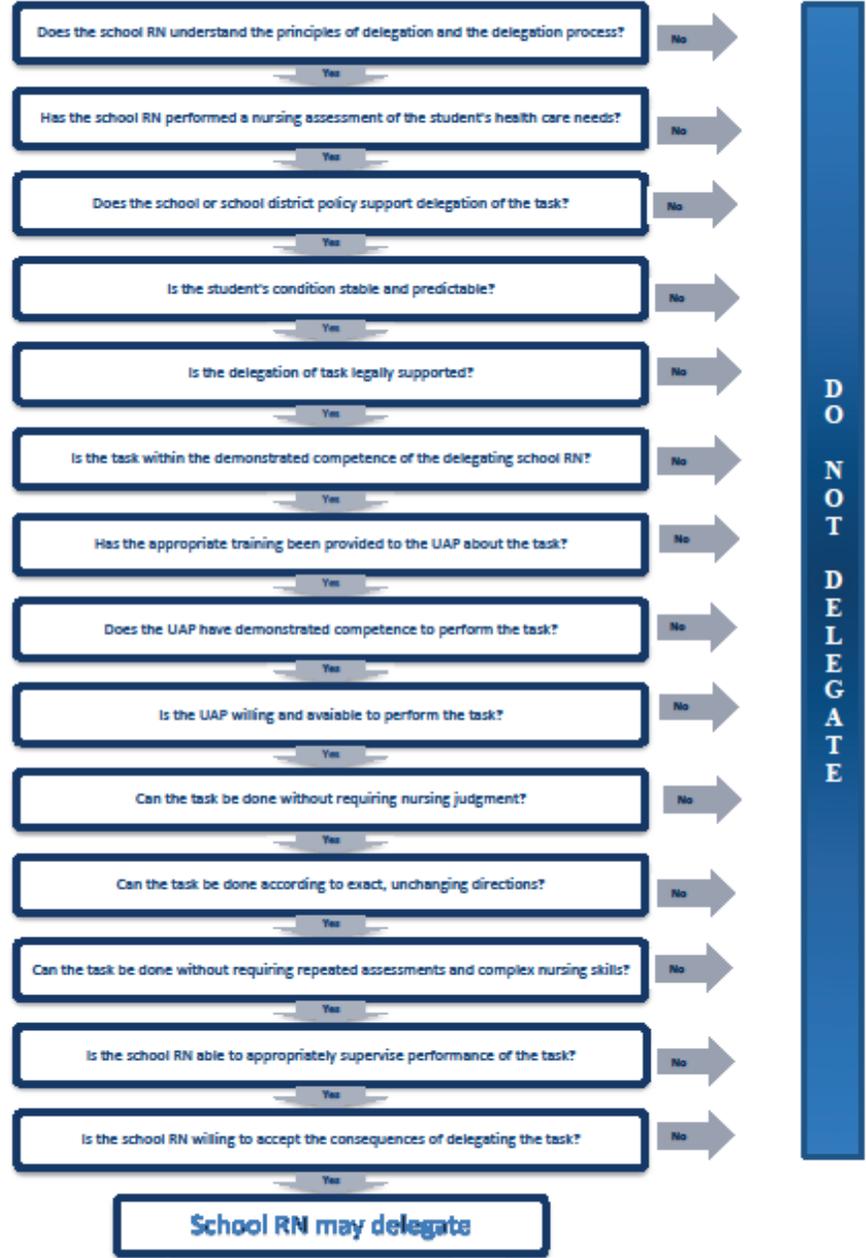
1. Right Task
2. Right Circumstances
3. Right Person
4. Right Communication
5. Right Supervision

## **SECTION 3 - Delegation Tools**

To provide concrete assistance to Indiana school nurses, below are resources to aid in specific delegation decisions and procedures:

1. **Delegation Decision Tree**  
Walks through fourteen prerequisites for delegation. Reprinted with the permission of the Washington Department of Health from their Nursing Care Quality Assurance Commission Advisory Opinion 4.0: Registered Nurse Delegation in School Settings
2. **Delegation Task Table**  
Recommendations for sixty-one procedures as to what can be delegated by the RN and if so, whether that delegation should be to an LPN or UAP. Adapted from *Guide to Delegation for Colorado School Nurses*, with the permission of the Colorado Department of Education.
3. **Skills Checklist for Staff Training**  
Template to document staff training on specific procedures. Reprinted with the permission of the Michigan Department of Education.
4. **Medication Administration Checklist**  
Step-by-step guide for delegatee administration of standard medications and emergency medications epinephrine, glucagon, diastat. Reprinted with the permission of the Michigan Department of Education.
5. **Training Verification of School Personnel Administering Medication**  
Form to document the delegatee received training in administering medication, verified by the delegating school nurse and the delegatee. Reprinted with the permission of the Michigan Department of Education.

### School Registered Nurse Delegation Decision Tree



## Delegation Table for Indiana School Nurses

*\*Delegation is determined on a case-by-case basis by the Registered Nurse*

| W- Within RN Scope of Practice<br>S-Within Scope with Supervision of RN<br>D-Delegated Tasks with Supervision of RN<br>T-Training with Supervision of RN<br>E-In Emergencies, with training and 911 must be called.<br>X-Cannot Perform<br>Y- Yes | Practitioner order Required | RN | LPN | Unlicensed Assistive Personnel | <u>Practitioner</u> = Person w/ legal authority to order the treatment<br><br><u>RN Scope of Practice:</u> See definitions section above<br><br><u>LPN Scope of Practice:</u> See definitions section above |
|---|-----------------------------|----|-----|--------------------------------|---|
| <b>1.0 Activities of Daily Living</b>   |                             |    |     |                                |   |
| 1.1 Toileting/ Diapering  |                             | W  | W   | T                              |   |
| 1.2 Bowel/ Bladder Training   |                             | W  | W   | T                              |   |
| 1.3 Dental/ Oral Hygiene  |                             | W  | W   | T                              |   |
| 1.4 Lifting/ Positioning/Transfers  |                             | W  | W   | T                              | Depends on student-may need special training  |
| 1.5 Oral Feeding  |                             |    |     |                                |   |
| 1.5.1 Nutritional Assessment  |                             | W  | X   | X                              |   |
| 1.5.2 Oral Feeding  | Y*                          | W  | W   | T                              | *Need Rx if specific food texture or technique is required  |
| 1.6 Special Feeding   |                             |    |     |                                |   |
| 1.6.1 Naso-Gastric Feeding  | Y                           | W  | S   | D*                             | *Can be delegated if placement can be determined by an objective measure  |
| 1.6.2 Gastrostomy Feeding   | Y                           | W  | S   | D                              |   |
| 1.6.3 Jejunostomy Tube Feeding  | Y                           | W  | S   | D                              |   |
| 1.6.4 Total Parenteral Feeding (intravenous)  | Y                           | W  | X   | X                              |   |
| 1.6.5 Gastrostomy Reinsertion to maintain stoma patency   | Y                           | W  | D*  | D*                             | *Placement should be verified by healthcare provider before use   |

| W-Within Scope of Practice<br>S-Within Scope with Supervision of RN<br>D-Delegated Tasks with Supervision of RN<br>T-Training with Supervision of RN<br>E-In Emergencies, with training and 911 must be called<br>X-Cannot Perform<br>Y- Yes |  | Practitioner order Required | RN | LPN | Unlicensed Assistive Personnel | <u>Practitioner</u> = Person w/ legal authority to order the treatment<br><br><u>RN Scope of Practice:</u> See definitions section above<br><br><u>LPN Scope of Practice:</u> See definitions section above |
|--|--|-----------------------------|----|-----|--------------------------------|---|
| <b>2.0 Urinary Catheterization</b>   |  |                             |    |     |                                |   |
| 2.1 Clean Intermittent Catheterization   |  | Y                           | W  | S   | D                              |   |
| 2.2 Sterile Catheterization  |  | Y                           | W  | S   | X                              |   |
| 2.3 Indwelling Catheter Care (cleanse with soap & water, empty bag)  |  |                             | W  | W   | D                              |   |
| <b>3.0 Medical Support Systems</b>   |  |                             |    |     |                                |   |
| 3.1 Ventricular Peritoneal Shunt monitoring  |  | Y                           | W  | S   | T                              |   |
| 3.2 Mechanical Ventilation   |  |                             |    |     |                                |   |
| 3.2.1 Monitoring   |  | Y                           | W  | S   | X                              |   |
| 3.2.2 Adjustment of Ventilator   |  | Y                           | W  | S   | X                              |   |
| 3.2.3 Ambu Bag   |  |                             | W  | S   | E                              |   |
| 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   |  | Y                           | W  | S   | T                              |   |
| 3.5 Dialysis Access Port Monitoring  |  | Y                           | W  | S   | T                              |   |
| 3.6 Subcutaneous Continuous Glucose Monitoring   |  | Y                           | W  | S   | D                              |   |
| <b>4.0 Medication Administration</b>   |  |                             |    |     |                                |   |
| 4.1 Prescription/non-Prescription Medications  |  | Y                           | W  | S   | D                              |   |

| W-Within Scope of Practice<br>S-Within Scope with Supervision of RN<br>D-Delegated Tasks with Supervision of RN<br>T-Training with Supervision of RN<br>E-In Emergencies, with training and 911 must be called<br>X-Cannot Perform<br>Y- Yes | Practitioner order Required | RN | LPN | Unlicensed Assistive Personnel | <u>Practitioner</u> = Person w/ legal authority to order the treatment<br><br><u>RN Scope of Practice:</u> See definitions section above<br><br><u>LPN Scope of Practice:</u> See definitions section above |
|--|-----------------------------|----|-----|--------------------------------|---|
| 4.2 Injections   | Y                           | W  | S   | D                              |   |
| 4.3 Per Nasogastric tube   | Y                           | W  | S   | D*                             | Can be delegated if placement can be determined by an objective measure   |
| 4.4 Injectable epinephrine (EpiPen)  | Y                           | W  | S   | E                              | See notes for E   |
| 4.5 Rectal diazepam (Diastat)  | Y                           | W  | S   | E                              | See notes for E   |
| 4.6 Nasal Midazolam (Versed)   | Y                           | W  | S   | E                              | See notes for E   |
| 4.7 Glucagon   | Y                           | W  | S   | E                              | See notes for E   |
| 4.8 Solu-Cortef (Hydrocortisone)   | Y                           | W  | S   | E                              | See notes for E   |
| 4.9 Per Gastrostomy Tube   | Y                           | W  | S   | D                              |   |
| 4.9.1 Intravenous medications  | Y                           | W  | S*  | X                              | *LPN needs IV certification   |
| 5.0 Ostomies(Colostomy, ileostomy and urostomy,  |                             |    |     |                                |   |
| 5.1 Ostomy care (empty bag, cleanse with soap and water)   |                             | W  | S   | T                              |   |
| 5.2 Ostomy irrigation  | Y                           | W  | S   | X                              |   |
| <b>6.0 Respiratory</b>   |                             |    |     |                                |   |
| 6.1 Postural Drainage  | Y                           | W  | S   | D                              |   |
| 6.2 Percussion   | Y                           | W  | S   | D                              |   |
| 6.3 Suctioning-  |                             |    |     |                                |   |
| 6.3.1 Oral cavity suctioning   | Y                           | W  | S   | D                              |   |
| 6.3.2 Pharyngeal suctioning  | Y                           | W  | S   | X                              |   |
| 6.4 Tracheostomy tube replacement  | Y                           | W  | S   | X                              |   |
| 6.5 Tracheostomy care (clean/dress)  | Y                           | W  | S   | D                              |   |
| <b>7.0 Screening</b>   |                             |    |     |                                |   |
| 7.1 Growth (height/weight)   |                             | W  | S   | T                              |   |
| 7.2 Vital Signs  |                             | W  | W   | T                              |   |

| W-Within Scope of Practice<br>S-Within Scope with Supervision of RN<br>D-Delegated Tasks with Supervision of RN<br>T-Training with Supervision of RN<br>E-In Emergencies, with training and must call 911<br>X-Cannot Perform<br>Y- Yes |  | Practitioner order Required | RN | LPN | Unlicensed Assistive Personnel   | <u>Practitioner</u> = Person w/ legal authority to order the treatment<br><br><u>RN Scope of Practice:</u> See definitions section above<br><br><u>LPN Scope of Practice:</u> See definitions section above |
|---|--|-----------------------------|----|-----|--|---|
| 7.3 Hearing   |  |                             | W  | S   | T  |   |
| 7.4 Vision  |  |                             | W  | S   | T  |   |
| 7.6 Body Mass Index   |  |                             | W  | S   | T  |   |
| <b>8.0 Specimen Collecting/Testing</b>  |  |                             |    |     | <b>Information must be reported to RN promptly for assessment and evaluation</b> |   |
| 8.1 Blood Glucose/Ketone  |  | Y                           | W  | S   | D  |   |
| 8.2 Urine Ketone  |  | Y                           | W  | S   | T  |   |
| <b>9.0 Other Healthcare Procedures</b>  |  |                             |    |     |  |   |
| 9.1 Seizure First Aide / Safety Procedures  |  |                             | W  | S   | T  |   |
| 9.2 Pressure Lesion / Ulcer Care  |  | Y                           | W  | S   | D  |   |
| 9.3 Dressing, Sterile   |  | Y                           | W  | S   | D  |   |
| 9.4 Dressing, Non-sterile   |  |                             | W  | S   | T  |   |
| 9.5 Vagal Nerve Stimulator  |  | Y                           | W  | S   | D  |   |
| <b>10.0 Assessment Skills and Protocol development</b>  |  |                             |    |     |  |   |
| 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  |   |



## Medication Administration Checklist

Staff person trained/position: \_\_\_\_\_ Initials: \_\_\_\_\_

School Nurse/RN: \_\_\_\_\_ Initials: \_\_\_\_\_

| Standard medications   | Dates   |   |   |  |
|--|---|---|---|--|
|  | Demonstrate/<br>Explain or<br>Proficient<br>Return<br>Demonstration | Demonstrate/<br>Explain or<br>Proficient<br>Return<br>Demonstration | Demonstrate/<br>Explain or<br>Proficient<br>Return<br>Demonstration | Comments/<br>School Nurse<br>initial/Staff<br>initial, or non-<br>applicable |
| Procedure Guideline  |   |   |   |  |
| Washes hands before and after procedure  |   |   |   |  |
| Gives proper dose of medication at proper time. States 5 Rights                                |   |   |   |  |
| Compares labeled medication container with written order                                       |   |   |   |  |
| Reads label 3 appropriate times  |   |   |   |  |
| Checks student identity with name on label   |   |   |   |  |
| Checks expiration date on label  |   |   |   |  |
| Explains procedure to student if necessary   |   |   |   |  |
| Documents medications given correctly  |   |   |   |  |
| Maintains security of medication area  |   |   |   |  |
| Describes proper actions for medication refusal, field trip, medication error                  |   |   |   |  |
| States appropriate times/situations for notification of school nurse                           |   |   |   |  |
| <b>Emergency medications</b>   |   |   |   |  |
| <b>Epinephrine</b>   |   |   |   |  |
| States symptoms of allergic reaction, location of medication and emergency plan                |   |   |   |  |
| Demonstrates with trainer, correct procedure for administration                                |   |   |   |  |
| States follow-up procedures  |   |   |   |  |
| <b>Glucagon</b>  |   |   |   |  |
| States symptoms of hypoglycemia, location of medication and emergency plan                     |   |   |   |  |
| Demonstrates mixing of medication in syringe   |   |   |   |  |
| Demonstrates proper injection technique using correct site                                     |   |   |   |  |
| States follow-up procedures  |   |   |   |  |
| <b>Diastat</b>   |   |   |   |  |
| States understanding of when to use this medication, location of medication and emergency plan |   |   |   |  |
| Demonstrates proper positioning of child, procedure for administering medication               |   |   |   |  |
| States follow-up procedures  |   |   |   |  |

**Training Verification of School Personnel Administering Medication**

\_\_\_\_\_ has received training to administer medications according to \_\_\_\_\_ school policy and procedures. They has demonstrated knowledge and understanding of the policies and procedures listed above.

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

I have been instructed in \_\_\_\_\_ school's medication policy and administration procedures. I understand that I am to administer medications to students according to these procedures and as delegated to me by the school nurse. I understand that I am to report immediately to the school nurse any new orders, changes in medication orders, changes in a student's health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

\_\_\_\_\_  
School staff signature

\_\_\_\_\_  
Date

## **SECTION 4 - References**

1. American Nurses Association, (2010) *Nursing: Scope and Standards of Practice, 2nd ed.* Silver Spring, MD: Nursebooks.org.
2. American Nurses Association & National Council of State Boards of Nursing (2006). Joint Statement on Delegation. Washington, DC: American Nurses Publishing.
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4. National Association of School Nurses (2014) *Nursing Delegation to Unlicensed Assistive Personnel in the School Setting: Principles for Practice.* Silver Spring, MD: www.nasn.org.
5. National Association of School Nurses (2014) *Nursing Delegation to Unlicensed Assistive Personnel in the School Setting: Position Statement.* Silver Spring, MD: www.nasn.org.
6. Guide to Delegation for Colorado School Nurses (2010). Colorado Department of Education, in collaboration with the Colorado Association of School Nurses and Colorado School Nurse Leadership. <https://www.cde.state.co.us/guidetodelegationforschoolnurses>
7. Michigan Department of Education and Michigan Department of Community Health (2014) *Delegation of Nursing Functions to Unlicensed Assistive Personnel in a School Setting.* [http://www.michigan.gov/documents/mde/Delegation\\_of\\_Nursing\\_Functions\\_to\\_Unlicensed\\_Assistive\\_Personnel\\_In\\_a\\_School\\_Setting\\_FINAL\\_6-9-13\\_450309\\_7.pdf](http://www.michigan.gov/documents/mde/Delegation_of_Nursing_Functions_to_Unlicensed_Assistive_Personnel_In_a_School_Setting_FINAL_6-9-13_450309_7.pdf)
8. Washington Department of Health Nursing Care Quality Assurance Commission Advisory Opinion (2014) *Registered Nurse Delegation in School Settings.* Number NCAO 4.0. <http://www.doh.wa.gov/Portals/1/Documents/6000/RegisteredNurseDelegationInSchoolSettings.pdf>.
9. Wisconsin Department of Public Instruction (2009) *Delegation, The Nurse Practice Act, and School Nursing in Wisconsin,* <http://ssp.wisconsin.gov/sites/default/files/imce/ssp/pdf/snpracticeact.pdf>
10. Indiana Code Title 25, Article 23 and Title 20, Article 34
11. Indiana Administrative Code Title 848 and Title 511, Article 4