

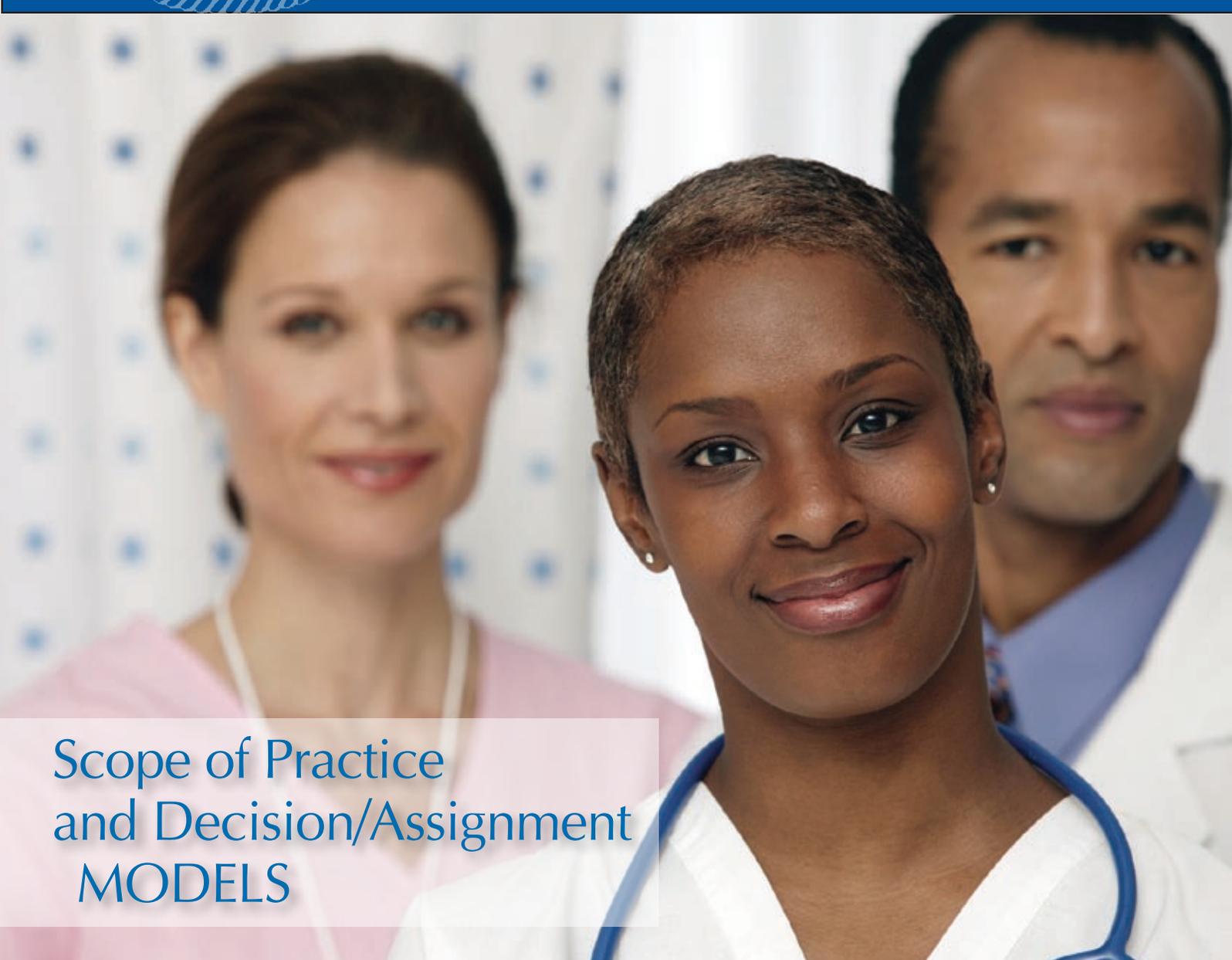


West Virginia

RN Nursing News

Volume 3 Number 4

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses



Scope of Practice
and Decision/Assignment
MODELS

Paperless Licensing Coming Soon!



West Virginia

RN Nursing News

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses

West Virginia Board of Examiners for Registered Professional Nurses

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Edition 12

Reach every Registered Professional Nurse licensed in West Virginia.



WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

MISSION

The West Virginia Board of Examiners for Registered Professional Nurses promotes and protects public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians.

GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq. the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for dialysis technicians.
5. Assure initial and continuing competence of registered professional nurses.
6. Assure initial and continuing competence of dialysis technicians.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for dialysis technicians.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing

STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
 - a. Discipline
 - b. Orientation to the Board
 - c. Advanced Practice
 - d. Licensure
 - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expediently respond to requests related to:
 - a. Verification of licenses and certification
 - b. Discipline cases
 - c. The function of the Board
 - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.
11. Consider a paperless licensing process for registered professional nurses.

RECOMMENDED IMPROVEMENTS

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007; Reaffirmed 6/12/2008 Reviewed and revised by the Board 6/17/09.



From the Executive Director



The New Year is around the corner and it is always a nice time to review, reframe and refresh. The Board has done just that by reviewing and updating the Scope of Practice and Delegation Models as well as reviewing how we manage issuing licenses.

This news magazine edition includes most of the information found in the document entitled *Criteria for Determining the Scope of Practice for Licensed Nurses and Guidelines for Determining Acts that May Be Delegated or Assigned by Licensed Nurses* developed by the RN and LPN Boards. This document has been around for many years and was recently updated. RN Education Programs are required to include it in their curriculum to help teach future nurses the essentials of decision making related to scope of practice and delegation. It is important to be familiar with the information in this document so the information and process come easily when a decision is required. Although some decisions will take a longer time because additional information will be needed such as related laws and rules, related articles in nursing literature, nursing research and other sources, it is best to be familiar with the decision making tools before you need them.

The other topic the Board reviewed and reframed is how we issue a license. When we think of identity fraud we often think of credit cards, however, it can also happen with your nursing license. Boards are always looking for ways to decrease fraud and ensure that the most current information is used when making a decision about a nursing license. In today's world, the Internet is the source of that information. The Board has discussed "paperless" licensing during their last two meetings and made a decision to move forward with this plan. With a "paperless" licensing process all nurses will have a certificate indicating they are licensed with a reference to look on the Internet for the most current information which may include the expiration date, advanced practice designation or discipline to name a few. Beginning with the renewal cycle next year a "wallet" license card will no longer be issued each year. We will spend the next ten months telling you more about this process and sharing how it will be implemented. It's a big change and a good change.

This year, resolve to 1) read the Scope of Practice and Delegation Models, use them in your own practice and teach them to those you mentor and 2) embrace the new world of "paperless" licensing!

Laura Skidmore Rhodes, MSN, RN
Executive Director

CRITERIA FOR DETERMINING SCOPE OF PRACTICE FOR LICENSED NURSES AND GUIDELINES FOR DETERMINING ACTS THAT MAY BE DELEGATED OR ASSIGNED BY LICENSED NURSES

*Revised by:
The West Virginia Board of Examiners for
Registered Professional Nurses and The
West Virginia State Board of Examiners
for Licensed Practical Nurses
June 17, 2009*

INTRODUCTION

The intent of this document is to present a process to determine acts appropriate to nursing at various levels, and acts appropriate for delegation to the licensed practical nurse, as well as to determine those acts appropriate for assignment to unlicensed assistive personnel. The Board has reviewed and refreshed the Scope of Practice and Delegation Models and they are included in this magazine. They also reviewed and reframed how we issue a license. Individuals must consult the law, applicable rules and Board position statements in making a practice decision. Related position statements are included in the Appendix of this document. Additional law, rules or position statements may be developed after the publication of this document. The nurse must assure that current publications are referenced when using the Models in this publication.

Changes in health care delivery are occurring in health care organizations throughout West Virginia and the nation. These changes could lead to role confusion. In view of the mandates of the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses to act in the best interest of public safety and health, the respective boards support professional collaboration to deliver competent care and treatment of the client in a safe, professional and cost effective manner.

The guidelines contained in this document provide comprehensive criteria and examples for use in the decision making process required to determine acts that are appropriate to nursing at various

levels, and acts appropriate for delegation to the licensed practical nurse as well as to determine those acts appropriate for assignment to unlicensed assistive personnel. The guidelines, however, do not have the force and effect of law except as provided through the Legal Standards of Practice, WV §19 CSR10 and WV§ 10 CSR 3.

Many nurses would like a “yes” or “no” answer to questions about the delegation of nursing practice; however, in most cases it is not that simple. In reality, the answer to most questions is “it depends.” It depends upon the complexity of the task to be delegated. It depends upon the care needs of the client, as assessed by the registered professional nurse. It depends upon the educational preparation, skills, and ability of the licensed practical nurse or unlicensed person to whom the task is to be delegated/assigned. And, it depends upon the availability and accessibility of essential resources, including supervision, while the task is being performed. **Nursing judgment is the essential element in every delegation or assignment decision.**

Licensees are expected to read the scope and delegation information and then refer back to the portions that will assist in making a final decision. Therefore, this information is best used when an individual has the time to review all related information so the foundation for decision-making is present when a quick decision is required.

DEFINITIONS

Accountability - Being responsible or answerable for actions or inactions of self or others in the context of delegated or

assigned duties.

Advanced Practice Nurse - A registered professional nurse practicing nursing at a level which requires substantial theoretical knowledge in a specialized area of nursing practice and proficient clinical utilization of the knowledge in implementing the nursing process. The competencies of specialists include but are not limited to the ability to assess, conceptualize, diagnose, analyze, plan, implement, and evaluate complex problems related to health.

Assignment-Designating nursing activities to be performed by another nurse or nursing assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person). (NCSBN)

Competence-Possessing verifiable knowledge and skill to perform an activity or task safely and effectively.

Delegation - Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. (NCSBN)

Licensed Practical Nurse - “Practical Nursing” means the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or licensed physician or licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing. (Code of WV §30-7A-1)

§30-7A-2. Use of titles. (a) Any person licensed pursuant to this article may use the title “licensed practical nurse,” “practical nurse” and the abbreviation “L.P.N” or the



term “nurse.” Except as otherwise provided in article seven of this chapter, no other person may assume such title, or use such abbreviation, or any other words, letters, figures, signs, or devices to indicate that the person using the same is a licensed practical nurse or a practical nurse.

Registered Professional Nurse - “Registered professional nursing” shall mean the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (Code of WV §30-7-1)

§30-7-10. Use of titles. - Any person licensed pursuant to this article may use the title “registered nurse” and the abbreviation “R.N.” or the term “nurse.” Except as otherwise provided in article seven-a of this chapter, no other person may assume a title or use abbreviations or any other words, letters, figures, signs, or devices to indicate that the person using the same is a registered professional nurse.

Responsible - Liable to legal review or in the case of fault to penalties; able to answer for one’s conduct or obligation; able to choose for one’s self right from wrong.

Unlicensed Assistive - Personnel (UAP) Any unlicensed person, regardless of title, to whom nursing tasks are delegated or assigned.

AGENCY REFERENCES

There are a variety of agencies that have laws and standards that directly affect the practice of nursing and health care. Some of the most commonly referenced

agencies are provided herein.

OHFLAC • Office of Health Facility Licensure and Certification; a division of the West Virginia Department of Health and Human Resources responsible for promulgation of Rules regulating various types of health care facilities.

Web site: www.wvdhhr.org/ohflac/
Phone: 304-558-0050

NCSBN • National Council for State Boards of Nursing is the national association providing assistance to nursing regulatory boards. This association authors many regulatory related documents and research. This association has also developed a paper on Delegation.

Web site: www.ncsbn.org
Phone: 312-525-3600

BOM • Board of Medicine regulates the practice of medical doctors, podiatrists and physician assistants.

Web site: www.wvdhhr.org/wvbom/
Phone: 304-558-2921

BOO • Board of Osteopathy regulates the practice of osteopathic physicians, surgeons and osteopathic physician assistants.

Web site: www.wvbodosteo.org/
Phone: 304-723-4638

BOP • Board of Pharmacy regulates the practice of pharmacists, pharmacy technicians and pharmaceutical services.

Web site: www.wvbop/
Phone: 304-558-0558

Nurse Aide Registry • The state agency responsible for the regulation of certified nurse aides and the abuse registry.

Web site: <http://www.wvdhhr.org/ohflac/NurseAide/>
Phone: 304-558-0688

WVNA • West Virginia Nurses Association (WVNA) is the West Virginia chapter of the American Nurses Association (ANA).

Web site: www.wvnurses.org
Phone: 304-342-1169

ANA • American Nurses Association is the national professional organization for

nurses. This association has developed many standards of practice for nursing including the Code of Ethics.

Web site: www.nursingworld.org

CRITERIA FOR DETERMINING SCOPE OF PRACTICE FOR THE LICENSED NURSE

You may use the process explained below to determine, on an individual basis, if a specific activity or task is within the scope of practice for a registered professional nurse or a licensed practical nurse.

I. DEFINE THE ISSUE

Clearly define the activity or task to be performed. Steps essential in this process include:

A. CLARIFICATION OF THE ISSUE:

What is the issue or problem? Gather facts that may influence the decision. Are there written policies and procedures available that relate to this act? Is this a new expectation or just new to you? What is the decision to be made and where (in what setting or organization) will it take place? Has the issue been discussed previously?

B. ASSESSMENT OF SKILLS AND KNOWLEDGE:

What skills and knowledge are required? Do you possess those skills? Is your competence documented? Who is available to assist you? Who has that skill and knowledge? Is that person accessible to you?

C. IDENTIFICATION OF OPTIONS:

What are possible solutions? What are the risks? What are the implications of your decision: How serious are the consequences? Should you choose to perform an act, you are responsible for performing it accurately and safely.

II. REVIEW EXISTING LAWS, POLICIES, AND STANDARDS OF NURSING PRACTICE

Both the RN and LPN are responsible for implementing the nursing process in the delivery of nursing care. The Boards receive many questions about the LPN’s role in the assessment component of the nursing process. While the law does not specifically address the issue of the LPN’s role in the assessment process, the rule



clearly places the responsibility for the analysis of the data on the RN. It is the responsibility of the LPN to contribute to that data analysis by collecting objective and subjective data at the direction of the RN and by reporting and documenting the information collected (from the OBON SOP brochure 2005).

The legislative rules which provide the legal standards of practice for RNs and LPNs in West Virginia are included in this document as appendices F and G. Based on the definitions of practice in the Code, the RN can independently engage in activities including assessing the health status of an individual, teaching, delegating, supervising and evaluating nursing practice. The LPN has a dependent role and provides care only at the direction of the RN, physician or dentist (portions reworded from the OBON SOP brochure 2005).

Once the problem has been clearly defined, review existing laws, policies, and standards of nursing practice:

A. Definitions of nursing practice (§30-7-1.b) or advanced nursing practice (19 CSR 7) and the Legal Standards of Practice for the Registered Professional Nurse (19 CSR 10).

Link to the Law

<http://www.legis.state.wv.us/WVCODE/code.cfm?chap=30&art=7#1>

Link to the Rules

http://www.wvrnboard.com/default2.asp?active_page_id=74

Scroll Down to 7

B. Definition of practice for the licensed practical nurse (§30-7A-1.a) and Legal Standards of Practice for the Licensed Practical Nurse (10 CSR 3).

Link to Law

<http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=30&art=7A#07A>

Link to Rules

<http://www.lpnboard.state.wv.us/>

Click on "Practice" and then on "Applicable Rules"

C. Medication Administration by Unlicensed Personnel (WV Code §16-5O-1 et seq.)

Link to Law

<http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=16&art=5O#05O>

- D. School Nurse Law and Rules
- E. Dialysis Technician Law and Rules
http://www.wvrnboard.com/default2.asp?active_page_id=109
- F. Agency Accreditation Standards
- G. National Council of State Boards of Nursing (NCSBN) www.ncsbn.org
- H. Office of Health Facility Licensure and Certification (OHFLAC)
<http://www.wvdhhr.org/OHFLAC/>
- I. Standards of practice of a national

nursing specialty organization.

- J. Positive and conclusive data in nursing literature and supported by nursing research.
- K. Established policy and procedure of employing facility or agency, as long as the policy and procedures are not in conflict with the law or rules.

Following a review of these items, ask yourself the following questions:

continued>>





A. Is the act expressly addressed in existing law or rules and regulations for your licensure category? Is the activity or task consistent with the scope of practice for registered professional nurse or a licensed practical nurse?

B. Is the activity or task within the accepted standards of care? Would a reasonable and prudent nurse with similar training and experience perform the activity under similar circumstances?

III. MAKING THE DECISION

After defining the issue and reviewing significant materials, a decision must be made. To facilitate this process, ask yourself the following questions:

A. What is the best decision? When should it be done? By whom? What are the implications of your decision? How will you evaluate your decision? Is the act within the scope of practice for a registered professional nurse, or is it an advanced practitioner role? Should it be performed by the licensed practical nurse or can it be performed by an unlicensed individual?

B. Do you personally possess the depth and breadth of knowledge to perform the activity or task safely and effectively as demonstrated by knowledge acquired in a pre-licensure, post-basic or continuing education program?

C. Do you personally possess current clinical competence to perform the activity or task safely? Is this competence documented?

D. Are you physically and mentally capable of performing the activity safely?

E. Are you prepared to accept the consequences of your actions and assume accountability for provision of safe care?

If you answered in the affirmative to all of the questions above, you may perform the activity or task.

SEE SCOPE OF PRACTICE DECISION
MODEL ON PAGE 12

**REGISTERED
PROFESSIONAL NURSE
RESPONSIBILITY AS A
SUPERVISOR OF
DELEGATED OR**

ASSIGNED ACTIVITIES

The focus of registered professional nursing is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, analysis, planning, implementation and evaluation of nursing care. The registered professional nurse is responsible and accountable for:

A. Clinical decision making regarding nursing care.

B. Assuring that care is provided in a safe and competent manner.

C. Determining which nursing acts in the implementation of care can be delegated or assigned and to whom.

D. Providing direction and assistance, periodic observation and evaluation of effectiveness of acts performed by those under supervision.

Only those nursing activities commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated or assigned. Entry-level nurses and those re-entering nursing will need continued education and support as they gain skills as supervisors of delegated skills and tasks.

2.2. "Direct supervision" means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised.

4.3. An applicant for licensure by examination who is a graduate of an accredited program in practical nursing, may work under the direct supervision of a registered professional nurse, licensed physician, or licensed dentist and render nursing services during the period between graduation and notification of the results of the first licensing examination following graduation upon issuance of a temporary permit from the Board. The Board shall issue a temporary permit, valid for up to ninety (90) days from the date of graduation, to cover the period of time between graduation and notification of the results of the first licensing examination.

4.5. The holder of a temporary permit shall work under the direct supervision of a licensee until the applicant has successfully

passed the NCLEX-RN and a license is issued.

FIVE RIGHTS OF DELEGATION/ ASSIGNMENT

1. RIGHT TASK

Right person is delegating or assigning the right task to the right person to be performed on the right person.

2. RIGHT PERSON

Right person is delegating or assigning the right task to the right person to be performed on the right person.

3. RIGHT DIRECTION/ COMMUNICATION

Clear, concise description of the task, including its objective, limits and expectations.

4. RIGHT SUPERVISION

Appropriate monitoring, evaluation, intervention, as needed and feedback.

5. RIGHT CIRCUMSTANCES

Appropriate patient setting, available resources, etc.

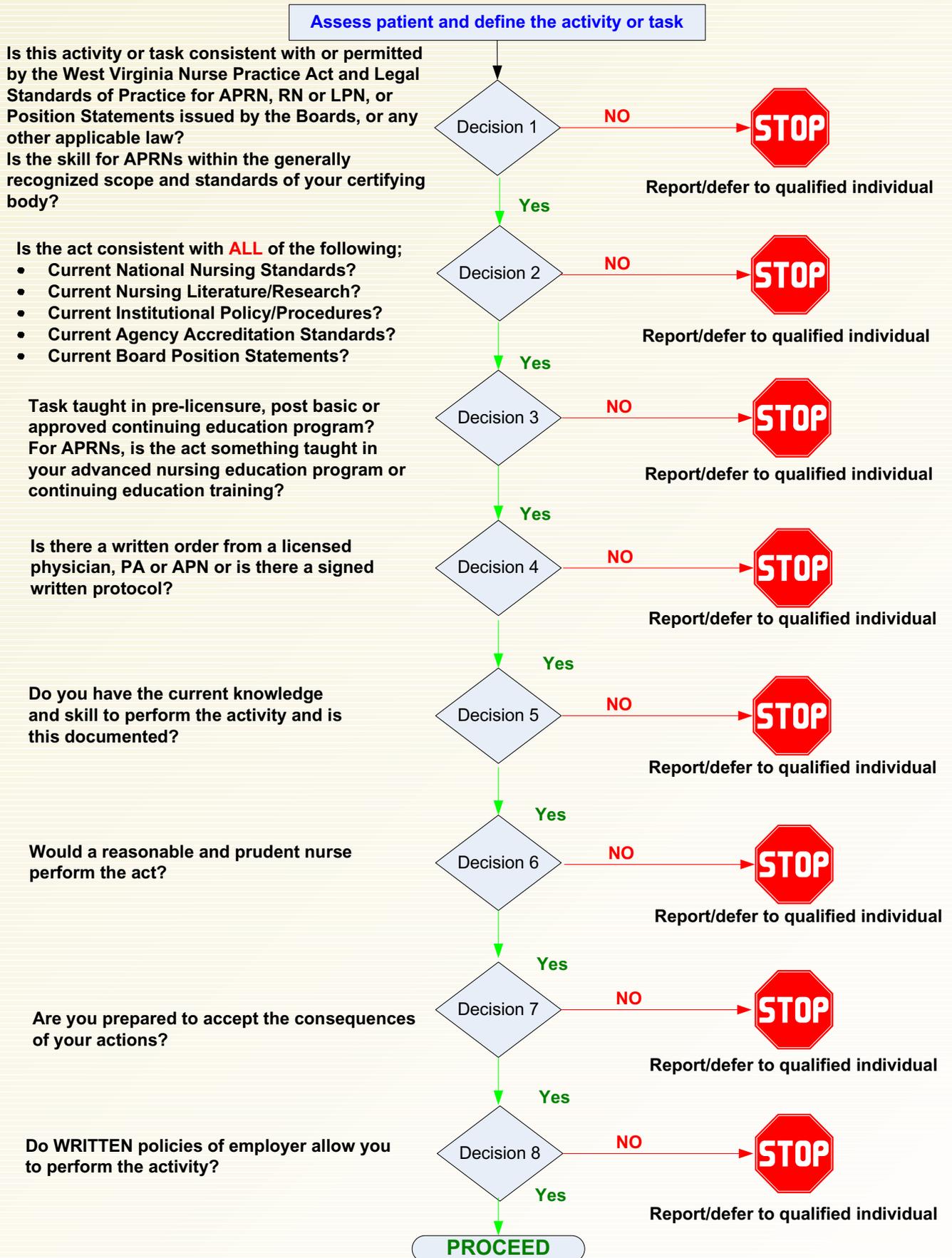
GUIDELINES FOR DELEGATION OF NURSING ACTS TO THE LICENSED PRACTICAL NURSE

The following are from WV RN Board Rules, Series and provide requirements related to direct supervision and exam applicants.

The decision to delegate should be consistent with the time-honored and well established nursing process, i.e., appropriate assessment, planning, implementation and evaluation by the nurse delegator. This necessarily precludes a complete listing of tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient and circumstances. The authority and qualifications of the proposed nurse delegator are critical to delegation decisions. The Five Rights of Delegation may facilitate appropriate delegation decisions. Consequences of error and patient health and safety must be



SCOPE OF PRACTICE DECISION MODEL FOR THE APRN, RN AND LPN



Delegation/Assignment Decision Model

Define the activity or task and Assess patient

Before this model can be appropriately used the Scope of Practice Model must be applied to available staff

Do you have the competencies to perform the task you are delegating?



NO



Do Not Delegate

Is delegation of the act consistent with all of the following:

- Current National Nursing Standards?
- Current Nursing Literature/Research?
- Current Institution Policy/Procedures?
- Current Agency Accreditation Standards?
- Current Board Position Statements?*
- Current West Virginia Code and Rules?***



NO



Do Not Delegate

Yes

Yes

Is the task to be delegated by you medication administration?

It may be delegated to another RN or LPN, who has demonstrated and documented competence, and the activity is within their respective scope of practice OR
May be performed in select settings in accordance with West Virginia Code and Rules**



CONTINUE

Yes

Does the activity fall within the scope of provision of personal hygiene, vital signs, comfort, nutrition, ambulation, safety, protection or collection of specimens?



NO



Do Not assign to unlicensed persons. This task may be delegated to another RN, APN or to a LPN, who has demonstrated and documented competence and the activity is within their respective scope of practice

Yes

Does the act require substantial, specialized knowledge and skill, or nursing evaluation intervention or revision of goals/plans of care? It is not acceptable for intravenous cannulation to be delegated to an unlicensed individual.



NO

May be delegated to RN or LPN or assigned to unlicensed person, who has demonstrated and documented competence

Yes

Is the patient's condition stable and outcome of the act predictable?



NO



Do Not Delegate to LPN Delegate to RN or APN with demonstrated and documented competence

Yes

Is the person's competency to perform the specific task demonstrated and documented?



NO



Do Not Delegate to LPN Delegate to RN or APN with demonstrated and documented competence

Yes

Do you believe the person is competent at this time in this situation?



NO



Do Not Delegate to LPN Delegate to RN or APN with demonstrated and documented competence

Yes

Would a reasonable and prudent nurse delegate the act?



NO



Report/defer to qualified individual

Yes

Are you prepared to accept the consequences of your decision to delegate?



NO



Report/defer to qualified individual

Yes

PROCEED

*Board Position Statements are included in this publication

** AMAP School Nurse Dialysis Technicians EMS Personnel



evaluated with each decision.

1. Delegation of acts beyond those taught in the basic educational program for the LPN should be based on a conscious decision of the registered nurse.
 - Practice beyond entry level for the LPN should not be automatic nor should it be based solely on length of experience.
2. Practice beyond entry level must be competency based.
 - Competency based practice is defined by structured educational activities which include assessment of learning and demonstration of skills.
3. Records of educational activities designed to enhance entry level knowledge, skill and ability must be maintained and available to the RN making the decision.
 - The employer and the employee must maintain records which include an outline of the educational content and an evaluation of achievement of educational objectives and demonstrated skills.
4. Competency-based enhancement of practice must be reviewed periodically by the registered nurse.
 - Practice beyond the entry level should be more closely supervised.
5. Practice is limited to those activities addressed in the written policies and procedures of the employing agency, as long as those policies are not in conflict with West Virginia Law or rules.
 - Job descriptions and employing agency policies should specifically address functions that the LPN will be expected to perform as part of basic, as well as enhanced, practice. Policies should also address the conditions under which the procedures and services are to be performed.

ACTIVITIES THAT MAY BE DELEGATED TO THE LPN

Activities appropriate for delegation to the LPN should be those that, after careful evaluation by the supervising RN,

are expected to contain only one option. That is, the LPN is expected to be able to proceed through the established steps or an activity without encountering an unexpected response or reaction and competence in performance of the activity has been demonstrated.

ACTIVITIES THAT SHOULD NOT BE DELEGATED TO THE LPN

Activities that are NOT appropriate for delegation to an LPN are those that are likely to present decision making options, requiring in depth assessment and professional judgment in determining the next step to take as the provider proceeds through the steps of the activity.

GUIDELINES FOR ASSIGNING TASKS TO UNLICENSED PERSONNEL

There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are to assist - not replace - the nurse. Thus, unlicensed assistive personnel should be assigned to the nurse to assist with patient care rather than be independently assigned to the patients.

ACTIVITIES THAT SHOULD NOT BE ASSIGNED TO AN UNLICENSED PERSON

Activities that are not appropriate for assignment to an unlicensed person are those that require nursing judgment and skill and have substantial potential to jeopardize client safety and welfare., except as specifically provided in law (WV Code §16-5O-1 et.seq. and other laws and rules). The Boards receive questions about delegation to medical assistants. Medical assistants are unlicensed personnel and have no defined scope of practice, have no laws or rules governing practice and may not be delegated activities by the nurse that require professional licensure (i.e. medication administration).

CLIENT SELF-CARE

The performance of nursing acts by the client for self-care or by the client's

family members does not constitute delegation or assignment of nursing acts to unlicensed personnel for compensation.

Client and family education is a part of nursing practice. Nurses may teach and supervise the performance of activities by clients and family members who have demonstrated a willingness and an ability to perform the activity.

THE DIFFERENCE BETWEEN "ASSIGNMENT" AND "DELEGATION"?

Understanding the difference between "delegation" and "assignment" can be a challenge. In an effort to help nurses better understand the concepts as they apply to this document and practice in West Virginia, the following paragraphs are provided:

Delegation is always downward. That is, delegation occurs when one individual has the authority to perform the task or activity and transfers that authority to another competent individual. The RN delegating the task retains the responsibility for the decision to delegate. The person performing the task is responsible and accountable for that task and related activities.

Assignment means that a nurse designates another competent nurse or unlicensed person to be responsible for specific patients or selected nursing functions for specifically identified patients. Assignment occurs when the authority to do a task already exists. Both registered nurses and licensed practical nurses have a defined scope of practice established in law; therefore, RN to RN, (and when the activity is within the LPN's scope of practice) RN to LPN, or LPN to LPN is an assignment. The RN or LPN making the assignment retains the responsibility for the task being completed by a competent person.

An element of assignment exists in all delegation; however, assignment, which is horizontal in nature, does not require delegation. Both "assignment" and "delegation" decisions must be made by

continued>>





a licensed nurse on the basis of the skill levels of the care givers, patient or client care needs, and other considerations.

Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

SEE DELEGATION/ASSIGNMENT DECISION MODEL ON PAGE 13

APPENDIX

POSITION STATEMENT

The Role of the Registered Professional Nurse and the Licensed Practical Nurse in Intravenous Therapy.

In response to the numerous inquiries the Board has received concerning the role of the practical nurse in the administration of intravenous therapy and in the management of the patient receiving intravenous therapy, the Board issues the following clarification of its position statement.

The registered professional nurse (RN) is responsible and accountable for the administration and clinical management of intravenous therapy. The RN may delegate selected activities associated with the administration and management of intravenous therapy to a licensed practical nurse qualified by education and experience. The delegation of these activities is based upon the RN's judgment, policy and procedure of the institution and standards of nursing practice.

A 1982 opinion for the West Virginia Attorney General's office states: "Inherent in the definition of the registered professional nurse is the responsibility to administration (management) of the application of all nurse procedures, including intravenous therapy. The licensed practical nurse may, under the direction of a registered professional nurse, perform selected acts, which could conceivably include procedural aspects of intravenous therapy. However, performance of procedural aspects of intravenous therapy by a licensed practical nurse does not relieve the registered professional nurse of the responsibility provided for in law, for assigning the procedure to the licensed practical

nurse. (Emphasis added.) The RN must know that the LPN has the appropriate education and demonstrable skills to perform the act. Regardless of who performs the act or procedure, the RN retains the responsibility for supervision of the patient, including observation of symptoms and reactions and supervision of other persons (including the LPN) with respect to application of nursing procedures."

The above statement is a reprint of a Position Statement provided by the Board in March, 1983, Revised December 4, 1989, and printed in the RN Newsletter Spring, 1990; Reviewed and Reaffirmed, June 14, 1999. Reviewed and Reaffirmed, June 15, 2005.

The following are statements originally issued by the West Virginia State Board of Examiners for Licensed Practical Nurses in June 1977 in response to frequent requests.

Administration of Intravenous Fluids

The law in West Virginia is not specific in that no duties are spelled out as being duties of a licensed practical nurse. The West Virginia State Board of Examiners for Licensed Practical Nurses can only recommend that licensed practical nurses perform duties and procedures for which training has been provided during the 12-month training program. The administration of I.V. fluids is not a part of the standard curriculum for accredited schools of practical nursing in West Virginia. However, if written hospital policy permits, additional training has been received and can be verified, providing there is adequate supervision and the licensed practical nurse is willing to accept responsibility, it is not illegal for a licensed practical nurse to perform more difficult procedures, such as administration of I.V. fluids.

Verbal and Telephone Orders

The West Virginia State Board of Examiners for Licensed Practical Nurses does not have a specific policy or rule in reference to this procedure. The following rules, however, apply in specific practice settings:

General Hospitals: 64 CSR 12, West

Virginia Legislative Rules, Department of Health and Human Resources, Hospital Licensure, 2006, section 7.2.q states in part: "The hospital shall ensure that verbal and telephone orders shall be given to registered professional nurses and other licensed or registered health care professionals, in their area of training and professional expertise, when authorized by the medical staff policies: Provided that any verbal or telephone order received by a licensed or registered health care professional shall also be communicated to the registered professional nurse responsible for the overall care of that patient.. ."

Nursing Homes: Historically, the Legislative Rules, West Virginia Department of Health and Human Resources, Nursing Home Licensure, have permitted both RNs and LPNs to take verbal or telephone orders in a nursing home. While currently 64 CSR 13, Nursing Home Licensure Rules, 2007, do not specifically address verbal or telephone orders, section 8.14.d. states that "A nursing home shall have a registered nurse on duty in the facility for at least eight (8) consecutive hours, seven (7) days a week." It is therefore a common practice for licensed practical nurses, functioning without a registered nurse on the premises, to take verbal and telephone orders from the physician.

Other Work Settings: Consult policies of the employer and rules of appropriate accrediting or certifying agencies to determine whether the LPN may take verbal or telephone orders.

(IVTHERAP): Approved: 6/77

Revised and Reaffirmed: 2/89, 2/90, 6/93, 6/94, 10/98, 8/05; 9.09

DELEGATION BY SCHOOL NURSES OF ADMINISTRATION OF MEDICATION IN EMERGENCY SITUATIONS

The West Virginia Board of Examiners for Registered Professional Nurses has considered two separate inquiries related to the authority of a certified school nurse to delegate the administration of student medications to a teacher or other school employee. After reviewing the questions

continued>>





and available information, the Board offers the following guidance:

Under ideal circumstances, a nurse should be physically present in each school, or at least in each school in which a child requiring performance of specialized nursing functions is educated. Again, under ideal circumstances, a registered professional nurse should be responsible for the administration of all medications to children who require medication during the school day. The Board recognizes that these ideal circumstances do not yet exist. While practices may be developed to enable a minimum standard for safe care to be met, it is not the Board's intent to advocate anything less than the highest possible standard of care.

Injectable medications (emergent):

It is recognized that particular health problems may precipitate emergency situations requiring immediate treatment. Emergency situations are situations which cannot be predicted to occur at a particular time, or with a

great degree of regularity, and which require definitive treatment within a very narrow period of minutes to avoid severe and perhaps permanent harm. Specific health problems or illnesses may create a high likelihood of the occurrence of such emergencies; to this extent, the emergency may be "predictable" because the underlying illness predisposes to its occurrence.

For students in whom there is a predisposition to an emergency health problem, including but not limited to profound hypoglycemia in the student known to be diabetic, or an anaphylactic reaction in the student with a history of such reactions, it is acceptable for the certified school nurse to delegate administration of medications used to treat such emergencies to qualified professional school employees, to provide for the safety of the student. Such delegation, consistent with the general guidelines set forth above, must be at the absolute discretion of the certified school nurse.

As the general discussion indicates, a written request and baseline information should be submitted by the parent(s), signed by the physician. In addition to training related to the illness and the medication, the designee who will administer the medication should demonstrate understanding of additional information. Additional understanding must include a clear comprehension of the indications for administration of the emergency medication, ability to perform an accurate, appropriate assessment to determine the need for the emergency medication, demonstration and verbalization of proper preparation and administration of the emergency medication, and knowledge of responses to the medication. The designee who will administer the emergency medication should also understand that, in any instance that such medication is given, the student must be entered into the formal health care system for evaluation and follow up, most likely by utilization of the "911" or other



emergency medical response system. Documentation of events preceding the medication, during administration, following administration, and the time and personnel that assumed care of the student following the episode should be completed as soon as possible after care for the student has been assumed by emergency medical or other health care personnel. Documentation should be delayed until it is clear that the professional school employee is no longer required to assist in providing care to or information regarding the student.

The law pertaining to providing nursing care in the school setting falls under West Virginia Code Chapter §. School nurses have a policy book that provides all policies and procedures approved by the Department of Education. All school nurses are required to have knowledge of these policies and practices.

Issued: March, 1993; Revised and Reaffirmed March 21, 1996; June 14, 1999; June 15, 1999, June 15, 2005.

POSITION STATEMENT EMERGENCY MEDICAL SERVICE PERSONNEL EMPLOYED IN HOSPITAL EMERGENCY DEPARTMENTS

Consistent with applicable law, the West Virginia Board of Examiners for registered professional nurses (Board) is issuing this statement to direct Registered professional nurses who work with Emergency Medical Services personnel in hospital settings, including hospital Emergency Departments. Registered Professional Nurses are not authorized to delegate professional duties to Emergency Medical Services personnel.

Professional nursing functions, including tasks which require assessment, planning, and professional judgment, must remain the responsibility of the registered professional nurse (RN). The RN must not delegate professional functions to caregivers not qualified as professional nurses.

Registered professional nurses, including those nurses that practice in emergency settings, must recognize their specialized skill and expertise, and seek to deliver no less than that high level of

skill and expertise to any patient/client that comes within their care. To delegate professional nursing functions on the premise that they represent mere tasks belies the practice and professionalism of the registered professional nurse; while performing a “task”, a registered professional nurse is also educating, assessing, reassuring, and planning. To delegate the mere “task” fails to also assign responsibility for the concurrent functions, and thus deprives the patient of the fullest scope of qualified emergency care.

Laws that establish pre-hospital practice standards for Emergency Medical Services personnel cannot be presumed to authorize comparable practice in the hospital Emergency Department. The emphasis and standard of care changes when the patient/client travels from the pre-hospital to the hospital setting. Practice standards which authorize certain pre-hospital care, often to save life or limb, cannot be considered to meet the higher standard of care which applies once the patient has been received in a hospital or other facility, in which additional resources and personnel are available.

Patient care in the Emergency Department must be coordinated by a registered professional nurse, who defines the standards of care and scope of practice for all nursing and assistive personnel. While other participants in the health care process may provide assistance in defining the role(s) of the non-RN caregiver in the Emergency Department, the final responsibility for delegating patient care activities must remain with the registered professional nurse who serves as department manager/coordinator.

This statement represents the consistent position of the Board. It is issued at present not to represent a change, but because it has come to the attention of the Board that confusion may exist in this area.

A law passed during the 2005 Legislative Session providing EMS personnel with the authority to function in Hospital Emergency Departments

under the supervision of a registered professional nurse, however, this activity CANNOT OCCUR until the rules related to this practice are written and approved. As of the printing of this document, the rules have not been written nor approved. Issued: March 19, 1993; Reviewed and Reaffirmed, March 21, 1996; December 4, 1998; June 15, 2005.

REFERENCES

1. National Council of State Boards of Nursing, Inc., Test Plan for the National Council Licensure Examination for Practical Nurses NCLEX-PN, April 2007.
2. National Council of State Boards of Nursing, Inc., Test Plan for the National Council Licensure Examination for Registered Nurses NCLEX-RN, April 2006.
3. National Council of State Boards of Nursing, Inc., Role Delineation Study of Nurse Practitioners and Clinical Nurse Specialists, 2007.
4. National Council of State Boards of Nursing, Inc., 2005 Job Analysis of Nurse Aides, 2005.
5. National Council of State Boards of Nursing, Inc., 2005 RN Practice Analysis: Linking The NCLEX-RN Examination to Practice, 2006.
6. National Council of State Boards of Nursing, Inc., 2006 LPN/VN Practice Analysis Linking the NCLEX-PN Examination to Practice, 2007.
7. Ohio Board of Nursing, Scope of Practice Brochure, 2005.
8. West Virginia Code ‘30-7 (RN) and ‘30-7A (LPN).
9. Legislative Rules Title 19 (RN) and Title 10 (LPN)
10. West Virginia Code and Rules related to health care such as Health Facilities Licensure and Certification (Licensing of hospitals, nursing homes, etc., as well as certification of nursing assistants); Education (School Nurse); Board of Pharmacy (appropriate handling of drugs). This reference is not exhaustive.



TITLE 19 LEGISLATIVE RULE REGISTERED PROFESSIONAL NURSES SERIES 8 LIMITED PRESCRIPTIVE AUTHORITY FOR NURSES IN ADVANCED PRACTICE

The West Virginia Board of Examiners for Registered Professional Nurses proposed two legislative rule changes during the 2009 Legislative Session and both were passed. These were the rules related to Nursing Education Programs and Limited Prescriptive Authority. In this issue, we are providing the rule related to Limited Prescriptive Authority for Nurses in Advanced Practice. Most rules are a product of negotiation. This rule is no different. We do want to acknowledge the stakeholders working with the Board to develop mutually agreeable requirements that are in the best interest of health care in West Virginia. Although the full compliment of changes sought by the Board was not approved, several significant changes were successful. Some of these include:

- MAO Inhibitors are excluded EXCEPT when the Advanced Practice Nurse or Certified Nurse Midwife is in a collaborative agreement with a Psychiatrist.
- * • **Schedule III and Benzodiazepines are limited to a 72 hour supply WITHOUT refill**
- Schedules IV and V may be prescribed up to a 90 day supply and have ONE refill.
- Phenothiazines are limited to up to a 30 day supply WITHOUT refill.
- Non-Controlled antipsychotics and sedatives shall not exceed a quantity necessary for a 30 day supply and no more than 5 refills.
- Maximum dose of any drug (including antidepressants) must be consistent with industry guidelines specific to area of practice and included in the collaborative agreement.
- Shall not prescribe drugs for a period exceeding six months, except this limitation does not include contraceptives.
- Removes the restriction on the prescribing of parenteral medications.

The rule is provided in its entirety so Advanced Practice Nurses, Certified Nurse Midwives and all those working with them have it to reference and then become familiar with the requirements.

These rule changes support safe prescribing practices and are beneficial to West Virginians who rely on Advanced Practice Nurses to provide their health care. If you have any questions about the rule please send them along to wrbnboard@staet.wv.us

** Our apologies. We misstated this rule in the last issue as Schedule II. Schedule III is correct.*



BOARD MEETING DATES

2009 AND 2010

February 18, 2010
(tentative date)

March 18 - 19, 2010

June 16, 17 and 18, 2010

October 21 and 22, 2010





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