



Consistent Standards of Practice Subcommittee (CSPSC)
Washington State Board of Nursing
February 2, 2024—12:00 p.m. to 1:00 p.m.

Click here to register for this meeting: [Zoom Registration and Address](#)
Meeting ID: 863 7463 1831

Committee Members: Ella Guilford, MSN, M.Ed., BSN, RN, Chair
Quiana Daniels, BSN, RN, LPN, Member
Heleena Hufnagel, MBA-HCA, BS, Member
Tiffany Randich, RN, LPN, Pro Tem
Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem

Staff: Shana Johnny, DNP, RN, Nursing Practice Consultant
Margaret Holm, JD, RN, Nursing Practice Consultant
Seana Reichold, Staff Attorney
Dennis Gunnarson, Administrative Assistant
Deborah Carlson, MSN, RN, Nursing Practice Director

Questions:

Please contact us at 360-236-4703 if you:

- Have questions about the agenda.
- Want to attend for only a specific agenda item.
- Need to make language or accessibility accommodations.

Language and Accessibility:

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, but no later than January 24, 2024.

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Meeting Minutes:

WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website [Meetings | WABON](#).

All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at [Public Records | WA DOH](#).

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I. 12:00 PM Opening – Ella Guilford, Chair

- A. Call to Order
- B. Public Disclosure Statement
- C. Introductions of Members, Staff, and Public

II. Standing Agenda Items

- A. Announcements/Hot Topic/WABON Business Meeting Update
 - i. Legislative Updates
 - ii. Patient Abandonment Commonly Asked Questions (CAQs)
 - iii. CSPSC Position Description Update
 - iv. Web Updates/Logo Changes
 - v. Presentations/Webinars
 - 1. Licensed Practical Nurse (LPN)-Medical Assistant (MA) Scope of Practice in Schools – Shana Johnny and Becky McElhiney, MA Program
 - 2. Ethics and Professional Boundaries – Margaret Holm
- B. Review of Draft Minutes – December 1, 2023

III. Old Business

- A. Informed Consent Advisory Opinion – Update – Public Workshops
- B. CAQ Drafts
 - i. Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) General Scope of Practice Draft Update
 - ii. NA-R/NA-C Scope of Practice: Emergency Care Draft Update
 - iii. Registered Nurse (RN) Delegation of Enteral Tube Feedings to the NA-R/NA-C or Home Care Aide-Certified (HCA-C) Draft
 - iv. RN Delegation of Enteral Tube Feedings in Schools, Kindergarten-Twelve (K-12) Grades Draft
 - v. RN Delegation of Blood Glucose Monitoring and Administration of Insulin to the NA-R/NA-C or HCA-C Draft
 - vi. RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C and HCA-C Draft
 - vii. RN Delegation of Medications to the NA-R/NA-C or HCA-C in Community-Based and In-Home Care Settings Draft
 - viii. RN Delegation of Emergency Medications to the NA-R/NA-C and HCA-C in Community-Based and In-Home Care Settings Draft
- C. Covid Screening Update
- D. Quality Improvement/CSPSC's Prioritization Work Update

IV. New Business

- A. Multistate License Implementation – Training

- V. Public Comment** – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360-236-4713.

VI. Ending Items

- A. Review of Actions
- B. Meeting Evaluation
- C. Date of Next Meeting – April 5, 2024
- D. Adjournment



**Washington State Board of Nursing
Consistent Standards of Practice Subcommittee Minutes
December 1, 2023**

Committee Members Present:	Ella Guilford, MSN, M.ED., BSN, RN, Chair Heleen Hufnagel, MBA-HCA, BS, Member Quiana Daniels, BSN, RN, LPN, Member Tiffany Randich, RN, LPN, Pro Tem Diana Meyer, DNP, RN, NEW-BC, FAEN, Pro Tem
Staff	Deborah Carlson, MSN, PMC, CPM, RN, Director of Nursing Practice Shana Johnny, DNP, MN, RN, Nursing Practice Consultant Margaret Holm, JD, RN, Nursing Practice Consultant Dennis Gunnarson, Administrative Assistant Seana Reichold, Staff Attorney

Opening:

Committee Chair Ella Guilford called the meeting to order at 12:01 P.M. The Consistent Standards of Practice subcommittee members and staff were introduced. Commissioner Guilford read the Public Disclosure Statement aloud.

Announcements:

- Shana Johnny introduces new staff and support staff; Anthony Partridge is Assistant Director for Regulatory Affairs, Katy Mayes with the Rural Hospital & High School pilot, Rachel Percell in Communications, as New Commission members Jacob Garcia and Norma Perez.
- Ella introduced the Hot Topics.
- Ella introduced Informed Consent.

Draft Minutes:

CSPSC agreed to move the June 2 and June 8, 2023, draft minutes to the November WABON business meeting.

Old Business:

Informed Consent Advisory Opinion – Ella explained that Debbie will present workshops for this process in January, with prior gov delivery notification.

Commonly Asked Questions (CAQs) – Shana explained that we are working on these topics, and they are in early draft form. Debbie explained that new language will be added for the cosmetology issue. We made changes on consent and abandonment issues. Diana Meyer expressed appreciation

for being able to give input on the document beforehand. Debbie said a person can add your name when you leave comments. Diana recommends moving it forward to the commission. The balance of documents is in process.

Vote to Approve the Minutes, moved by Quiana and seconded by Diana.

COVID screening workshop follow-up – Shana explained that a report was developed in October and a draft letter follow-up is in process for December. Online guidance documents are available. If anyone wants to contribute, provide your email in the chat.

Consent & Abandonment document – Discussion consented to move document to the board.

New Business:

CSPSC Orientation Presentation– Ms. Carlson previewed the PPT presentation.

CSPSC Position Description Revision work– Ms. Carlson reviewed the document, and the committee approved it to go to the board.

Public Comment: Quiana commented that the meeting went smoothly. Katie Johnson commented on the access issues.

Ending Items

Date of Next Meeting – February 2, 2023

Adjournment 12:57 PM

February 2, 2024

Consistent Standards of Practice Subcommittee

Situation – Background – Assessment - Recommendation (SBAR)

III A. Informed Consent Advisory Opinion Update

Situation: WABON has the authority to issue new advisory opinions concerning the scope of nursing practice.

Background: The issue of informed consent and the nurse's role is discussed in discipline cases (e.g., in specialty areas, such as cosmetic procedures). The Nurse Practice Team also notes an increase in public questions about informed consent and the roles and responsibilities of the nurse.

Assessment: The Washington State Board of Nursing (WABON) approved drafting an Informed consent Advisory Opinion at the November 2023 BON meeting. Public workshops are scheduled for January 30, 2024, to get input, feedback, recommendations, and comments from nurses, organizations, and other partners for a final draft document. We also take comments via email at nursingpractice@doh.wa.gov

Recommendation: Review and discuss workshop feedback for an approved final draft.

III B. Delegation, Testing, & Injection and NA-R/NA-C Scope of Practice CAQ drafts

Situation: The new or revised CAQs are based on regulatory changes to the nursing delegation rules that allow RNs to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. Regulatory changes allow an NA to work in any setting where nursing services are provided.

Background: Partners felt CAQs would assist in clarifying general concepts, terms, and regulatory changes to be consistent with the new law and provide further clarification on regulatory changes.

Assessment: New and revised CAQs have been developed with partners and the public to provide guidance, updates, and clarification of terms that align with the revised rules and current practice.

Recommendation: Review, provide feedback, and approve documents ready to move forward to the BON meeting in April.

- i. Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) General Scope of Practice Draft Update
- ii. NA-R/NA-C Scope of Practice: Emergency Care Draft Update
- iii. Registered Nurse (RN) Delegation of Enteral Tube Feedings to the NA-R/NA-C or Home Care Aide-Certified (HCA-C) Draft
- iv. RN Delegation of Enteral Tube Feedings in Schools, Kindergarten-Twelve (K-12) Grades Draft
- v. RN Delegation of Blood Glucose Monitoring and Administration of Insulin to the NA-R/NA-C or HCA-C Draft
- vi. RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C and HCA-C Draft
- vii. Delegation of Medications to the NA-R/NA-C or HCA-C in Community-Based and In- Home Care Settings Draft
- viii. RN Delegation of Emergency Medications to the NA-R/NA-C and HCA-C in Community-Based and In-Home Care Settings Draft

III C. Covid Screening Update

Situation: Questions about the challenges to continue COVID screening have emerged since the Public Health Emergency waiver ended for CLIA testing on May 11, 2023. The challenges include the authority of Registered Nurses to delegate CLIA-waived testing in alternative community-based settings that do not have nursing personnel available to continue testing or that use unlicensed assistive personnel to perform point-of-care COVID-19 testing with or without nursing delegation or without an order from an authorized practitioner.

Background: In August of 2023, the Washington State Board of Nursing (WABON) convened a meeting to engage interested parties in discussing COVID-19 testing concerns in their practice setting. An overarching theme from the workshop and recent questions in the nurse inbox includes a depiction of diverse healthcare delivery models that do not have dedicated clinical staff to support testing and find it challenging to continue screening without the waiver in place or where the nursing delegation statutes and rules don't fit an alternative healthcare delivery model.

Assessment: Rescinding the Public Health Emergency waiver for CLIA testing has impacted the capacity of COVID testing in alternative community-based settings. The BON does not render a legal opinion regarding an organization's business decision in providing care to its patient populations. This process is outside of the WABON's authority.

Recommendations: Alternative community-based settings that do not dedicate clinical staff to support testing with or without nursing delegation or without an order from an authorized practitioner need to identify an alternative source of authority and mechanism (i.e., a legal opinion, standing order, or a memorandum for unlicensed staff to administer a COVID-19 test) to continue covid testing if indicated in community-based settings. CAQs on Covid-Screening guidance are under discussion.

Resources:

- [RN authority with COVID-19 CLIA-waived tests in school settings.](#)
- [Infusion Therapy, Phlebotomy, and Laboratory Tests.](#)
- [Providers Authorized to Collect Nasal Swab Specimens for COVID-19 Testing](#)
- [COVID-19 Self-Testing Guidance for Establishments \(wa.gov\).](#)
- [FAQS- testing in schools.](#)

II D. Quality Improvement/CSPSC's Update

Situation: There is an increased volume of CSPSC requests related to new rules, prospective nursing compact work, advisory opinions, and more that require the sub-committee to develop, review, and revise multiple consistent standards of practice documents.

Background: A CSPSC quality improvement plan for prioritizing work is under development and guided by Diana Meyer- BON pro-tem. This plan ties into the BON Strategic plan, and activities are based on a prioritization framework.

Assessment: A matrix that uses criteria and weights for prioritizing projects is under consideration. Criteria include:

- Align projects with strategy.
- Quantify project value.
- Identify and resolve resource prioritization challenges.
- Balance the portfolio of projects in the backlog.

Recommendation: Provide an update to the CSPSC team

Category: Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C): General Information – Nurse Delegation

What is nurse delegation and the nurse delegation process?

Registered Nurse (RN) delegation is when the RN transfers the performance of selected nursing tasks to the competent NA-R/NA-C in selected situations. The RN delegating the task retains the responsibility and accountability for the nursing care of the patient. RN delegation is used when the task is not within the NA-R/NA-C's scope of practice.

The RN may delegate a nursing task after determining that it is in the best interest of the patient. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination. The process requires the RN to:

1. Determine the competency of the individual to perform the tasks;
2. Evaluate the appropriateness of the delegation;
3. Supervise the actions of the person performing the delegated task; and
4. Delegate only those tasks that are within the registered nurse's scope of practice.

In community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings, RNs must also follow the delegation process as outlined in [18.79.260\(3\)\(e\)](#).

RN delegation is only given by a specific nurse, for a specific nursing task, and for a specific patient (to a specific NA-R/NA-C). Tasks that may be delegated vary in specific settings as defined in the laws and rules ([RCW 18.79.260](#)) ([WAC 246-840-920](#)).

Do all nursing activities need to be delegated following the delegation process to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C)?

The NA-R/NA-C performs all nursing care activities under the direction and supervision of the registered nurse (RN) or licensed practical nurse (LPN). Nursing delegation is only required for nursing activities that fall outside of core competencies ([WAC 246-841-400](#)) without nursing delegation. Core competencies include:

- Basic technical skills;
- Personal care skills;
- Mental health and social services skills;

- Care of cognitively impaired residents;
- Basic restorative services;
- Patient rights and promotion of independence;
- Communication and interpersonal skills;
- Infection control; and
- Safety and emergency procedures.

How does nursing delegation differ from nursing direction, patient assignment, and supervision as it applies to the nursing assistant-registered/nursing assistant-certified (NA-R-NA-C)?

The term “delegation” is often used synonymously with “direction” and patient “assignment” when working with the NA-R/NA-C. This is an inaccurate use of these terms. The registered nurse (RN) or licensed practical nurse (LPN) gives directions or makes a patient assignment to the NA-R/NA-C to perform activities that are already within the NA-R/NA-C’s scope of practice based on core competencies. The RN or LPN is responsible for supervision and direction of assigned care. [WAC 246-840-010](#) defines supervision as, “The provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the nursing task or activity; periodic inspection of the actual act of accomplishing the task, and the authority to require corrective actions.”

RN delegation is when the RN transfers the performance of selected nursing tasks to the competent NA-R/NA-C in selected situations ([WAC 246-840-920 \(14\)](#)). The RN delegating the task retains the responsibility and accountability for the nursing care of the patient. RN delegation is used when the task would not normally be within the NA-R/NA-C’s scope of practice. The RN may delegate a nursing task after determining that it is in the best interest of the patient. RN delegation is only given by a specific nurse, for a specific nursing task, and for a specific patient. Tasks that may be delegated may vary in specific settings as defined in the laws and rules ([WAC 246-840-920](#)).

Does the delegating registered nurse (RN) need to be on the premises when the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) carries out delegated nursing tasks?

No. The law and rules do not require the delegating RN to be on the premises when the NA-R/NA-C provides care, including when carrying out a delegated nursing task. The decision as to the level of supervision is based on nursing judgment following the nursing process.

"Supervision" is the guidance and evaluation by the RN delegator for the accomplishment of a nursing task, including the initial direction of the task and periodic inspection/evaluation of the actual act of accomplishing the task, and making corrective action, as needed.

The RN delegator must determine the level of supervision depending on the patient's status, conditions, NA-R/NA-C competencies, or other factors. The RN delegator nurse must determine the level of supervision based on nursing judgment, considering the following levels of supervision:

- Direct supervision is when the RN delegator is on the premises, quickly and easily available, and the patient assessment by the RN delegator occurs prior to the delegation of tasks.
- Immediate supervision is when the RN delegator is on the premises, within audible and visual range of the patient and the patient assessment by the RN delegator occurs prior to the delegation of duty.
- Indirect supervision is when the RN delegator who provides guidance to the NA-R/NA-C and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the RN prior to delegation of duties. RN who provides guidance to nursing personnel and means the RN delegator is not on the premises.

In community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings, the RN delegator must supervise the task at least every ninety days or more often, if needed. In these settings, the RN may delegate administration of insulin or non-insulin injectable medications to treat Diabetes Mellitus. The RN delegator must supervise this task at least every two weeks for one month, or more often if needed.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) refuse to perform a delegated nursing task?

The NA-R/NA-C may refuse to consent to perform a delegated nursing task. The laws and rules protect the NA-R/NA-C from any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues. The NA-R/NA-C is accountable for their own actions in the delegation process.

[RCW 18.88A.230: Delegation—Liability—Reprisal or disciplinary action. \(wa.gov\)](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

[WAC 246-841-405: Nursing Assistant Delegation](#)

Are there tasks that cannot be delegated to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C)?

Yes. The following nursing care tasks may not be delegated by the registered nurse (RN) to a NA-R/NA-C:

- Medication administration
 - Except in community-based and in-home care settings*

- Sterile procedures
- Central line maintenance
- Acts that require piercing or puncturing of the skin
 - Except for performing capillary blood glucose tests
 - Except for administering insulin or non-insulin injections used to treat Diabetes Mellitus in community-based and in-home care settings*
- Acts that require nursing judgment.

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities.

When the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) accepts a delegated task, is the NA-R/NA-C working under the delegating registered nurse's license?

No. The NA-R/NA-C is working under their credential when accepting delegated tasks. The NA-R/NA-C is responsible for their own actions with the decision to consent (or refuse to consent) to nurse delegation and the performance of the delegated nursing task. The delegating RN is accountable and responsible for delegating the task correctly.

Category: Screening Tests – Registered Nurse Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C)

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) perform screening tests, such as growth and development screening, vision screening, and hearing screening?

Yes. The registered nurse (RN) may delegate the NA-R/NA-C the performance of routine, non-complex screening tests, such as growth and developmental screening, hearing, and vision screening, if the screening does not require nursing judgment, nursing assessment, puncturing of the skin, or require sterile procedure. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Category: Cardiology and Respiratory Procedures – Registered Nurse Delegation to the Nursing Assistant- Registered/Nursing Assistant-Certified (NA-R/NA-C)

Is registered nurse (RN) delegation required to perform pulse oximetry and set up an oxygen/oxygen concentrator to a tank, and adjust oxygen settings by the nursing assistant-registered/nursing assistant-certified NA-R/NA-C?

RN delegation is not required for pulse oximetry because this is an activity allowed within the core competencies of the NA-R/NA-C. [RCW 18.64.011](#) states that oxygen is not considered a drug. Therefore, this task is under the direction and supervision of the RN or licensed practical nurse (LPN), but delegation is not required.

RN delegation is required to set up oxygen and an oxygen concentrator, or other devices related to delivery of oxygen. Through RN nurse delegation, the NA-R/NA-C may apply oxygen via a nasal canula or mask and may adjust oxygen settings including ranges based on specific parameters if nursing judgment and nursing assessment are not required. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

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[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate the performance of a breathalyzer test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C)?

It may be within the scope of the NA-R/NA-C to perform a breathalyzer test under registered nurse (RN) delegation. The RN must follow the nursing delegation process. Breathalyzers approved for use by the Food and Drug Administration (FDA) categorized as a Class I device pose the lowest risk to the patient.

[CFR - Code of Federal Regulations Title 21 \(fda.gov\)](#)

[Overview of Medical Device Classification and Reclassification | FDA](#)

The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

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[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Is registered nurse (RN) delegation required for performance of suctioning a tracheostomy tube, performing site care of a tracheostomy tube, or related tasks to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C)?

It may be within the scope of a NA to perform non-complex site care and suctioning of a tracheostomy tube under registered nurse (RN) delegation if the task does not require sterile technique, nursing judgment, or nursing assessment. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) change nebulizer tubing?

It may be within the scope of a NA to change nebulizer tubing under registered nurse (RN) delegation if the task does not require sterile technique, nursing judgment, or nursing assessment. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Category: Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C): Foot, Wound, Ostomy, and Continence Care – Registered Nurse Delegation

Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to insert, remove, or administer solutions or medications via a urinary catheter?

RN delegation is required for the NA-R/NA-C to insert or remove a urinary catheter using clean technique. The RN delegator cannot delegate the task of inserting or removing a urinary catheter using sterile technique. The RN can delegate the administration of solutions or medications via urinary catheters only in community-based (adult family home, assisted living facility, community residential programs for people with developmental disabilities) and in-home care settings. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to perform a bladder scan?

The RN may delegate the task of performing a noninvasive bladder scan using an ultrasound device to the NA-R/NA-C. The RN must follow the nursing delegation process. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

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[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to perform wound care, dressing changes, or ostomy site care?

The RN must delegate the task of performing simple and non-complex wound care, dressing changes, or ostomy site care that does not require sterile procedure. RN delegation of topical medications administration or irrigation may also be done depending on the setting. The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.

- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

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[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can a NA perform routine nail care?

The nurse may delegate assistive personnel to perform routine nail care under the direction and supervision of a nurse. The nursing care plan should address any additional instructions for nail care based on the nursing process and consider the risk of injury for the patient and whether delegation is required. It may be necessary for a nurse, or other health care professional (such as a podiatrist), to perform complex nail care for patients with conditions that may be at risk of injury even by simply caring for nails.

Facilities may have restrictions in policy or laws and rules. The [WAC 388-106 Long-Term Care Services](#) stipulates that it is not within the scope of practice of a NA-R or NA-C to perform foot care on a patient with diabetes or a patient with poor circulation even through the delegation process. This rule applies to services administered directly or through contract by the Washington State Department of Social and Health Services (DSHS) **Long-term care services"** means the services administered directly or through contract by the department and identified in WAC [388-106-0015](#).

The delegating nurse must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the registered nurse's scope of practice.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can a NA use an electric nail file device?

Can a NA perform routine foot care for a patient with diabetes?

The [WAC 388-106 Long-Term Care Services](#) stipulates that it is not within the scope of practice of a NA-R or NA-C to perform foot care on a patient with diabetes or a patient with poor circulation even through the delegation process.

Category: Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C): Electrotherapy – Nurse Delegation

Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to apply a transcutaneous nerve stimulation (TENS) unit?

Electrotherapy can take many forms, but the most common type is transcutaneous electrical nerve stimulation, or TENS. The RN may delegate the task of applying an electrical current device, such as a TENS unit to the NA-R/NA-C. The RN must follow the nursing delegation process.

Category: Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C): Urological and Hemodialysis – Registered Nurse Delegation

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) insert or remove a urinary catheter, irrigate, and provide routine catheter care?

The NA-R/NA-C may insert or remove a urinary catheter (indwelling or intermittent) or perform routine urinary catheter care under RN delegation using clean technique. The laws and rules prohibit RN delegation of tasks that use sterile technique in any setting. The NA-R/NA-C may only administer medications or irrigate a urinary catheter in community-based (assisted living facilities, adult family homes, and residential homes for individuals with developmental disabilities) and in-home care settings under nursing delegation.

Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to perform a bladder scan to report urine volumes?

The RN may delegate to the NA-R/NA-C to perform a non-invasive bladder scan using an ultrasonic device to measure urine volume in the bladder. The RN must provide instructions about the time and frequency of scanning, and specific actions to take based on the results.

DRAFT

Commonly Asked Questions (CAQ)

Category: Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) Scope of Practice: Emergency Care

Is the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) required to have current cardiopulmonary resuscitation (CPR) and first aid certification, and if so, what kind of CPR (Health Care Provider or Basic Life Support)?

CPR is considered a basic core competency for the NA-R/NA-C, but the type of CPR is not specific in [Chapter 246-841A WAC](#). The requirement for CPR is generally described in facility laws and rules. Most do not specify what type of CPR. The employer or institution can require the level of CPR required to work in a particular setting.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) perform cardiopulmonary resuscitation (CPR) without nursing direction, supervision, or RN delegation?

Yes. [WAC 246-841-400](#): allows the NA-R/NA-C to perform CPR independently, without nursing direction, supervision, or RN delegation.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) perform the Heimlich maneuver for choking without RN delegation?

The Heimlich maneuver is a routine procedure taught in cardiopulmonary resuscitation (CPR) and first aid courses. It is within the scope of the NA-R/NA-C to perform the Heimlich maneuver and other CPR procedures without delegation if the NA-R/NA-C is competent.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow instructions in the Portable Order for Life Sustaining Treatment (POLST)?

The NA-R/NA-C may follow instructions in Section A of the POLST indicated “CPR/Attempt Resuscitation” or “Do Not Attempt Resuscitation (DNAR) – Allow Natural Death” when a patient is non-responsive or has no heartbeat. The NA-R/NA-C may follow directions in section B of a POLST within their core competencies ([Chapter 246-841A WAC](#)) under the direction and supervision of the RN or LPN. Some tasks identified in the POLST may require RN delegation. See the [Portable Order for Life Sustaining Treatment \(POLST\) Advisory Opinion](#) for more information.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administer injectable epinephrine?

Yes and No. The laws and rules do not permit the registered nurse (RN) to delegate administration of injectable epinephrine to the NA-R/NA-C in any setting.

The NA-R/NA-C may administer epinephrine if the facility or employer is an “authorized entity”. [RCW 70.54.440](#) allows authorized facilities or employers to obtain stock epinephrine injectors with a prescription in the name of the entity and identify employees, who have completed required training, to administer epinephrine via autoinjectors. See the Washington State Department of Health’s [Epinephrine Autoinjectors and Anaphylaxis Training and Reporting for Authorized Entities Frequently Asked Questions](#) for more information.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administer injectable glucagon?

The laws and rules do not permit the registered nurse (RN) to delegate administration of injectable glucagon to NA-R/NA-C in any setting.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administer intranasal glucagon?

The laws and rules allow the registered nurse (RN) to delegate administration of intranasal glucagon to NA-R/NA-C **only** in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) give injectable naloxone for a suspected opioid drug overdose?

The laws and rules do not allow the RN to delegate injectable naloxone for a suspected opioid drug overdose to the NA-R/NA-C in any setting. Although RN delegation is not allowed, the NA-R/NA-C may administer injectable naloxone to anyone that they suspect is having an opioid overdose. See the Washington State Board of Nursing’s [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) give intranasal naloxone for a suspected opioid drug overdose?

The laws and rules allow the RN to delegate administration of intranasal naloxone only in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities), although RN delegation is not required. See the

Washington State Board of Nursing's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

Is the nursing assistant-registered/nursing-assistant-certified (NA-R/NA-C) protected under the “Good Samaritan” Law if they choose to administer injectable emergency medications such as glucagon or injectable epinephrine to a patient?

[RCW 4.24.300: Immunity from liability for certain types of medical care](#), commonly referred to as the “Good Samaritan” law provides protection for individuals who are not compensated to provide emergency care. The NA-R/NA-C is not covered under the “Good Samaritan” law if giving care during regular employment and receiving compensation for giving this care.

Commonly Asked Questions: Registered Nurse Delegation of Enteral Tube Feedings and Related Tasks to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)

Can the registered nurse (RN) delegate orogastric/nasogastric (OG/NG) tube feedings, irrigation/flushing, and medication administration to the nursing assistant-registered/nursing assisted-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate OG/NG tube feedings and related tasks (e.g., irrigation/flushing of the tube) to the NA-R/NA-C and HCA-C. The RN must verify tube placement prior to each feeding following clinical practice standards. The RN must consider the risk of complications for the specific patient based on nursing assessment such as aspiration, tube malpositioning or dislodgement, refeeding syndrome, medication-related complications, insertion-site infection, agitation, and other factors to determine whether it is safe to delegate. The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.

In addition, the following citations are relevant for delegation in community-based and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate tube feedings, medication administration, stoma care, and irrigation/flushing of a gastrostomy tube (G-Tube), such as Percutaneous Endoscopic Gastrostomy (PEG) tube, and Jejunostomy tube (J-tube) to the nursing assistant-registered/nursing assisted-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate G-tube feedings, irrigation/flushing, and stoma care to the NA-R/NA-C.

The RN may delegate medication administration through G-tubes to the NA-R/NA-C and HCA-C **only** in community-based (adult family homes, assisted living facilities, and residential homes for

individuals with developmental disabilities) and in-home care settings. The RN must consider the condition of the G-tube (such as maturity of stoma site, patency, and sustained skin integrity). Delegation may only occur for patients with a mature stoma site. The RN must determine the level of monitoring needed for the individual patient and the level of supervision required of the NA-R/NA-C and HCA-C. The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.

In addition, the following citations are relevant for delegation in community-based and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

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[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate reinsertion of a displaced gastrostomy tube (G-tube) to the nursing assistant-registered/nursing assisted-certified (NA-R/NA-C) or HCA-C?

The RN may delegate reinsertion of a displaced G-tube to the NA-R/NA-C or HCA-C. Delegation may only occur for patients with a mature stoma site. The RN must determine the level of monitoring needed for the individual patient and the level of supervision required of the NA-R/NA-C or HCA-C.

The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.

In addition, the following citations are relevant for delegation in community-based and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

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[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Question #1 for Delegation of OG/NG tubes:

- Students on a continuous feed often have the pump suspended and disconnected for toileting or other repositioning. I would like to know if the school RN must verify tube placement before reconnecting and restarting pump for these brief transitions. I assume they do???

Question #2 for Delegation of G tube, PEG and J-tube:

- Clarification of those G tube types in the opening question to also include the combination "G/J tubes"

Question #3 for replacement of a dislodged G-tube:

- I am surprised to see this as delegable. Guidance given to us through Mary Bridge Children's Hospital is that this is not advised as it is not a task completed regularly enough in the school setting for a nurse or staff to acquire skill.
- If g-tube is replaced, can you please speak to whether one can resume feeds/medications immediately after reinsertion or only after verification of replacement by radiology?

It would also be helpful to see delegation guidance on those skills often paired with feedings, such as aspirating for residual, venting with a syringe and venting with a gastric venting system (such as the Farrell Valve System).



CAQ: RN Delegation of Enteral Tube Feedings and Related Tasks in Schools (K-12) Grades, Public and Private

Adopted: **TBD**

Reviewed/Revised:

Rescinded:

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Commonly Asked Questions (CAQ)

Commonly Asked Questions: Registered Nurse Delegation of Enteral Tube Feedings and Related Tasks in Schools, Kindergarten-Twelve (K-12) Grades, Public and Private

Can the school registered nurse (RN) delegate orogastric/nasogastric (OG/NG) tube feedings, irrigation/flushing, and medication administration to a non-credentialed employee in school settings?

The school RN may delegate OG/NG tube feedings and related tasks (e.g., medication administration, irrigation/flushing of the tube) to a non-credentialed employee in school settings following the nursing delegation process in public and private schools, kindergarten-twelve (K-12) grade. The school RN must follow the delegation process.

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

The school RN must verify tube placement following clinical practice standards.

[Evidence-Based Strategies to Prevent Enteral Nutrition Complications, American Nurse Journal Volume 16, Number 6](#)

[Chapter 17 Enteral Tube Management - Nursing Skills - NCBI Bookshelf \(nih.gov\)](#)

[Preventing Errors When Preparing and Administering Medications Via Enteral Feeding Tubes | Institute For Safe Medication Practices](#)

The school RN must consider the risk of complications for the specific patient based on nursing assessment such as aspiration, tube malpositioning or dislodgement, refeeding syndrome, medication-related complications, insertion-site infection, agitation, and other factors to determine whether if it is safe to delegate this task to a specific non-credentialed employee.

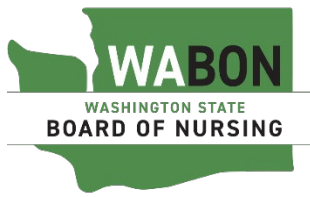
[Registered Nurse Delegation in School Settings Advisory Opinion](#)

[RCW 28A.210.255: Provision of Health Services in Public and Private schools—Employee Job Description](#)

[RCW 28A.210.260: Public and Private schools—Administration of Medication—Conditions](#)

[RCW 28A.210.270: Public and private schools—Administration of Medication—Immunity from Liability—Discontinuance, Procedure](#)

[RCW 28A.210.275: Administration of Medications by Employees not Licensed under Chapter 18.79 RCW—Requirements—Immunity from Liability](#)



CAQ: RN Delegation of Enteral Tube Feedings and Related Tasks in Schools (K-12) Grades, Public and Private

Adopted: **TBD**

Reviewed/Revised:

Rescinded:

NursingPractice@doh.wa.gov

ARNPPPractice@doh.wa.gov

Telephone: 360 236-4703

Can the school registered nurse (RN) delegate tube feedings, medication administration, stoma care, irrigation/flushing, aspirating for residual, and venting with a syringe or venting with a gastric venting system of a gastrostomy tube (G-Tube), such as Percutaneous Endoscopic Gastrostomy (PEG) tube, Jejunostomy tube (J-tube), and combination G-J tube, and irrigation/flushing to non-credentialed staff in school settings?

The school RN may delegate G-tube feedings, medication administration, stoma care, irrigation/flushing, aspirating for residual, and venting with a syringe or venting with a gastric venting system to a non-credentialed employee in public and private schools, kindergarten-twelve (K-12) grade, following the nurse delegation process.

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

The school RN must consider the condition of the G-tube (such as maturity of stoma site, patency, and sustained skin integrity). Delegation may only occur for patients with a mature stoma site. The school RN must determine the level of monitoring needed for the individual patient and the level of supervision required of the non-credentialed employee. The school nurse must follow clinical practice standards.

[Evidence-Based Strategies to Prevent Enteral Nutrition Complications, American Nurse Journal Volume 16, Number 6](#)

[Chapter 17 Enteral Tube Management - Nursing Skills - NCBI Bookshelf \(nih.gov\)](#)

[Preventing Errors When Preparing and Administering Medications Via Enteral Feeding Tubes | Institute For Safe Medication Practices](#)

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

[RCW 28A.210.255: Provision of Health Services in Public and Private schools—Employee Job Description](#)

[RCW 28A.210.260: Public and Private schools—Administration of Medication—Conditions](#)

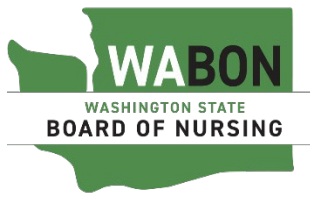
[RCW 28A.210.270: Public and private schools—Administration of Medication—Immunity from Liability—Discontinuance, Procedure](#)

[RCW 28A.210.275: Administration of Medications by Employees not Licensed under Chapter 18.79 RCW—Requirements—Immunity from Liability](#)

Can the school registered nurse delegate reinsertion of a displaced gastrostomy tube (G-tube) to non-credentialed staff?

The school RN may delegate reinsertion of a displaced G-tube to non-credentialed staff in public and private schools, kindergarten-twelve (K-12) grade following the nurse delegation process.

[Registered Nurse Delegation in School Settings Advisory Opinion](#)



CAQ: RN Delegation of Enteral Tube Feedings and Related Tasks in Schools (K-12) Grades, Public and Private

Adopted: **TBD**

Reviewed/Revised:

Rescinded:

NursingPractice@doh.wa.gov

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Telephone: 360 236-4703

Delegation may only occur for patients with a mature stoma site. The school RN must determine the level of monitoring needed for the individual student and the level of supervision required of the non-credentialed employee.

[Evidence-Based Strategies to Prevent Enteral Nutrition Complications, American Nurse Journal Volume 16, Number 6](#)

[Chapter 17 Enteral Tube Management - Nursing Skills - NCBI Bookshelf \(nih.gov\)](#)

[Preventing Errors When Preparing and Administering Medications Via Enteral Feeding Tubes | Institute For Safe Medication Practices](#)

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

[RCW 28A.210.255: Provision of Health Services in Public and Private schools—Employee Job Description](#)

[RCW 28A.210.260: Public and Private schools—Administration of Medication—Conditions](#)

[RCW 28A.210.270: Public and private schools—Administration of Medication—Immunity from Liability—Discontinuance, Procedure](#)

[RCW 28A.210.275: Administration of Medications by Employees not Licensed under Chapter 18.79 RCW—Requirements—Immunity from Liability](#)

Can the school registered nurse (RN) delegate enteral tube feeding and related tasks to non-credentialed employees in daycares, preschools, or head start programs?

No. Other than public and private schools, kindergarten through twelve (K-12) grade, the RN is not allowed to delegate tasks to non-credentialed employees even if the daycare, preschool, or head start program is housed the school or school district. The school RN may still provide nursing consultation and training to staff. The [Washington State Department of Children, Youth, and Families \(DCYF\)](#) retains authority regarding these programs.

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

Can the school registered nurse (RN) delegate enteral tube feeding and related tasks to nursing assistant registered/nursing assistant certified (NA-R/NA-C) in daycare or head start programs?

The school RN may delegate enteral tube feedings to an NA-R/NA-C in a daycare or head start program but would not be able to delegate medication administration in these settings via an enteral tube.

[Registered Nurse Delegation in School Settings Advisory Opinion](#)

[Policy, Laws and Rules | Washington State Department of Children, Youth, and Families](#)



CAQ: RN Delegation of Enteral Tube Feedings and Related Tasks in Schools (K-12) Grades, Public and Private

Adopted: TBD

Reviewed/Revised:

Rescinded:

NursingPractice@doh.wa.gov

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Telephone: 360 236-4703

Question #3 for replacement of a dislodged G-tube:

- I am surprised to see this as delegable. Guidance given to us through Mary Bridge Children's Hospital is that this is not advised as it is not a task completed regularly enough in the school setting for a nurse or staff to acquire skill.
- If g-tube is replaced, can you please speak to whether one can resume feeds/medications immediately after reinsertion or only after verification of replacement by radiology?

It would also be helpful to see delegation guidance on those skills often paired with feedings, such as aspirating for residual, venting with a syringe and venting with a gastric venting system (such as the Farrell Valve System).

Commonly Asked Questions: Registered Nurse Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus

Is an order from a physician needed for the registered nurse (RN) to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C or HCA-C) the task of performing a capillary blood glucose test?

An order is required from an [authorized health care practitioner](#) to perform any activity that involves puncturing the skin as this is considered part of the definition of the practice of medicine ([RCW 18.71.011](#)). This would include a capillary blood glucose test. [RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

Are there requirements for the Registered Nurse (RN) to have a Clinical Laboratory Improvement Amendments (CLIA) waiver to delegate performing a capillary blood glucose or blood glucose fingerstick test?

A blood glucose fingerstick (capillary blood glucose) test is a CLIA-waived test. CLIA-waived tests are simple and have a low risk of error and are used for screening. The [Clinical Laboratory Improvement Amendments \(CLIA\)](#) of 1988 (CLIA) regulates laboratory testing for health assessment, diagnosis, prevention, or treatment of disease. CLIA-waived tests include tests cleared by the Food and Drug Administration (FDA) for home use and tests approved for waiver under the CLIA criteria. See the [Medical Test Site \(MTS\) Licensing Applications | Washington State Department of Health](#) website for information and requirements about obtaining a CLIA-waiver. The legal owner of the business, entity, or facility (e.g., a hospital, nursing home, school/school district, private clinic, or a home health agency) is required to obtain the CLIA waiver. The RN may be required to have the CLIA waiver if they are the owner of the business. A facility/entity CLIA-waiver can be verified on the [Facility Search Website](#). The Washington State Board of Nursing recommends contacting the [Washington State Department of Health MTS Program](#) for additional questions about the requirements. A CLIA-waiver is not required if the patient or family members performs the test.

Can the registered nurse (RN) delegate insulin administration for the treatment of diabetes to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate insulin injections for the treatment of diabetes to the NA-R/NA-C or HCA-C **only** in community-based settings (assisted living facilities, adult family homes, and residential homes for individuals with developmental disabilities) and in-home care settings following the delegation requirements for those settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate non-insulin injections for the treatment of diabetes to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate non-insulin injections for the treatment of diabetes to the NA-R/NA-C or HCA-C following the nursing delegation process. Examples include exenatide (Byetta®), liraglutide (Victoza®), dulaglutide (Trulicity®), and albiglutide (Tanzeum®) approved by the Food and Drug Administration (FDA) and prescribed with similar purpose and effect for treatment of diabetes as insulin. Delegation of this task can **only** be done in community-based settings (assisted living facilities, adult family homes, and residential homes for individuals with developmental disabilities) and in-home care settings. The RN must follow the nurse delegation process and requirements for community-based and in-home care settings.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to perform a capillary blood glucose (aka, blood glucose fingerstick) test?

The RN may delegate this task to the HCA-C only in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

The RN may delegate to the NA-R/NA-C obtaining a capillary blood glucose (CBG) specimen to perform a [Clinical Laboratory Improvements Amendments \(CLIA\)](#) waived CBG test to the NA-R/NA-C in any setting where health care services are provided. The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.

- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.

The RN must follow the delegation requirements in for community-based and in-home care settings:

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate the task of obtaining blood glucose readings from a continuous blood glucose monitor to a nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It is within the scope of an RN to delegate to the NA-R/NA-C the task of getting blood glucose readings from a continuous subcutaneous insulin infusion (CSII or insulin pump/insulin pump sensor), continuous glucose monitoring system (CGM), or integrated sensor augmented pump (SAP) therapy systems that CSII and are connected to smart devices in any setting where health care is delivered??. The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.
- How does this language sync with what's directly below?

Community-Based and In-Home Care Settings:

The RN may delegate this task to the NA-R/NAC and HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings following the delegation requirements for these settings:

[WAC 246-840-910: Purpose](#)

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Can the registered nurse (RN) delegate application of a continuous glucose monitors (CGM) sensor or insulin pump sensor to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The task of applying a CGM or insulin pump sensor that allows delivery of insulin via the sensor can **only** be delegated to the NA-R/NAC or the HCA-C in community-based settings (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities), and in-home care settings. The RN must follow the nursing delegation process for community-based and in-home care settings.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

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[WAC 246-840-970: Accountability, Liability, and Coercion](#)

Can the registered nurse (RN) delegate filling of an insulin pump reservoir to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide (HCA-C)?

It is within the scope of a trained and competent RN to delegate to the NA-R/NA-C or HCA-C the task of filling an insulin pump reservoir **only** in community-based settings (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities), in-home care settings. The RN must follow the nursing delegation process for community-based and in-home care settings.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

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Can the Registered Nurse (RN) delegate intermittent scanning of a continuous glucose monitors (CGM) sensor to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide (HCA-C)?

Some CGM sensors are made to allow intermittent scanning of the sensor instead of real-time scanning of blood glucose results. It is within the scope of an RN to delegate scanning of an intermittent CGM sensor to the NA-R/NA-C. The RN must:

- Determine the competency of the individual performing the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the task.
- Determine whether the task is within the RN's scope of practice.

Community-Based and In-Home Care Settings: this is confusing when read with the paragraph and notes above.

The RN may delegate this task to the NA-R/NAC and HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings following the delegation requirements for these settings:

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

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Can the registered nurse (RN) delegate bolus doses via a continuous subcutaneous insulin infusion (CSII) or insulin pump, continuous glucose monitoring system (CGM), or integrated sensor augmented pump (SAP) therapy system based on high-alert/lower-alert levels to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN must follow the nursing delegation process. The decision to delegate administration of a bolus based on high-alert or lower-alert glucose levels from a CSII/SGM/SAP system must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed. Delegation of this task can **only** be done in community-based settings (assisted living facilities, adult family homes, and residential homes for individuals with developmental disabilities) and in-home care settings if it's determined that nursing judgment and/or frequent assessments are not needed. The RN must follow the delegation requirements for community-based and in-home care settings.

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Can the registered nurse (RN) delegate calibration of a continuous subcutaneous insulin infusion (CSII) or insulin pump, continuous glucose monitoring system (CGM), or integrated sensor augmented pump (SAP) therapy system based when a new sensor is applied?

It is within the scope of the RN to delegate routine calibration of a CSII/CGM/SAP system when a new glucose sensor is applied to the NA-R/NA-C or HCA-C **only** be done in community-based settings (assisted living facilities, adult family homes, and residential homes for individuals with developmental disabilities) and in-home care settings. The RN must follow the delegation requirements for community-based and in-home care settings.

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Commonly Asked Questions (CAQ)

Registered Nurse Delegation to the Nursing Assistant- Registered/Nursing Assistant-Certified (NA-R/NA-C) and Home Care Aide-Certified (HCA-C): Laboratory and Diagnostic Tests

Can the Registered Nurse (RN) delegate laboratory tests to the nursing assistant- registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate some laboratory tests to the NA-R/NA-C and HCA-C. There are limitations as to what type of laboratory tests can be delegated to the NA-R/NA-C and HCA-C. The RN delegation laws prohibit the NA-R/NA-C from performing activities that involve piercing or puncturing of the skin EXCEPT for capillary blood glucose (CBG) tests. The law only allows RN delegation of CBG tests in any setting where health care is provided.

There are many laboratory tests regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), called waived tests. Waived tests include those cleared by the Food and Drug Administration (FDA) for home use and tests approved for waiver under the CLIA criteria. These are often called over-the-counter tests. The RN may delegate CLIA-waived laboratory tests without an order from an authorized prescriber (advanced registered nurse practitioner, physician, osteopathic physician, physician assistant, naturopathic physician, podiatric physician, optometrist, or midwife) for screening purposes based on nursing assessment. CLIA requires that waived tests be simple and a low risk for errors. CBG tests are CLIA-waived.

Examples of other CLIA-waived laboratory tests that the NA-R/NA-C or HCA-C may perform under RN delegation (that do not involve piercing or puncturing the skin) include:

- Urine dipstick tests
- Urine drug tests
- Fecal occult blood tests
- Urine pregnancy test
- Rapid strep tests
- COVID-19 rapid tests

CLIA-waived laboratory tests require the employer/facility to have a Medical Test Site Waiver (MTSW) by the Washington State Department of Health as a CLIA-waived test site. This is not

required if a patient is self-testing. [Medical Test Site Licensing Applications | Washington State Department of Health](#)

The RN may also delegate diagnostic tests to the NA-R/NA-C or HCA-C if it does not involve using nursing judgment or piercing/puncturing of the skin (**except for** CBG tests). An example is the COVID-19 polymerase chain reaction (RT-PCR). Diagnostic lab tests, such as this, require the RN to have an order from an authorized prescriber (advanced registered nurse practitioner, physician, osteopathic physician, physician assistant, naturopathic physician, podiatric physician, optometrist, or midwife for screening purposes based on nursing assessment). Examples of CLIA-waived laboratory tests that cannot be delegated to the NA-R/NA-C or HCA-C in any setting (as they involve piercing of the skin) to perform include:

- Prothrombin/international normalized ratio (PT/INR)
- Hemoglobin/Hematocrit

Is the registered nurse (RN) who delegates to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) required to get a Point-of-Care Testing (POCT) certification to be able to do Clinical Laboratory Improvement Act of 1988 (CLIA)-waived tests?

CLIA-waived laboratory tests require the employer/facility to have a Medical Test Site Waiver (MTSW) by the Washington State Department of Health as a CLIA-waived test site. This is not required if a patient is self-testing. In some instances, it may be required for the RN to get a CLIA-waiver. An example is an RN who owns their own business and is not working for an employer/facility.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or health care aide-certified (HCA-C) to perform a blood glucose fingerstick?

The RN may delegate to the NA-R/NA-C to get a capillary blood glucose (CBG) specimen to perform a [Clinical Laboratory Improvements Amendments \(CLIA\)](#) waived test. RN delegation of this task to the NA-R/NA-C can be done in any setting where health care services are provided.

Can the registered nurse (RN) delegate screening/diagnostic testing to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN may delegate simple, non-complex, and non-invasive screening and diagnostic testing to the NA-R/NA-C or HCA-C following the nursing delegation process. Examples include:

- Electrocardiograms
- Vision screening
- Hearing screening
- Spirometry

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Commonly Asked Questions (CAQ)

Category: Registered Nurse Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) and Home Care Aide-Certified (HCA-C): Medication Administration – Scope of Practice in Community-Based and In-Home Care Settings

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable epinephrine in community-based and in-home care settings?

The laws and rules do not permit the RN to delegate give injectable epinephrine to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care-certified (HCA-C) to give intranasal epinephrine in community-based and in-home care settings?

The laws and rules allow the RN to delegate administration of intranasal glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable glucagon under registered nurse (RN) delegation in community-based and in-home care settings?

The laws and rules do not allow the RN to delegate administration of injectable glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give intranasal glucagon under registered nurse (RN) delegation in community-based and in-home care settings?

The laws and rules allow the RN to delegate administration of intranasal glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable naloxone for a suspected opioid drug overdose in community-based and in-home care settings?

The laws and rules do not allow the RN to delegate injectable naloxone for a suspected opioid drug overdose to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings. The NA-R/NA-C or HCA-C may administer injectable naloxone without RN delegation. See the Washington State Board of Nursing's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give intranasal naloxone for a suspected opioid drug overdose in community-based and in-home care settings?

The laws and rules allow the RN to delegate intranasal naloxone for a suspected opioid drug overdose to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings. The NA-R/NA-C or HCA-C may administer intranasal naloxone without RN delegation in these settings, although RN delegation is not required. See the Washington State Board of Nursing's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

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Is the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) protected under the “Good Samaritan” Law if they choose to administer injectable emergency medications such as glucagon or epinephrine to a patient?

[RCW 4.24.300: Immunity from liability for certain types of medical care](#), commonly referred to as the “Good Samaritan” law provides protection for individuals who are not compensated to provide emergency care. The NA-R/NA-C or HCA-C is not covered under the “Good Samaritan” law if giving care during regular employment and receiving compensation for giving this care.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) fill a medication organizer device in community-based and in-home care settings?

Because filling a medication organizer device requires nursing judgment, the RN cannot delegate this task to the NA-R/NA-C or HCA-C.

In what settings can the registered nurse (RN) delegate administration of medications to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN can only delegate medication administration the NA-R/NA-C or HCA-C in community-based settings (adult family homes, assisted living facilities, and community residential homes for individuals with developmental disabilities) and in home settings. The NA-R/NA-C or HCA-C may administer medications under RN delegation by the following routes:

- Topical
- Eye drops
- Ocular
- Intranasal, inhalation, aerosol
- Oral, buccal, sublingual

- Vaginal
- Rectal
- Via an enteral feeding tube
- Via a urinary catheter
- Via a tracheal cannula
- Injectable – Limited to insulin and non-insulin medications (e.g., Byetta® and Victoza®) prescribed for treatment of Diabetes Mellitus. You may need to include more information (See RCW 18.79.260 and 1124)

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to prepare an intravenous solution bag and priming the tube?

The RN cannot delegate preparing an IV solution bag or tube priming to the NA-R or HCA-C.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to administer a tuberculosis (TB) skin test in community-based or home care settings?

The RN cannot delegate administration of a TB skin test to the NA-R/NA-C or HCA-C in any setting.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to “read” a tuberculosis (TB) skin test in community-based or home care settings?

The RN may delegate “reading” of a TB skin test to the NA-R/NA-C or HCA-C by measuring the induration or redness of the TB screening site in a community-based (adult family home, assisted living facility, or residential homes for individuals with developmental disabilities) or in-home care settings.

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Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to apply skin creams, body lotions, or sunscreens in a community-based or in-home care setting?

The RN may delegate administration of over-the-counter (OTC) or prescription medications in community-based (adult family home, assisted living facility, or residential homes for individuals with developmental disabilities) and in-home settings as allowed in the nursing laws and rules. It is important to understand that some of the products, such as lotions, soaps, cleaners, and other products used on a daily basis may be classified by the Food and Drug Administration (FDA) as a cosmetic, an OTC/non-prescriptive drug, or a prescriptive drug depending on how they are made and how they are intended to be used. [Is It a Cosmetic, a Drug, or Both? \(Or Is It Soap?\) | FDA](#)

For example, soaps and cleansers marked as “antibacterial” are classified as drugs (such as dandruff shampoos, acne medications, and antibacterial soaps). Lotions, moisturizers, ointments, and creams intended to affect the structure of the body, or for therapeutic purposes, may also be identified as a drug. Examples include sunscreens and lip balms. **Products used for oral care may also be classified as a drug (such as toothpaste with fluoride and mouthwash).** See the [FDA Products](#) website for more information.

Dietary supplements not classified as drugs by the FDA. Herbal supplements are classified as food by the FDA.

The question is whether any of these need to be delegated as they are considered OTC drugs but it does not make logical or reasonable sense. How do we address this?

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Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) help a patient in getting medication refills?

The NA-R/NA-C or HCA-C may assist the patient in calling a pharmacy to request medication refills.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) deliver medications, acting as a courier, to a patient in the home?

The laws and rules do not prohibit a NA-R or NA-C or HCA-C from delivering medications acting as a courier, that are properly dispensed by a pharmacist, or an authorized health care practitioner with prescriptive authority, to a patient in any setting. A system for safe handling and storage as well as tracking should be in place.

Can the registered nurse (RN) delegate administration of marijuana products to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) if the patient has the medical marijuana (cannabis) authorization?

It is not within the scope of practice for practitioners to prescribe or use any product, including topical oils or lotions, that contain 0.3% or more THC regardless of being medical or recreational or whether the patient provides the product. In delegating or applying cannabis oils or lotions that contain 0.3% or more THC would be illegally administering a Schedule I drug.

The RN may delegate administration of cannabis products to the NA-R/NA-C or HCA-C as long as the tetrahydrocannabinol (THC) concentration is less than 0.3% as these are considered [Cannabis Health and Beauty Aids \(CHABA\)](#) products ([RCW 69.50.575](#)). Because these are considered health and beauty products, RN delegation is not required. While RN delegation is not required, the Washington State Board of Nursing recommends use of CHABA products be included in the care plan. These products are legal for all practitioners to use in their practice. The employer or facility may impose their own restrictions relating to the administration of CHABA products.

Can the registered nurse (RN) delegate administration of synthetic forms of tetrahydrocannabinol (THC) drugs approved by the Food and Drug Administration (FDA) to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

Synthetic forms of THC drugs have been approved by the FDA for use as a prescriptive medication. These drugs are classified as controlled substances. Examples include:

- Syndros® (dronabinol) – Schedule II
- Marinol® (dronabinol) – Schedule III
- Epidiolex® (cannabidiol) – Schedule V

The RN may delegate administration of FDA approved medications, including controlled substances (Schedule II-V), to the NA-R/NA-C or HCA-C if the medication is not given by injection.

[Drug Fact Sheet: Marijuana/Cannabis \(dea.gov\)](#)

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Commonly Asked Questions (CAQ)

Category: Registered Nurse Delegation of Medication Administration to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) and Home Care Aide-Certified (HCA-C) in Community-Based and In-Home Care Settings

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable epinephrine in community-based and in-home care settings?

The laws and rules do not permit the RN to delegate give injectable epinephrine to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care-certified (HCA-C) to give intranasal epinephrine in community-based and in-home care settings?

The laws and rules allow the RN to delegate administration of intranasal glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable glucagon under registered nurse (RN) delegation in community-based and in-home care settings?

The laws and rules do not allow the RN to delegate administration of injectable glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give intranasal glucagon under registered nurse (RN) delegation in community-based and in-home care settings?

The laws and rules allow the RN to delegate administration of intranasal glucagon to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings.

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give injectable naloxone for a suspected opioid drug overdose in community-based and in-home care settings?

The laws and rules do not allow the RN to delegate injectable naloxone for a suspected opioid drug overdose to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings. The NA-R/NA-C or HCA-C may administer injectable naloxone without RN delegation. See the Washington State Board of Nursing's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to give intranasal naloxone for a suspected opioid drug overdose in community-based and in-home care settings?

The laws and rules allow the RN to delegate intranasal naloxone for a suspected opioid drug overdose to the NA-R/NA-C or HCA-C in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home

care settings. The NA-R/NA-C or HCA-C may administer intranasal naloxone without RN delegation in these settings, although RN delegation is not required. See the Washington State Board of Nursing's [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) for more information.

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Is the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) protected under the “Good Samaritan” Law if they choose to administer injectable emergency medications such as glucagon or epinephrine to a patient?

[RCW 4.24.300: Immunity from liability for certain types of medical care](#), commonly referred to as the “Good Samaritan” law provides protection for individuals who are not compensated to provide emergency care. The NA-R/NA-C or HCA-C is not covered under the “Good Samaritan” law if giving care during regular employment and receiving compensation for giving this care.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) fill a medication organizer device in community-based and in-home care settings?

Because filling a medication organizer device requires nursing judgment, the RN cannot delegate this task to the NA-R/NA-C or HCA-C.

In what settings can the registered nurse (RN) delegate administration of medications to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

The RN can only delegate medication administration the NA-R/NA-C or HCA-C in community-based settings (adult family homes, assisted living facilities, and community residential homes for individuals with developmental disabilities) and in home settings. The NA-R/NA-C or HCA-C may administer medications under RN delegation by the following routes:

- Topical
- Eye drops
- Ocular
- Intranasal, inhalation, aerosol
- Oral, buccal, sublingual

- Vaginal
- Rectal
- Via an enteral feeding tube
- Via a urinary catheter
- Via a tracheal cannula
- Injectable – Limited to insulin and non-insulin medications (e.g., Byetta® and Victoza®) prescribed for treatment of Diabetes Mellitus. You may need to include more information (See RCW 18.79.260 and 1124)

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Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to prepare an intravenous solution bag and priming the tube?

The RN cannot delegate preparing an IV solution bag or tube priming to the NA-R or HCA-C.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to administer a tuberculosis (TB) skin test in community-based or home care settings?

The RN cannot delegate administration of a TB skin test to the NA-R/NA-C or HCA-C in any setting.

Can the registered nurse (RN) delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to “read” a tuberculosis (TB) skin test in community-based or home care settings?

The RN may delegate “reading” of a TB skin test to the NA-R/NA-C or HCA-C by measuring the induration or redness of the TB screening site in a community-based (adult family home, assisted living facility, or residential homes for individuals with developmental disabilities) or in-home care settings.

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Is registered nurse (RN) delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to apply skin creams, body lotions, or sunscreens in a community-based or in-home care setting?

The RN may delegate administration of over the counter (OTC) or prescription medications in community-based (adult family home, assisted living facility, or residential homes for individuals with developmental disabilities) and in-home settings as allowed in the nursing laws and rules. It is important to understand that some of the products, such as lotions, soaps, cleaners, and other products may be classified by the Food and Drug Administration (FDA) as a cosmetic, an OTC/non-prescriptive drug, or a prescriptive drug depending on how they are made and how they are intended to be used. [Is It a Cosmetic, a Drug, or Both? \(Or Is It Soap?\) | FDA](#)

For example, soaps and cleansers marked as “antibacterial” are classified as drugs (such as dandruff shampoos, acne medications, and antibacterial soaps). Lotions, moisturizers, ointments, and creams intended to affect the structure of the body, or for therapeutic purposes, may also be identified as a drug depending on what ingredients are used. Oral care products (e.g., mouthwash and toothpaste) that contain fluoride or other ingredients are considered a drug. Other examples include (but not limited to) sunscreens and lip balms. See the [FDA Products](#) website for more information. The Washington State Board of Nursing (WABON) recognizes that delegation of commonly used products used for personal hygiene is unrealistic. The WABON’s interpretation is that if the OTC product is used for personal hygiene, then nursing delegation is not required. If the OTC product is used for treatment of condition, then nursing delegation is required.

Dietary supplements are not classified as drugs by the FDA. Herbal supplements are classified as food by the FDA. While these items are not considered drugs, the Washington State Board of Nursing recommends addressing these in the care plan based on nursing assessment.

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Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) help a patient in getting medication refills?

The NA-R/NA-C or HCA-C may assist the patient in calling a pharmacy to request medication refills.

Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) deliver medications, acting as a courier, to a patient in the home?

The laws and rules do not prohibit a NA-R or NA-C or HCA-C from delivering medications acting as a courier, that are properly dispensed by a pharmacist, or an authorized health care practitioner with prescriptive authority, to a patient in any setting. A system for safe handling and storage as well as tracking should be in place.

Can the registered nurse (RN) delegate administration of marijuana products to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) if the patient has the medical marijuana (cannabis) authorization?

It is not within the scope of practice for practitioners to prescribe or use any product, including topical oils or lotions, that contain 0.3% or more THC regardless of being medical or recreational or whether the patient provides the product. In delegating or applying cannabis oils or lotions that contain 0.3% or more THC would be illegally administering a Schedule I drug.

The RN may delegate administration of cannabis products to the NA-R/NA-C or HCA-C as long as the tetrahydrocannabinol (THC) concentration is less than 0.3% as these are considered [Cannabis Health and Beauty Aids \(CHABA\)](#) products ([RCW 69.50.575](#)). Because these are considered health and beauty products, RN delegation is not required. While RN delegation is not required, the Washington State Board of Nursing recommends use of CHABA products be included in the care plan. These products are legal for all practitioners to use in their practice. The employer or facility may impose their own restrictions relating to the administration of CHABA products.

Can the registered nurse (RN) delegate administration of synthetic forms of tetrahydrocannabinol (THC) drugs approved by the Food and Drug Administration (FDA) to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

Synthetic forms of THC drugs have been approved by the FDA for use as a prescriptive medication. These drugs are classified as controlled substances. Examples include:

- Syndros® (dronabinol) – Schedule II
- Marinol® (dronabinol) – Schedule III
- Epidiolex® (cannibidiol) – Schedule V

The RN may delegate administration of FDA approved medications, including controlled substances (Schedule II-V), to the NA-R/NA-C or HCA-C if the medication is not given by injection.

[Drug Fact Sheet: Marijuana/Cannabis \(dea.gov\)](#)

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