



**Washington State Board of Nursing (WABON)  
Consistent Standards of Practice Sub Committee (CSPSC)  
June 4, 2024, 12 p.m. to 1 p.m.**

**Join the Meeting on Zoom**  
from your computer, tablet or smartphone

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United States: +1 (253) 215-8782

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  
Marlin Galiano, MN, RN, Nursing Practice Consultant  
Seana Reichold, Staff Attorney  
Luis Cisneros, Staff Attorney  
Dennis Gunnarson, Administrative Assistant  
Deborah Carlson, MSN, RN, Nursing Practice Director  
Mary Sue Gorske, RN, PhD, Director Research and Advanced Practice

**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 May 21, 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 – Ella
- B. Public Disclosure Statement – Ella
- C. Introductions of Members, Staff, and Public – Ella/Shana

**II. Standing Agenda Items**

- A. Announcements/Hot Topic/WABON Business Meeting Update  
*The CSPSC will use the consent agenda process for routine document revision items that do not require discussion or substantive changes. This process will help the subcommittee streamline action items into a single consensus. For example, we have grouped CAQ revisions into one agenda item rather than going through each document separately; therefore, we will not discuss each item separately. We will allow public comment from the public prior to the consent agenda item.*
- B. **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.
- C. Presentations/Webinars
- D. Review of Draft Minutes – April 2, 2024

**III. Old Business**

- A. Informed Consent Resource Update – Shana
- B. CAQ Drafts – Debbie
  - i. Registered/Nursing Assistant-Certified (NA-R/NA-C) Scope of Practice Emergency Care
  - ii. School Registered Nurse Delegation of Enteral Tube Feedings and Related Tasks in Schools, Kindergarten-Twelve (K-12) Grades, Public and Private, to Non-Credentialed Staff
  - iii. RN 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)
  - iv. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools, Kindergarten-Twelfth (K-12) Grades, Public and Private
  - v. Registered Nurse (RN) Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – General Information
  - vi. RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C): Foot, Wound, Ostomy, and Continence Care
  - vii. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)

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- viii. RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) Cardiology and Respiratory Procedures
- ix. RN Delegation to the the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – Electrotherapy Techniques
- x. RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – Screening Tests
- xi. RN Delegation of Medication Administration and Related Activities to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C or Home Care Aide-Certified (HCA-C) in Community-Based and In-Home Care Settings
- xii. RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C): Laboratory and Diagnostic Tests
- xiii. Licensed Practical Nurse (LPN) Scope of Practice and Nurse Delegation – COVID-19 Testing
- xiv. Registered Nurse (RN) Scope of Practice and Nursing Delegation – COVID-19 Testing
- xv. Registered Nurse (RN) Scope of Practice and Nurse Delegation: COVID-19 Testing in Public and Private School Settings, Kindergarten-Twelve (K-12)

**IV. New Business**

A. Advisory Opinion Drafts

- i. AO 14.01 Delegation of Blood Glucose Monitoring to Nursing Assistants or Health Care Aides in Community-Based Settings Revision
- ii. AO 14.02 RN Delegation of Blood Glucose Testing/Monitoring and Insulin Injection to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide (HCA-C) in Community-Based and Home Care Settings

B. Quality Improvement/CSPSC Prioritization Matrix Update – Shana

- 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 – August 6, 2024

**VII. Adjournment**

Agenda Page 3 of 3

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Dennis Gunnarson, Administrative Assistant  
Deborah Carlson, MSN, RN, Nursing Practice Director  
Rebecca Nylin, MNc, RN

**Opening:**

Committee Chair Ella Guilford called the meeting to order at 12:03 p.m. After introducing subcommittee members and staff, Ella Guilford read the Public Disclosure Statement.

**Announcements:**

- Ella introduced the Commission members.
- Shana Johnny introduced the staff, support staff, and new staff: Luis Cisneros, Staff Attorney; Marlin Galiano, Nursing Practice Consultant; Rebecca Nylin, Student at UW.
- Debbie briefed on presentations and webinars. Margaret has 14 upcoming presentations.
- Debbie provided a Legislative Update.
- Debbie provided an update on the status of CAQs.
- Debbie reviewed the Helms project.

**Draft Minutes:**

CSPSC agreed to move the draft minutes from February 2, 2024, to the May WABON business meeting. CSPSC members recommend that WABON approve the minutes.

**Old Business**

- **Informed Consent Advisory Opinion Update** – Shana stated that the topic of informed consent surfaced from the case management team discussions on seeing more cosmetic/dermatological complaint cases in aesthetic and mobile clinic settings. Public workshops addressed the topic within the Cosmetic/Dermatology advisory opinion. Participants preferred a general informed

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consent advisory opinion to address the informed consent role of the APRN, RN, and LPN and reinforce informed consent general concepts. Commonly asked questions were also discussed.

- **CAQ-RN Delegation: COVID-19 Tests Update**-Based on the legal review, clarifications occurred with the terms screening test and diagnostic test. For screening tests, an RN may document whether a test result is positive or negative but may not diagnose the patient with COVID-19 or any other condition. Before proceeding, the document will be reviewed for this emphasis.
- **Quality Improvement/CSPSC's Prioritization Work Update CAQ – RN Delegation** – Diane mentioned that the work is progressing. We've done quite a bit of fine-tuning on the criteria, looking for ways to minimize subjectiveness and make each criterion that's evaluated about a request as objective as possible. Marlon and Dennis are helping to create great tools to automate the process.

### **New Business**

- **Overview of the Practice Data Project** – Rebecca introduced herself as a master's in nursing candidate at UW Tacoma. She is doing her practicum with the BON and looking into the practice inquiry data. Five practice categories are identified in the data. 1-licensing requirements. 2-Scope of practice, 3-procedures, 4-legal implications, and 5-other. Recommendations include creating an inquiry intake form for each question, a quarterly review to identify trends, and then an annual review to revise the process for data gathering and analysis. A sample form has been created. Recommendations also include gathering this data with a chatbot.

**Ella opened the floor for questions.**

- **Non-Nurse Licensure Compact (NLC) State Comparison School** –Alison Bradywood, our executive director, asked Debbie to provide a document comparing nurse delegation for out-of-state field trips in compact and non-compact states. The school nurses had to check to see if they allowed nurse delegation in that state or allowed the nurse to observe a student. Numerous correspondences occurred with states, and two states did not respond. This draft document, reviewed by the AAG, provides a comparison. Request that CSPSC move the document forward to the BON meeting.

### **Public Comment.**

- Erica Parada. We're still working on the blood glucose documents and fine tuning with Gail McGaffick. Also, there's been a lot of confusion with the COVID-19 testing grid from, you know, the beginning of the pandemic to now.

### **Ending Items**

- Date of Future Meetings – June 4, August 6, and October 1, December 3
- **Adjournment at 12:54 pm**



CAQ: NAR/NAC SOP – Emergency Care SOP  
Adopted: TBA  
Reviewed/Revised:  
Rescinded:  
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## 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 type 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 and first aid certification is not specified 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 type 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) independently?**

Yes. [Chapter 246-841A WAC](#) describes the core competencies of the NA-R/NA-C, that includes allowing the NA-R/NA-C to perform CPR independently.

**Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) perform the Heimlich maneuver for choking independently?**

Yes. [Chapter 246-841A WAC](#) describes the core competencies of the NA-R/NA-C, that includes allowing the NA-R/NA-C to perform the Heimlich maneuver independently.

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

It depends. The NA-R/NA-C may independently follow instructions in Section A of the [POLST Form](#) 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 the [POLST Form](#) within their core competencies ([Chapter 246-841A WAC](#)) under the direction and supervision of the RN or LPN. Some tasks (not in the NA-R/NA-C’s core competencies) identified in Section B of the [POLST Form](#) may require RN delegation (e.g., tube feedings, selective medications, oxygen administration, continuous positive airway pressure (CPAP) procedures, or airway suctioning). See the [Portable Order for Life Sustaining Treatment \(POLST\) Advisory Opinion](#) and the [Portable Orders for Life Sustaining Treatment \(POLST\) | Washington State Department of Health Website](#) for more information.





CAQ: NAR/NAC SOP – Emergency Care SOP  
Adopted: TBA  
Reviewed/Revised:  
Rescinded:  
[NursingPractice@doh.wa.gov](mailto:NursingPractice@doh.wa.gov)  
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**Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administer injectable epinephrine?**

It depends. 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. However, the NA-R/NA-C may administer epinephrine if the facility or employer is an “authorized entity” pursuant to [RCW 70.54.440](#). This statute 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.

**Is the registered nurse (RN) allowed to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administration of injectable glucagon?**

No. The laws and rules do not permit the RN to delegate administration of injectable glucagon to NA-R/NA-C in any setting.

**Is the registered nurse (RN) allowed to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) administration of intranasal glucagon?**

Yes, in some settings. The laws and rules allow the 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.

The following statute and WACs are applicable to nurse 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](#)

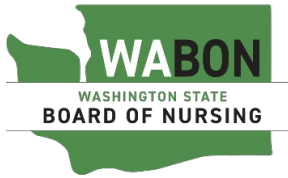
[WAC 246-840-930: Criteria](#)

[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](#)



CAQ: NAR/NAC SOP – Emergency Care SOP  
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**Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) give injectable naloxone for a suspected opioid drug overdose?**

Yes. Although the laws and rules do not allow the registered nurse to delegate injectable naloxone for a suspected opioid drug overdose to the NA-R/NA-C, the NA-R/NA-C may administer injectable naloxone to anyone that they suspect is having an opioid overdose in any setting ([RCW 69.41.095](#)) when prescribed by an [authorized health care practitioner](#). See the Washington State Board of Nursing’s [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Overdose Prevention, Recognition, and Response | Washington State Department of Health Website](#) for more information.

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

Yes. The NA-R/NA-C may administer intranasal naloxone to anyone that they suspect is having an opioid overdose in any setting ([RCW 69.41.095](#)) without registered nurse (RN) delegation when prescribed by an [authorized health care practitioner](#). Administration of intranasal naloxone may also be delegated (although it is not required) by the RN in community-based (adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities) and in-home care settings, because in these settings the RN may delegate medication administration if it does not involve puncturing of the skin. See the Washington State Board of Nursing’s [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Overdose Prevention, Recognition, and Response | Washington State Department of Health Website](#) 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 during hours of employment?**

[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. In addition, with limited exceptions, nurse delegation is never allowed for tasks that require piercing of the skin.





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)

### Category: Registered Nurse (RN) Delegation

#### School Registered Nurse Delegation of Enteral Tube Feedings and Related Tasks in Public and Private Schools, Kindergarten-Twelve (K-12) Grades, to Non-Credentialed Staff

**Is the school registered nurse (RN) allowed to delegate orogastric/nasogastric (OG/NG) enteral tube feedings, irrigation/flushing, and related medication administration to a non-credentialed staff in school settings?**

Yes. The school RN is allowed to delegate OG/NG enteral tube feedings and related tasks (e.g., medication administration, irrigation/flushing of the tube) to a non-credentialed employee following the nurse delegation process in public and private schools, kindergarten-twelve (K-12) grade. The school RN must follow the nurse delegation process. Verification of OG/NG tube placement is required prior to each feeding following clinical practice standards. One method is by performing a pH test of gastric aspirates. The RN is allowed to delegate pH testing to the NA-R/NA-C or HCA-C with instructions specific to the results with what actions to take if the results are not within defined parameters. The school RN must consider the risk of complications for the specific student based on nursing assessment such as aspiration, tube malpositioning, dislodgement, refeeding syndrome, medication-related complications, insertion-site infection, agitation, and other factors to determine whether it is safe to delegate this task to a specific non-credentialed employee.

[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](#)

[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](#)



CAO: 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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[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](#)

**Is the school registered nurse (RN) allowed to delegate enteral tube feedings, related 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), or Jejunostomy/Gastrostomy (J-G) tube, to non-credentialed staff in school settings?**

Yes. The school RN is allowed to delegate G-tube feedings, related 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 school settings 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) to determine whether it's safe to delegate. Further 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. The school RN 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](#)

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[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](#)



CAO: 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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**Is the school registered nurse (RN) allowed to delegate reinsertion of a displaced gastrostomy tube (G-tube) in a mature stoma to non-credentialed staff in school settings?**

Yes. The RN is allowed to delegate reinsertion of a displaced G-tube for patients with a **mature stoma site** to non-credentialed staff in school settings. An alternative is for the RN to delegate reinsertion of a Foley catheter as a temporary measure to keep the stoma site open until the G-tube can be replaced.

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

[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](#)

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[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](#)

**Is the school registered nurse (RN) allowed to delegate enteral tube feeding and related tasks to non-credentialed staff 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 in the school or school district. The school RN may still provide nursing consultation and training to non-credentialed staff. The [Washington State Department of Children, Youth, and Families \(DCYF\)](#) retains authority regarding these programs.

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

**Is the school registered nurse (RN) allowed to delegate enteral tube feeding and related tasks to the nursing assistant registered/nursing assistant certified (NA-R/NA-C) in daycares, preschools, or head start programs?**

It depends. The school RN is allowed to delegate enteral tube feedings and related tasks such as 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), or Jejunostomy/Gastrostomy (J-G) tube, to



CAO: 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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the NA-R/NA-C in a daycare, preschool 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](#)

[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](#)

DRAFT



CAQ: RN Delegation of Enteral Tube feedings and Related Tasks to the NA-R/NA-C or HCA-C

Adopted: TBD

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN 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)

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

It depends on the setting. The RN is allowed to delegate OG/NG enteral tube feedings and related tasks (e.g., irrigation/flushing of the tube) to the NA-R/NA-C and HCA-C in any setting. The RN is allowed to delegate medication administration to the NA-R/NA-C or HCA-C only in community-based\* and in-home care settings. Verification of OG/NG tube placement is required prior to each tube feeding following clinical practice standards. One method is by performing a pH test of gastric aspirates. The RN is allowed to delegate pH testing to the NA-R/NA-C or HCA-C with instructions specific to the results with what actions to take if the results are not within defined parameters. The RN must consider the risk of complications for the specific patient based on nursing assessment such as aspiration, tube malpositioning, dislodgement, refeeding syndrome, medication-related complications, insertion-site infection, agitation, and other factors to determine whether if it is safe to delegate.

[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](#)

In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse 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](#)



CAO: RN Delegation of Enteral Tube feedings and Related Tasks to the NA-R/NA-C or HCA-C

Adopted: TBD

Reviewed/Revised:

Rescinded:

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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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

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

It depends on the setting. The RN is allowed to delegate G-tube feedings, irrigation/flushing, stoma care, and venting with a syringe or venting with a gastric venting system to the NA-R/NA-C or HCA-C in any setting. The RN may delegate medication administration through G-tubes to the NA-R/NA-C and HCA-C only in community-based\* 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) to determine whether it's safe to delegate. Further, delegation may only occur for patients with a mature stoma site.

[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](#)

In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse delegation in community-based\* and in-home care settings:





CAO: RN Delegation of Enteral Tube feedings and Related Tasks to the NA-R/NA-C or HCA-C

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[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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate reinsertion of a displaced gastrostomy tube (G-tube) for a patient with a mature stoma site to the nursing assistant-registered/nursing assisted-certified (NA-R/NA-C) or HCA-C?**

Yes. The RN is allowed to delegate reinsertion of a displaced G-tube for patients with a **mature** stoma site to the NA-R/NA-C or HCA-C. An alternative is for the RN to delegate reinsertion of a Foley catheter as a temporary measure to keep the stoma site open until the G-tube can be replaced.

[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](#)

In all settings, the RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse delegation in community-based\* and in-home care settings:



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

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAO: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools (K-12), Public and Private  
Adopted: TBD  
Reviewed/Revised:  
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## Commonly Asked Questions

### Category: Registered Nurse (RN) Delegation

## **RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Public and Private Schools, Kindergarten-Twelfth (K-12) Grades**

**Is the school registered nurse (RN) allowed to delegate performance of a capillary blood glucose (CBG) test to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**

No. The school laws and rules do not allow the school RN to delegate performance of a CGB test to non-credentialed staff in public and private schools, K-12 grades or any other task that involves piercing the skin.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

**Is the school registered nurse (RN) allowed to delegate application of a continuous glucose monitor (CGM) sensor or insulin pump sensor to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**

No. The school laws and rules do not allow the school RN to delegate application of a continuous glucose monitor (CGM) sensor or insulin pump sensor to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

**Is the school registered nurse (RN) allowed to delegate filling of an insulin pump reservoir to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**

No. The school laws and rules do not allow the school RN to delegate filling of an insulin pump reservoir to non-credentialed staff in public or private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

**Is the school registered nurse (RN) allowed to delegate intermittent scanning of a continuous glucose monitor (CGM) sensor using a scanning device to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**



CAO: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools (K-12), Public and Private  
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Yes. The school RN is allowed to delegate the task of performing intermittent scanning of a CGM sensor using a scanning device to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

**Is the school registered nurse (RN) allowed to delegate administration of an insulin bolus from a CSII/SGM/SAP system to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**

No. The school RN is not allowed to delegate administration of an insulin bolus from a CSII/SGM/SAP system to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

**Is the school registered nurse (RN) allowed to 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 when a new glucose sensor is applied to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?**

Yes. The school RN is allowed to delegate calibration of a CSII or insulin pump, CGM, or SAP system after a new glucose sensor is applied to non-credentialed staff in public and private schools, K-12 grades. It is important to note that application to the sensor itself cannot be delegated by the school RN.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)



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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### Registered Nurse (RN) Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – General Information

#### **What is registered nurse (RN) delegation and the process as it applies to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

RN delegation is given by a specific nurse, for a specific nursing task, for a specific patient, and to a specific NA-R/NA-C or HCA-C. 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 standards of practice and core competencies defined in [Chapter 246-841A WAC](#) or the HCA-C's standards of practice ([WAC 246-980-150](#)) The RN may delegate a nursing task after determining that it is in the best interest of the patient. The following nursing care tasks may not be delegated by the registered nurse (RN) to the NA-R/NA-C ([Chapter 246-841A WAC](#)) or HCA-C [WAC 246-980-150](#); [WAC 246-980-130](#):

- 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 ([RCW 18.79.260](#), [RCW 18.88A.210](#), [Chapter 246-841A WAC](#))
  - Except for administering insulin or non-insulin injections used to treat Diabetes Mellitus in community-based\* and in-home care settings ([RCW 18.79.260](#), [RCW 18.88A.210](#), [Chapter 246-841A WAC](#))
- Acts that require nursing judgment.

Tasks that may be delegated vary in specific settings as defined in the laws and rules. See below.

For RN delegation in all settings, please see [RCW 18.79.260 \(3\)\(a\)](#).



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In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

It is within the scope of practice of the HCA-C to perform activities of daily living without direction and supervision of the RN. Other tasks that fall outside of the standards of practice of the HCA-C do require RN delegation. The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Do all nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) activities or tasks need to be delegated by the registered nurse (RN) following the delegation process?**

No. The NA-R/NA-C performs routine nursing care activities, identified in the core competencies ([Chapter 246-841A WAC](#)) under the direction and supervision of the registered nurse or licensed practical nurse (LPN). Tasks that fall outside of the core competencies do require RN delegation.

It is within the scope of practice of the HCA-C to perform activities of daily living without direction and supervision of the RN. RN delegation is only required for nursing tasks that fall outside of the standards of practice of the HCA-C. The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)





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## [WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

### **How does registered nurse (RN) delegation differ from nursing direction, patient assignment, and supervision as it applies to the nursing assistant-registered/nursing assistant-certified and home care aide-certified (NA-R-NA-C, HCA-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 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 core competencies defined in [Chapter 246-841A WAC](#).

The term “supervision” is sometimes used incorrectly in correlation with “supervisor” in an organizational structure. 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 action.”

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 core competencies. 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. For RN delegation in all settings, please see [RCW 18.79.260 \(3\)\(a\)](#).

It is within the scope of practice of the HCA-C to perform activities of daily living without direction and supervision of the RN. RN delegation is only required for nursing tasks that fall outside of the standards of practice of the HCA-C.

In addition, for RN delegation in community-based\* and in-home care settings, see the following statute and rules:

[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 246-840-930: 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Does the delegating registered nurse (RN) need to be on the premises when the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) provides care or 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 or HCA-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.

[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 action.”

The RN delegator must determine the level of supervision depending on the patient’s status, conditions, NA-R/NA-C or HCA-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 ([WAC 246-840-010](#)):

- Direct Supervision means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of duties.



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- Immediate supervision means the licensed RN who provides guidance to nursing personnel and evaluation of tasks is on the premises, is within audible and visible range of the patient, and has assessed the patient prior to the delegation of duties.
- Indirect supervision means the licensed RN who provides guidance to the nursing personnel 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 the delegation of duties.

For delegation and the levels of supervision in community-based\* and in-home care settings please see [WAC 246-840-920](#).

For RN delegation in all settings, please see [RCW 18.79.260 \(3\)\(a\)](#).

In addition, for RN delegation in community-based\* and in-home care settings, see the following statute and rules:

[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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**What are the requirements for supervision when the registered nurse (RN) delegates administration of insulin or non-insulin injectable medications to treat Diabetes Mellitus to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home-care aide-certified (HCA-C) in community-based\* and in-home care settings?**



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The RN delegator must supervise this task at least every two weeks for one month, or more often if needed.

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

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) refuse to consent to perform a delegated nursing task?**

The NA-R/NA-C or HCA-C may refuse to consent to perform a delegated nursing task. The laws and rules protect the NA-R/NA-C or HCA-C from any employer reprisal or disciplinary action by the Department of Health for refusing to accept delegation of a nursing task based on patient safety issues. The NA-R/NA-C or HCA-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 for community-based and in-home nurse delegation](#)

[Chapter 246-841A WAC](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

**Are there tasks that cannot be delegated to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes. The following nursing care tasks may not be delegated by the registered nurse to a NA-R/NA-C ([Chapter 246-841A WAC](#)) or HCA-C:



CAO: RN Delegation to the NA-R/NA-C or HCA-C – General Information

Adopted: TBD

Reviewed/Revised:

Rescinded:

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- 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 ([RCW 18.79.260](#), [RCW 18.88A.210](#), [Chapter 246-841A WAC](#))
  - Except for administering insulin or non-insulin injections used to treat Diabetes Mellitus in community-based\* and in-home care settings ([RCW 18.79.260](#), [RCW 18.88A.210](#), [Chapter 246-841A WAC](#))
- Acts that require nursing judgment.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**When the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) accepts a delegated task, is the NA-R/NA-C or HCA-C working under the delegating registered nurse's (RNs) license?**

No. The NA-R/NA-C or HCA-C is working under their credential when accepting delegated tasks. The NA-R/NA-C or HCA-C is responsible for their own actions with their 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.



CAQ: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Continence Care

Adopted: TBD

Reviewed/Revised:

Rescinded:

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C): Foot, Wound, Ostomy, and Continence Care

**Is the registered nurse (RN) allowed to delegate insertion or removal of a urinary catheter to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate insertion or removal of a urinary catheter using clean technique to the NA-R/NA-C or HCA-C. The RN delegator is not allowed to delegate the task of inserting or removing a urinary catheter using sterile technique. When nurse delegation is allowed, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)





CAO: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Contenance Care  
Adopted: TBD  
Reviewed/Revised:  
Rescinded:  
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**Is the registered nurse (RN) allowed to delegate administration of medications via urinary catheters to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate administration of medications via clean technique to the NA-R/NA-C or HCA-C only in community-based\* and in-home care settings. The RN cannot delegate any task that requires sterile technique in any setting.

When nurse delegation is allowed, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACS are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate performing a noninvasive bladder scan using an ultrasound device to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes. The RN may delegate the task of performing a noninvasive bladder scan using an ultrasound device to the NA-R/NA-C or HCA-C. The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.



CAO: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Continence Care  
Adopted: TBD  
Reviewed/Revised:  
Rescinded:  
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In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate performance of wound care, dressing changes, or ostomy site care to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN may delegate the task of performing non-complex wound care, dressing changes, or ostomy site care that does not require sterile procedure, or nursing judgment to the NA-R/NA-C or HCA-C in any setting. RN delegation of medications or irrigation is allowed **only** in community-based\* and in-home care settings. When nurse delegation is allowed, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Contenance Care  
Adopted: TBD  
Reviewed/Revised:  
Rescinded:  
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## [WAC 246-840-970: Accountability, Liability, and Coercion](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

### **Is the registered nurse (RN) allowed to delegate routine foot and nail care to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The NA-R/NA-C ([WAC 246-980-140](#)) or HCA-C ([WAC 246-980-140](#)) may perform personal care and assist patients with bathing, oral care, and skin care. However, the rules do not specifically address nail care. The Washington State Board of Nursing (WABON) determines that because it is not specifically addressed in the core competencies/scope of practice, that RN delegation is required for the NA-R/NA-C or HCA-C to perform routine foot and nail care. However, WABON determines that RN delegation to the NA-R/NA-C or HCA-C to perform foot and nail care is not allowed for a patient with diabetes or a patient with other conditions resulting in poor circulation in any setting because of the risk for injury.

Further, [WAC 388-106 Long-Term Care Services](#) stipulates that it is not within the scope of practice of a NA-R, NA-C, or HCA-C to perform foot care on a patient with diabetes or a patient with poor circulation even through the nurse delegation process. This rule applies to long-term care services administered directly or through contract by the Washington State Department of Social and Health Services (DSHS) and identified in [WAC 388-106-0015](#).

When nurse delegation is allowed, the RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Continence Care

Adopted: TBD

Reviewed/Revised:

Rescinded:

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

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate routine foot and nail care to a patient with diabetes or other circulatory problems to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

No. The Washington State Board of Nursing determines that RN delegation to the NA-R/NA-C or HCA-C to perform foot and nail care is not allowed for a patient with diabetes or a patient with other conditions resulting in poor circulation in any setting because of the risk for injury.

Further, [WAC 388-106 Long-Term Care Services](#) stipulates that it is not within the scope of practice of a NA-R, NA-C, or HCA-C to perform foot care on a patient with diabetes or a patient with poor circulation even through the nurse delegation process. This rule applies to long-term care services administered directly or through contract by the Washington State Department of Social and Health Services (DSHS) and identified in WAC [388-106-0015](#).

**Is the registered nurse (RN) allowed to delegate suprapubic catheter care and suprapubic ostomy care to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN may delegate to the NA-R/NA-C or HCA-C suprapubic catheter care and suprapubic ostomy care to the NA-R/NA-C or HCA-C using clean technique of an established (well-healed) urostomy. Examples include cleaning the urostomy site and changing the pouch. The statute and WACs prohibit RN delegation of tasks that use sterile technique in all settings. When nurse delegation is allowed, the RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate..

In addition, the following statute and WACs are applicable to nurse 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](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C: Foot, Wound, Ostomy, and Contingence Care  
Adopted: TBD  
Reviewed/Revised:  
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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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate performance of hemodialysis or peritoneal dialysis to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home-care aide-certified (HCA-C)?**

No. The dialysis process involves processes that are not within the scope of the RN to delegate to the NA-R/NA-C or HCA-C.

DRAFT



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
Adopted: TBD  
Reviewed/Revised:  
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## Commonly Asked Questions

### Category: Registered Nurse (RN) Delegation

## RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)

**Is an order from an [authorized health care practitioner](#) needed for the registered nurse (RN) to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) the task of performing a capillary blood glucose (CBG) test?**

Yes. 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 CBG such as a fingerstick test. This can be done using a standing order approved by an [authorized health care practitioner](#).

#### [Standing Orders](#)

**Is the Registered Nurse (RN) required to have a Clinical Laboratory Improvement Amendments (CLIA)-waiver to delegate performing a capillary blood glucose (CBG) test to a nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. A CBG 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 perform the test.





Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
Adopted: TBD  
Reviewed/Revised:  
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**Is the registered nurse (RN) allowed to delegate insulin injections subcutaneously for the treatment of Diabetes Mellitus to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate insulin injections subcutaneously for the treatment of diabetes to the NA-R/NA-C or HCA-C **only** in community-based settings\* and in-home care settings. The RN delegator must supervise the task at least every two weeks for one month, or more often as needed. The RN must follow the nurse delegation process.

The following statute and WACs are applicable to nurse 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate non-insulin injections subcutaneously (e.g., Byetta®, Victoza®, Trulicity®, Ozempic®, or Tanzeum®) for the treatment Diabetes Mellitus to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate non-insulin injections subcutaneously for the treatment of diabetes to the NA-R/NA-C or HCA-C **only** in community-based settings\* and in-home care. Examples include exenatide (Byetta®), liraglutide (Victoza®), dulaglutide (Trulicity®), semaglutide (Ozempic®), and albiglutide (Tanzeum®), approved by the Food and Drug Administration (FDA) and prescribed with similar purpose and effect for treatment of Diabetes Mellitus as insulin. The RN delegator must supervise the task at least every two weeks for one month, or more often as needed. The RN must follow the nurse delegation process.



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
Adopted: TBD  
Reviewed/Revised:  
Rescinded:  
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The following statute and WACs are applicable to nurse 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate the performance of a capillary blood glucose (CBG) test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes. The RN is allowed to delegate the task of 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 is allowed to delegate the task of obtaining a CBG to the HCA-C only in community-based\* and in-home care settings. 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](#)). The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse 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](#)



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
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[WAC 246-840-960: Rescinding Delegation](#)

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

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

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

It depends. The RN is allowed to delegate application of a CGM sensor to the NA-R/NA-C in any setting as the law allows the RN to delegate the task of obtaining a capillary blood glucose (CBG) testing in any setting as this is like obtaining a CGM involving piercing the skin using a lancet.

The RN is allowed to delegate application of a CGM sensor or sensor augmented pump sensor (SAP) **only** in community-based\* and in-home care settings.

CGMs, insulin pumps, and SAPs are different devices for managing Diabetes Mellitus. CGMs monitor blood glucose levels using a sensor with a small needle inserted into the skin subcutaneously. Insulin pumps deliver insulin based on blood glucose levels through tubing that ends in a cannula inserted under the skin. The SAP allows the CGM to “talk to” the insulin pump and adjust insulin delivery based on real-time glucose data.

The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).

In addition, the following statute and WACs are applicable to nurse 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](#)



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C

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Reviewed/Revised:

Rescinded:

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

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

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

It depends. The RN is allowed to delegate filling of an insulin pump reservoir to the NA-R/NA-C or HCA-C only in community-based settings\* and in-home care settings. The RN must follow the nurse delegation process for community-based\* and in-home care settings. The following statute and WACs are applicable to 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C

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**Is the registered nurse (RN) allowed to delegate intermittent scanning of a continuous glucose monitor (CGM) sensor using a scanning device to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide (HCA-C)?**

Yes. The RN is allowed to delegate the task of performing intermittent scanning of a CGM sensor in any setting to the NA-R/NA-C or HCA-C. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make the determination if nurse delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate administration of bolus doses of insulin via a continuous subcutaneous insulin infusion (CSII) or insulin pump, 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)?**

It depends. The decision by the RN to delegate administration of a bolus dose of insulin 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. RN delegation of this task can **only** be done in community-based settings\* and in-home care settings if it's determined that nursing judgment and/or frequent assessments are not needed. The RN must follow the nurse delegation requirements for community-based and in-home care settings.

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



Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
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[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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks close spacing gap](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to 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 when a new glucose sensor is applied to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed 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 when it's done in community-based settings\* and in-home care settings. The RN must follow the nurse delegation 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)





Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C  
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[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

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CAQ: RN Delegation to the NA-R/NA-C or HCA-C-Cardiology and Respiratory Procedures  
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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)

### Cardiology and Respiratory Procedures

#### **Is registered nurse (RN) delegation required to allow the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) to perform pulse oximetry?**

It depends on the credential. RN delegation to the NA-R/NA-C is not required for pulse oximetry because this is an activity allowed within the standards of practice and core competencies of the NA-R/NA-C ([Chapter 246-841A WAC](#)). Therefore, this task is performed under the direction and supervision of the RN or licensed practical nurse (LPN).

RN delegation to the HCA-C is required for tasks such as taking vital signs, including pulse oximetry, because they are not within the HCA's scope of practice. Therefore, RN delegation is required for the HCA-C to perform this task. ([WAC 246-980-140](#))

In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to delegation to the HCA-C:

[RCW 18.88B.070: Nurse Delegated Tasks](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C-Cardiology and Respiratory Procedures  
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[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate the task of setting up an oxygen tank, oxygen concentrator, adjusting oxygen settings, and applying oxygen via a mask or nasal canula to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or the home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate setting up and connecting an oxygen tank, oxygen concentrator, or other devices related to delivery of oxygen to the NA-R/NA-C or the HCA-C. The RN is allowed to delegate application of simple oxygen delivery systems (e.g., oxygen face masks, nasal cannulas, and non-rebreather masks). The RN is allowed to delegate adjustments to oxygen settings including ranges based on specific parameters if nursing judgment is not required.

In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C-Cardiology and Respiratory Procedures  
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**Is the registered nurse (RN) allowed to delegate the task of performing a breathalyzer test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or the home care aide-certified (HCA-C)?**

Yes. The RN is allowed to delegate the task of performing a breathalyzer test to the NA-R/NA-C or HCA-C.

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

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

In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate the tasks of suctioning a tracheostomy tube, performing tracheostomy stoma site care, , or related tasks to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide certified (HCA-C)?**

Yes, in some circumstances. The RN is allowed to delegate tasks of suctioning a tracheostomy tube, performing tracheostomy stoma site care, performing or related tasks to the NA-R/NA-C or HCA-C if the task does not require sterile technique or nursing judgment. In all settings, the



CAO: RN Delegation to the NA-R/NA-C or HCA-C-Cardiology and Respiratory Procedures  
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RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate changing nebulizer tubing to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes, in some circumstances. The RN is allowed to delegate the task of changing nebulizer tubing to the NA-R/NA-C or HCA-C if the task does not require sterile technique or nursing judgment. In all settings, the RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C-Cardiology and Respiratory Procedures

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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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

DRAFT





CAQ: RN Delegation to the NA-R/NA-C or HCA-C -  
Electrotherapy  
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Reviewed/Revised:  
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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN Delegation to the to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – Electrotherapy Techniques

**Is the registered nurse (RN) allowed to delegate application of a transcutaneous electrical nerve stimulation (TENS) unit to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes. The most common type of electrotherapy is TENS. The RN may delegate the task of applying a TENS unit to the NA-R/NA-C or HCA-C. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to those listed above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAO: RN Delegation to the NA-R/NA-C or HCA-C -  
Electrotherapy  
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**Is the registered nurse (RN) allowed to delegate application of a percutaneous electrical nerve stimulation (PENS) device to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

No. PENS involves the application of electrical stimulation through small needles that penetrate the skin. The RN is not allowed to delegate this task in any setting as it involves piercing the skin.

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CAQ: RN Delegation to the NA-R/NA-C or HCA-C – Routine, Non-Complex Screening Tests

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C) – Routine, Non-Complex Screening Tests

**Is the registered nurse (RN) allowed to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) the task of performing routine, non-complex screening tests, such as growth and developmental screening, vision screening, and hearing screening?**

It depends. The RN may delegate to the NA-R/NA-C or HCA-C the performance of routine, non-complex screening tests, such as growth and developmental screening, vision screening, and hearing screening, if the screening does not require nursing judgment, puncturing of the skin, or sterile procedure. In all settings, the RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C, in addition to those noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAQ: RN Delegation of Medication Administration and Related Activities to the NA-R/NA-C or HCA-C in Community-Based and In-Home Care Settings

Adopted: TBA

Reviewed/Revised:

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

### RN Delegation of Medication Administration and Related Activities to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C or Home Care Aide-Certified (HCA-C) in Community-Based and In-Home Care Settings

#### **In what settings is the registered nurse (RN) allowed to delegate administration of medications to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) and home care aide-certified (HCA-C)?**

The RN is allowed to delegate medication administration to the NA-R/NA-C or HCA-C **only** in community-based settings\* and in-home care settings. The RN must follow the nurse delegation process. The following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



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**Is the registered nurse (RN) allowed to delegate administration of injectable epinephrine to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

No. The laws and rules do not allow the RN to delegate administration of injectable epinephrine to the NA-R/NA-C or HCA-C in community-based\* and in-home care settings.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate administration of intranasal glucagon to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

Yes. 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\* and in-home care settings. The RN must follow the delegation process. The following statute and WACs are applicable to nurse 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](#)

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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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



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**Is the registered nurse (RN) allowed to delegate administration of injectable glucagon to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home-care aide-certified (HCA-C) in community-based\* and in-home care settings?**

No. 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\* and in-home care settings.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate preparing or filling a medication organizer device to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

No. The laws and rules do not allow the RN to delegate the preparing or filling of a medication organizer device in community-based\* and in-home care settings.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**When administering medications, by what routes of administration is the registered nurse (RN) allowed to delegate to the NA-R/NA-C or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

The RN may delegate administration of medications to the NA-R-/NA-C or HCA-C **only** in community-based\* and in-home care settings 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 injectable medications (e.g., Byetta® and Victoza®) prescribed for treatment of Diabetes Mellitus\*

The RN must follow the nurse delegation process. The following statute and WACs are applicable to nurse 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](#)





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Adopted: TBA

Reviewed/Revised:

Rescinded:

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- [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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate preparation of an intravenous (IV) solution bag and priming the IV tube to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

No. The laws and rules do not allow the RN to delegate preparing an IV solution bag or priming the IV tube to the NA-R/NA-C or HCA-C in community-based\* and in-home care settings. The Washington State Board of Nursing (WABON) interprets that these tasks may not be delegated because it involves solutions (prescription) that will be given intravenously via a device that punctures/penetrates the skin. The process requires nursing judgment and may also involve reconstituting or compounding medications.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate administration of a tuberculosis (TB) skin test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

No. The laws and rules do not allow the RN to delegate administration of a TB skin test to the NA-R/NA-C or HCA-C in community-based\* and in-home care settings because the test involves puncturing the skin.



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Reviewed/Revised:

Rescinded:

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\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate the task of “reading” (measuring the induration) of a tuberculosis (TB) skin test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

Yes. The RN may delegate the “reading” of a TB skin test to the NA-R/NA-C or HCA-C to allow for measuring the induration of the TB screening site in community-based\* or in-home care settings. The RN is not allowed to delegate interpretation of the TB skin test.

[Fact Sheets | Testing & Diagnosis | Fact Sheet - Tuberculin Skin Testing | TB | CDC](#)

The RN must follow the nurse delegation process. The following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**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 over the counter**



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Adopted: TBA

Reviewed/Revised:

Rescinded:

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### **(OTC) skin creams, body lotions, or sunscreens in a community-based\* or in-home care setting?**

It depends. The laws and rules allow the RN to delegate administration of OTC skin creams, body lotions, or sunscreens without a prescription when used for personal hygiene based on nursing assessment only in community-based\* and in-home care settings to the NA-R/NA-C or HCA-C. An prescription is required from [authorized health care practitioner](#) for the RN to delegate prescription skin creams, body lotions, or sunscreens in community-based\* and in-home care settings to the NA-R/NA-C or HCA-C.

It is important to understand that some products, such as lotions, soaps, cleaners, and other products used daily may be classified by the Food and Drug Administration (FDA) as a cosmetic, an OTC/non-prescription drug, or a prescription drug depending on how they are made and how they are intended to be used. For example, soaps and cleansers marked as “antibacterial” are classified as OTC/non-prescription 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 an OTC/non-prescription drug. Examples include sunscreens and lip balms. Products used for oral care may also be classified as an OTC/non-prescription drug (such as toothpaste with fluoride and mouthwash). See the [FDA Products](#) website for more information.

The Washington State Board of Nursing (WABON) determines that RN delegation is not required for OTC/non-prescription drugs if they are used for personal hygiene purposes. The WABON determines that RN delegation is required for the RN to delegate OTC/non-prescription drugs if used for treatment of a condition rather than for personal hygiene.

[Is It a Cosmetic, a Drug, or Both? \(Or Is It Soap?\) | FDA](#)

The RN must follow the nurse delegation process. The following statute and WACs are applicable to 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](#)

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

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



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Adopted: TBA

Reviewed/Revised:

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\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**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 administer dietary or herbal supplements in a community-based\* or in-home care setting?**

Recommended. It is important to know that over-the-counter dietary supplements are classified as food by the Food and Drug Administration (FDA). There are also prescription dietary supplements. A prescription is required by an [authorized health care practitioner](#) is required if the supplement is classified as a prescription drug.

While RN delegation is not required to give dietary or herbal supplements classified as food by the FDA, the Washington State Board of Nursing recommends the RN delegate administration of dietary or herbal supplements to the NA-R/NA-C) or HCA-C in community-based\* and in-home care settings.

[Dietary Supplements | FDA](#)

[Questions and Answers on Dietary Supplements | FDA](#)

The RN must follow the nurse delegation process. The following statutes and WACs are applicable to 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](#)



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\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate helping the patient get medication refills to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in a community-based\* or in-home care setting?**

Yes. While RN delegation is allowed, RN delegation is not required for the NA-R/NA-C or HCA-C to assist the patient in calling a pharmacy to request medication refills in community-based\* and in-home care settings. While delegation is not required, the Washington State Board of Nursing recommends this activity be included in the nursing care plan.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) required to delegate tasks that involve delivering medications to a patient acting as a courier to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in a community-based\* or in-home care setting?**

No. RN delegation is not required for the NA-R/NA-C or HCA-C to deliver medications acting as a courier for a patient that are properly dispensed by a pharmacist, or an authorized health care practitioner with prescriptive authority, to a patient in a community-based\* or in-home care setting. A system for safe handling, storage and tracking should be in place. While RN delegation is not required, the Washington State Board of Nursing recommends this activity be included in the nursing care plan.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to delegate administration of marijuana products that contain more than 0.3% tetrahydrocannabinol (THC) to the nursing assistant-**



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**registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) if the patient has a medical marijuana (cannabis) authorization in community-based\* and in-home care settings?**

No. RN delegation is not permitted. RN delegation to administer marijuana products that contain more than 0.3% THC is not permitted in community-based\* and in-home care settings. In addition, it is not within the scope of practice for health care practitioners to prescribe or use any product, including topical oils or lotions, that contain more than 0.3% of THC regardless of being medical or recreational or whether the patient provides the product. RN delegation or applying cannabis oils or lotions that contain more than 0.3% THC would constitute illegally administering a Schedule I drug.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**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 administer marijuana products that contain less than 0.3% tetrahydrocannabinol (THC) in community-based\* and in-home care settings?**

No. RN delegation is not required for the NA-R/NA-C or HCA-C to administer cannabis products in community-based\* and in-home care settings 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](#)). While RN delegation is not required, the Washington State Board of Nursing recommends use of CHABA products be included in the nursing care plan. While these products are legal for all practitioners to use in their practice, an employer or facility may impose their own restrictions relating to the administration of CHABA products.

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

**Is the registered nurse (RN) allowed to 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) in community-based\* and in-home care settings?**

It depends. The RN may delegate administration of FDA approved drugs, including controlled substances (Schedule II-V), to the NA-R/NA-C or HCA-C in community-based\* and in-home care settings if the medication is not given by injection. Examples of synthetic forms of THC drugs approved by the FDA for use as a prescription medication include:





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- Syndros® (dronabinol) – Schedule II
- Marinol® (dronabinol) – Schedule III
- Epidiolex® (cannabidiol) – Not a controlled substance

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

The RN must follow the nurse delegation process. The following statute and WACs are applicable to nurse 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](#)

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

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

**Is the registered nurse (RN) allowed to delegate administration of insulin or non-insulin injectable medications for treatment of Diabetes Mellitus to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based\* and in-home care settings?**

Yes. The RN is allowed to delegate administration of insulin or non-insulin injections for the treatment of Diabetes Mellitus to the NA-R/NA-C or HCA-C only in community-based\* and in-home care settings. The RN delegator must supervise the task at least every two weeks for one month, or more often as needed. The RN must follow the nurse delegation process. The



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following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAQ: RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C or HCA-C

Adopted: TBD

Reviewed/Revised:

Rescinded:

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN) Delegation

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

#### **Is the registered nurse (RN) allowed to delegate performance of laboratory tests to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

It depends. The RN is allowed to delegate some laboratory tests to the NA-R/NA-C or HCA-C, with some limitations. The RN delegation laws prohibit the NA-R/NA-C or HCA-C from performing activities that involve piercing or puncturing of the skin **EXCEPT** for capillary blood glucose (CBG) tests. The law allows RN delegation of CBG tests to the NA-R/NA-C in any setting where health care is provided. HCA-s are only allowed to work in community-based settings\*, in-home care settings, and enhanced service facilities.

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. CLIA requires that waived tests be simple and a low risk for errors. They are often called over-the-counter tests. The RN may delegate CLIA-waived laboratory tests that do not involve piercing or puncturing of the skin without an order from an [authorized health care practitioner](#) for screening purposes based on nursing assessment. 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) issued by the Washington State Department of Health. This is not required if a patient

CAQ: RN Delegation of Tests Page 1 of 5

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

The RN may also delegate diagnostic laboratory tests to the NA-R/NA-C or HCA-C if they do 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 health care practitioner](#) for screening purposes.

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

The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)



CAQ: RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C or HCA-C

Adopted: TBD

Reviewed/Revised:

Rescinded:

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**Is the registered nurse (RN) who delegates Clinical Laboratory Improvement Amendments of 1988 (CLIA)-waived laboratory tests 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?**

It depends. CLIA-waived laboratory tests require the employer/facility to have a Medical Test Site Waiver (MTSW) issued by the Washington State Department of Health. 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 if the RN owns their own business and is not working for an employer/facility.

**Is the registered nurse (RN) allowed to delegate performance of a blood glucose fingerstick to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?**

Yes. The RN is allowed to delegate to the NA-R/NA-C or HCA-C to obtain a capillary blood glucose (CBG) specimen, also known as a blood glucose fingerstick, and 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. RN delegation of this task to the HCA-C can only be done in community-based settings\*, in-home care settings, or enhanced service facilities.

The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate..

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:



CAQ: RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C or HCA-C  
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[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

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

It depends. The RN is allowed to delegate simple, non-complex, and non-invasive screening and diagnostic testing to the NA-R/NA-C or HCA-C following the nurse delegation process.

Examples include:

- Electrocardiograms
- Vision screening
- Hearing screening
- Spirometry

The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to determine if delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse 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](#)

\*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

The HCA-C is allowed to work only in community-based\*, in-home care settings, and enhanced service facilities. The following statutes and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)





CAO: RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C or HCA-C

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Reviewed/Revised:

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[WAC 246-980-150: Standards of Practice](#)

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CAQ: LPN SOP and Nursing Delegation-COVID-19 Testing

Adopted: TBD

Reviewed/Revised: 5/17/2024.

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## Commonly Asked Questions (CAQs)

### Category: Licensed Practical Nurse (LPN)

### Title: Licensed Practical Nurse (LPN) Scope of Practice and Nurse Delegation – COVID-19 Testing

**Is the licensed practice nurse (LPN) allowed to perform a Clinical Laboratory Improvement Amendments (CLIA)-waived Point-of-Care (POC) COVID-19 test without an order or standing order from an [authorized health care practitioner](#)?**

No. The LPN does not practice independently. The LPN may perform a CLIA-waived COVID-19 test with an order from an authorized practitioner and under the direction of an authorized health care practitioner or under the direction and supervision of a registered nurse in any setting. The LPN may follow . Facilities/employers may have policies requiring an order for these tests and other requirements (e.g., competency assessment completion and quality control testing). The Facility/Employer must have a

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Waived Tests | CDC](#)

[Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)

The facility/employer should follow established guidelines specific to the facility type:

[Point of Care Testing Guidelines \(wa.gov\)](#)

The facility/employer must follow quality control measures as required with the CLIA-waived certification and as required by accreditation organizations (e.g., Joint Commission):

[COVID-19 - Quality Control Testing for COVID-19 Tests | Laboratory | Quality System](#)

[Assessment for Nonwaived Testing Quality System Assessment \(QSA\) | The Joint Commission](#)

Other Resources:

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is the LPN allowed to perform a polymerase chain reaction (PCR) COVID-19 test without an order or standing order from an [authorized health care practitioner](#)?**

No. The LPN does not practice independently. The LPN may perform a CLIA-waived COVID-19 testing with an order from an authorized practitioner and under the direction of an authorized



CAQ: LPN SOP and Nursing Delegation-COVID-19 Testing

Adopted: TBD

Reviewed/Revised: 5/17/2024.

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health care practitioner or under the direction and supervision of a registered nurse in any setting. The LPN may follow [standing orders](#).

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)

[COVID-19 RT-PCR Test - Healthcare Provider Fact Sheet \(fda.gov\)](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is the LPN allowed to delegate COVID-19 testing to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), home care aide-certified (HCA-C), medical assistant-registered/medical assistant/certified (MA-R/MA-C), or non-credentialed staff?**

No. The LPN cannot delegate tasks to the NA-R/NA-C, HCA-C, MA-R/MA-C, or non-credentialed individuals.

**What is the LPN's responsibility for reporting positive COVID-19 tests to their local health jurisdiction?**

The LPN is responsible for following the facility/employer processes in reporting positive COVID-19 tests. If the LPN owns the business/facility, then the LPN who owns the business/facility must report positive COVID-19 test results to their local health jurisdiction.

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is the LPN required to have an MTS certification to perform CLIA-waived or polymerase chain reaction (PCR) COVID-19 tests?**

It depends. MTS Certification is required for the facility/employer to perform CLIA-waived tests regardless of setting. If the LPN owns the business/facility, then the business/facility must have the appropriate MTS certification.

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

**Is the LPN required to document COVID-19 testing activities?**

Yes. The LPN must document the care provided, including COVID-19 testing activities, regardless of the setting. Documentation can be done electronically or on paper using a patient's medical record. The RN should follow the facility/employer documentation policies and procedures. Standardized screening forms that include the results may be used for documentation. Documentation of positive tests must be reported to the Washington State Department of Health.

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)



CAQ: RN SOP and Nursing Delegation-COVID-19 Testing

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## Commonly Asked Questions (CAQ)

### Category: Registered Nurse (RN)

### Title: Registered Nurse (RN) Scope of Practice and Nurse Delegation – COVID-19 Testing

**Is the registered nurse (RN) allowed to perform a Clinical Laboratory Improvement Amendments (CLIA)-waived Point-of-Care (POC) COVID-19 test without an order or standing order from an [authorized health care practitioner](#)?**

Yes. The RN may perform a CLIA-waived POC COVID-19 test based on the nursing process without an order or [standing orders](#) from an [authorized health care practitioner](#) if the CLIA-waived test is done for screening purposes and not diagnostic purposes. For screening tests, the RN must document whether a test result is positive or negative but may not diagnose the patient with COVID-19 or any other condition. Employers/facilities may have policies requiring an order for these tests and other requirements, such as completion of competency assessment, and quality control testing. The employer/facility must have a CLIA-waived certification:

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Waived Tests | CDC](#)

[Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)

The employer/facility should follow established guidelines specific to the facility type:

[Point of Care Testing Guidelines \(wa.gov\)](#)

The employer/facility must follow quality control measures as required with the CLIA-waived certification and/or as required by accreditation organizations (e.g., Joint Commission):

[COVID-19 - Quality Control Testing for COVID-19 Tests | Laboratory | Quality System](#)

[Assessment for Nonwaived Testing Quality System Assessment \(QSA\) | The Joint Commission](#)

Other Resources:

[Waived Testing- Screening or Definitive | Laboratory | Waived Testing WT | The Joint Commission](#)

[Screening Versus Diagnostic Tests for COVID-19, What's the Difference? \(asm.org\)](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)



CAQ: RN SOP and Nursing Delegation-COVID-19 Testing

Adopted:

Reviewed/Revised:

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[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State](#)

[Department of Health](#)

[RN Authority with COVID-19 CLIA-Waived Tests in School Settings | WABON](#)

[Testing in Schools Frequently Asked Questions | Washington State Department of Health](#)

[Guidance for SARS-CoV-2 Rapid Testing Performed in Point-of-Care Settings | CDC](#)

[Waived Tests | CDC](#)

**Is the registered nurse (RN) allowed to perform a Point-of-Care Test (POC) polymerase chain reaction (PCR) COVID-19 test without an order or standing order from an [authorized health care practitioner](#)?**

No. An order or standing order from an [authorized health care practitioner](#) is required for the RN to perform a POC PCR COVID-19 test. A PCR test is considered the “gold standard” for COVID-19 tests as they are more likely to detect the virus than antigen tests. A PCR is regarded as a diagnostic test instead of a screening test.

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)

[COVID-19 RT-PCR Test - Healthcare Provider Fact Sheet \(fda.gov\)](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is registered nurse (RN) delegation required if a patient self-tests for a COVID-19-waived test using a Clinical Laboratory Improvement Amendments (CLIA)-waived test?**

No. RN delegation is not required if a patient does a self-test using a COVID-19 CLIA-waived test. The RN can provide instructions to the patient for self-testing, observe the patient do the test, report (or assist) in reporting the results, and guidance for further testing, follow-up, self-care, quarantine, and other recommendations as appropriate. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).

[COVID-19 Self-Testing Guidance for Establishments \(wa.gov\)](#)

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Waived Tests | CDC](#)

[Point of Care Testing Guidelines \(wa.gov\)](#)

[COVID-19 - Quality Control Testing for COVID-19 Tests | Laboratory | Quality System](#)

[Assessment for Nonwaived Testing Quality System Assessment \(QSA\) | The Joint Commission](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

CAQ: RN SOP COVID-19 Testing - Page 2 of 4

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CAO: RN SOP and Nursing Delegation-COVID-19 Testing

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Reviewed/Revised:

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[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)  
[RCW 74.39.050: Individuals with functional disabilities—Self-directed care. \(wa.gov\)](#)

**What is the registered nurse’s (RN’s) responsibility for reporting positive COVID-19 tests to the Washington State Department of Health (WADOH)?**

The RN is responsible for following the employer/facility processes in reporting positive COVID-19 tests to WADOH. If the RN owns the business/facility, then the RN must report positive COVID-19 test results to WADOH.

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is the registered nurse (RN) required to have a Medical Test Site (MTS) certification to perform Clinical Laboratory Improvement Amendments (CLIA)-waived or polymerase chain reaction (PCR) COVID-19 tests?**

It depends. MTS Certification is required by the employer/facility to perform CLIA-waived tests regardless of setting. If the RN owns the business/facility, then the business/facility must have the appropriate Medical Test Site certification.

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

**Is the registered nurse (RN) required to document COVID-19 testing activities?**

Yes. The RN must document the care provided, including COVID-19 testing activities, regardless of the setting. Documentation can be done electronically or on paper using a patient’s medical record. The RN should follow the employer/facility documentation policies and procedures. Standardized screening forms that include the results may be used for documentation. Documentation of positive tests must be reported to the Washington State Department of Health.

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

**Is the registered nurse (RN) allowed to delegate to non-credentialed staff in a juvenile detention center performance of Clinical Laboratory Improvement Amendments (CLIA)-waived COVID-19 tests or polymerase chain reaction (PCR) COVID-19 tests?**

No. The laws and rules only allow the RN to delegate to non-credentialed staff in public and private schools. In juvenile detention centers, the RN can delegate COVID-19 testing to a nursing assistant-registered/nursing-assistant-certified (NA-R/NA-C). An option may be to have specific staff obtain the NA-R or NA-C credential.





CAQ: RN SOP and Nursing Delegation-COVID-19 Testing

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Reviewed/Revised:

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**What are the recommendations if a business or facility does not have a registered nurse (RN) to delegate to staff?**

Some businesses or facilities will not have an RN available to delegate to staff and may not have others? credentialed staff available. For businesses/facilities without an RN, options may be to offer take-home COVID-19 rapid tests or have the patient self-test on site. Organizations should consider identifying an alternative mechanism and source of authority to conduct COVID-19 testing. The Washington State Board of Nursing (WABON) recommends that businesses/facilities consult with their legal counsel. This issue is outside the WABON's authority.

**Is the registered nurse (RN) allowed to delegate to non-credentialed staff in a daycare, Head Start program, or preschool to perform Clinical Laboratory Improvement Amendments (CLIA)-waived COVID-19 testing?**

No. The RN cannot delegate tasks, like COVID-19 testing, to non-credentialed staff in a daycare, Head Start program, or preschool. The laws and rules regarding daycares, Head Start programs, and preschools permit the parent or legal guardian to consent for these entities to provide health care. This permission is known as loco parentis (in place of the parent) and allows these settings to designate staff to act in place of a parent or legal guardian. This also allows the staff to test without an order or standing order from an authorized healthcare practitioner. The RN may be involved in training staff and providing consultation and guidance regarding the testing. The daycare, Head Start program, or preschool must have the Medical Test Site Certification. If a parent or legal guardian does the testing, the site would not be required to have the MTS Certification. The Washington State Board of Nursing recommends that early childhood programs consult with the Department of Children, Youth, and Families (DCYF) and their legal counsel.



CAQ: RN SOP and Nursing Delegation-COVID-19 Testing in Schools

Adopted:

Reviewed/Revised: SLJ edit 4-16v3.

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## Commonly Asked Questions

### Category: Registered Nurse (RN)

### Title: Registered Nurse (RN) Scope of Practice and Nurse Delegation: COVID-19 Testing in Public and Private School Settings, Kindergarten-Twelve (K-12)

#### **Is the school registered nurse (RN) allowed to delegate performance of a Point-of-Care (POC) Clinical Laboratory Improvement Amendments (CLIA)-waived COVID-19 test?**

Yes. The school RN is allowed to delegate COVID-19 CLIA-waived test in public and private schools, kindergarten-twelve (K-12) grades. Based on nursing assessment, the RN may delegate a COVID-19 test without an order or standing order from an [authorized health care practitioner](#), if the test is done for screening purposes and not diagnostic purposes. For screening tests, the RN documents whether a test result is positive or negative but may not diagnose the patient with COVID-19 or any other condition. See the [Registered Nurse Delegation in School Settings Advisory Opinion](#) for more information.

Schools may have policies that require an order for screening tests and other requirements (e.g., competency assessment completion and quality control testing). The school or school district must have a CLIA-waived certification:

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Waived Tests | CDC](#)

[RN Authority with COVID-19 CLIA-Waived Tests in School Settings | WABON](#)

[Testing in Schools Frequently Asked Questions | Washington State Department of Health](#)

[Point of Care Testing Guidelines \(wa.gov\)](#)

[COVID-19 - Quality Control Testing for COVID-19 Tests | Laboratory | Quality System](#)

[Assessment for Nonwaived Testing Quality System Assessment \(QSA\) | The Joint Commission](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State](#)

[Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State](#)

[Department of Health](#)

#### **Is the school RN allowed to delegate a polymerase chain reaction (PCR) COVID-19 test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), medical assistant-registered/medical-assistant-certified (MA-R/MA-C), or non-credentialed school staff?**

Yes. The test can be performed by a nurse based on an order or standing order and if appropriate, the test can be delegated to competent assistive personnel, as long as the school

CAQ: RN SOP COVID-19 in Schools - Page 1 of 4

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CAQ: RN SOP and Nursing Delegation-COVID-19 Testing in Schools

Adopted:

Reviewed/Revised: SLJ edit 4-16v3.

Rescinded:

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has a Certificate of Waiver. A PCR test is considered the “gold standard” for COVID-19 tests as they are more likely to detect the virus than antigen tests. A PCR is regarded as a diagnostic test instead of a screening test.

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)

[COVID-19 RT-PCR Test - Healthcare Provider Fact Sheet \(fda.gov\)](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

### **Is RN delegation required if a student self-tests for COVID-19 using a CLIA-waived COVID-19 test in public and private schools, kindergarten-twelve (K-12) grades?**

No. RN delegation is not required if a student does a self-test using a COVID-19 CLIA-waived test. The RN can direct school staff to instruct the student to do the self-test following the COVID-19 test kit instructions, including observing the student doing a self-test, and reporting the results to the school RN. The school or school district should have policies and procedures for students to perform self-testing.

[COVID-19 Self-Testing Guidance for Establishments \(wa.gov\)](#)

[Medical Test Sites \(MTS\) | Washington State Department of Health](#)

[Waived Tests | CDC](#)

[RN Authority with COVID-19 CLIA-Waived Tests in School Settings | WABON](#)

[Testing in Schools Frequently Asked Questions | Washington State Department of Health](#)

[Point of Care Testing Guidelines \(wa.gov\)](#)

[COVID-19 - Quality Control Testing for COVID-19 Tests | Laboratory | Quality System](#)

[Assessment for Nonwaived Testing Quality System Assessment \(QSA\) | The Joint Commission](#)

[COVID-19 Testing: Health Care Provider Resources & Recommendations | Washington State Department of Health](#)

[Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)

[RCW 74.39.5: Individuals with functional disabilities—Self-directed care. \(wa.gov\)](#)

### **Is a contract/volunteer RN in the school setting allowed to perform POC CLIA-waived or PCR COVID-19 testing in public and private schools, kindergarten-twelve (K-12) grades?**

It depends. The RN performing CLIA-waived or PCR COVID-19 testing for students in public and private schools, K-12 grades, must have a formal written agreement with the school or school district.



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Adopted:

Reviewed/Revised: SLJ edit 4-16v3.

Rescinded:

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**Is the RN who works for a private company that has the Medical Test Site Waiver allowed to perform a CLIA-waived or PCR COVID-19 testing in public and private schools, kindergarten-twelve (K-12) grades?**

It depends. The RN working for a private company may perform CLIA-waived or PCR COVID-19 testing for students, in public and private schools, K-12, if there is a formal written agreement with the school or school district.

**What should schools do if they don't have a RN employed or contracted with the school to perform COVID-19 tests?**

For schools without an RN, an option may be to offer or provide take-home COVID-19 rapid tests or have parents/legal guardians test the student. School staff members can hand a rapid COVID-19 test to students/parents and school staff for individual or self-administered use.

**Can the RN who works for a county health department or the Washington State Department of Health (WA DOH) perform CLIA-waived or PCR COVID-19 testing in public and private schools, and kindergarten-twelve (K-12) grades?**

It depends. The RN working for a county health department or the WA DOH may perform CLIA-waived COVID-19 or PCR tests to students in public and private schools, K-12 grades if there is a formal written agreement with the school or school district.

**Is the parent or legal guardian allowed to sign a form to let a non-credentialed school staff person perform a CLIA-waived or PCR COVID-19 testing without RN delegation through the process of in loco parentis (in place of the parent) in public and private schools, kindergarten-twelve (K-12) grades?**

No. The school laws do not allow a parent or legal guardian to sign a form to allow a non-credentialed school staff person to perform a CLIA-waived COVID-19 test.

**Is a student's parent or legal guardian allowed to perform a CLIA-waived test in public and private schools, kindergarten-twelve (K-12) grades?**

Yes. The laws and rules do not prohibit a parent or legal guardian from performing a CLIA-waived test at the school. This activity would be like testing at home.

**Is the school RN allowed to delegate to non-credentialed individuals (such as bus drivers), whom the school or facility does not employ, performance of a CLIA-waived or PCR COVID-19 test in public and private schools, kindergarten-twelve (K-12) grades?**

No. The school RN is not allowed to delegate any COVID-19 testing to a non-credentialed individual who is not a school staff member (such as a bus driver)..

**Is the school RN allowed to delegate to unlicensed assistive personnel (UAP), such as the nursing assistant, medical assistant, or non-credentialed school staff to perform population-**



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**based (pooled) POC CLIA-waived or PCR COVID-19 tests without the RN assessing each person?**

No. The delegation process requires the RN to assess the patient before delegating tasks to the UAP and provide instructions to the UAP to perform the task. This process may be done using a routine screening form specific to COVID-19 testing that does not require nursing judgment with instructions of when to notify the RN based on specific responses, questions, or clarifications.

**Does the school RN delegator need to be on the premises when credentialed or non-credentialed school staff perform CLIA-waived or PCR COVID-19 testing?**

No. The school RN delegator does not need to be on the premises when credentialed or non-credentialed school staff perform CLIA-waived or PCR COVID-19 tests. The RN must be available to answer questions or provide additional instructions as needed.

**Is the RN allowed to delegate to non-credentialed staff in a juvenile detention center that provides K-12 basic education services to juveniles to perform CLIA-waived or PCR COVID-19 testing?**

Yes. The RN is allowed to delegate COVID-19 testing to non-credentialed juvenile detention staff in schools provided through the Institutional Education Program/Office of Superintendents of Public Instruction (OSPI). See the [Registered Nurse Delegation in School Settings](#) for more information. [Institutional Education \(ospi.k12.wa.us\)](http://ospi.k12.wa.us)

NCAO 14.01: Delegation of Blood Glucose Monitoring to Nursing Assistants or Health Care Aides in Community-Based Settings

Department of Health  
Nursing Care Quality Assurance Commission

# Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with [WAC 246-840-800](#). An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may further restrict practice in that facility's setting and/or impose additional requirements to assure patient safety and/or decrease risk.

*Title:* Delegation of Blood Glucose Monitoring to Nursing Assistants or Health Care Aides in Community-Based Settings *Number:* NCAO 14.01

*References:* [RCW 18.79 Nursing Care](#)  
[WAC 246-840 Practical and Registered Nursing](#)  
[Nursing Scope of Practice Decision Tree](#)

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*Effective Date:* November 8, 2019

*Supersedes:* July 4, 2017

*Approved By:* Nursing Care Quality Assurance Commission

## Conclusion Statement

The Nursing Care Quality Assurance Commission determines it is within the scope of practice of an appropriately prepared and competent registered nurse (RN) to delegate to the nursing assistant-registered (NA-R), nursing assistant-certified (NA-C), or certified-home care aide (C-HCA) the following tasks in community-based settings:

- Pierce the skin to get a blood sample to measure blood glucose using a Clinical Laboratory Improvements Amendments (CLIA) [Clinical Laboratory Improvements Amendments \(CLIA\)](#) waived test to monitor treatment response and/or for administering medications for the treatment of diabetes.
- Give insulin injections and non-insulin injections, such as exanatide (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.



## Background and Analysis

[RCW 18.79.260](#) allows registered nurses to delegate to a Washington State NA-R, NA-C, or C-HCA blood glucose monitoring and insulin injection in community-based settings. The definition of community-based settings includes:

- In-home care settings,
- Adult family homes,
- Assisted living facilities, and
- Community residential programs for people with developmental disabilities certified by the Washington State Department of Social and Health Services.

[RCW 18.79.260](#) prohibits delegation of any activity that requires piercing or severing of the tissues, with the exception of insulin injection in community-based settings. The laws and rules do not define the term, “monitoring” used in the laws and rules. The commission determined that “monitoring” includes performing a Clinical Laboratory Improvement Amendments (CLIA)-waived blood glucose test involving puncturing of the skin, and that this activity is an exception to the law.

## Recommendations

The delegating nurse must follow the delegation laws and rules, the delegation process, and clinical care standards.

Prior to delegation of a CLIA-waived blood glucose test for a client who is **NOT** receiving insulin injections, the delegating nurse must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the “Fundamentals of Caregiving” and the “Core Nurse Delegation Program” through the Washington State Department of Social and Health Services (DSHS). The Washington State DSHS “Diabetic Training Program” is not required, but recommended.
- Determine the competency of the individual to perform the task; and
- Supervise the NA-R, NA-C, or C-HCA carrying out the task.

Prior to delegation of a CLIA-waived blood glucose test for a client who **IS** receiving insulin injections, the delegating RN must:

- Evaluate the appropriateness of the delegation;
- Verify completion of the “Fundamentals of Caregiving”, the “Core Nurse Delegation Program”, and the “Diabetic Training Program” through the Washington State DSHS;
- Teach the individual about proper injection procedures and the use of insulin, demonstrate proper injection procedures,

## NCAO 14.01: Delegation of Blood Glucose Monitoring to Nursing Assistants or Health Care Aides in Community-Based Settings

- Supervise the NA-R, NA-C, or C-HCA carrying out the task.
- Supervise and evaluate the NA-R, NA-C, or C-HCA weekly during the first four weeks of delegation of insulin injections. If the delegating RN determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at least every ninety days.

### Conclusion

The delegating nurse may delegate administration of insulin and non-insulin medications for treatment of diabetes; the delegating nurse may delegate CLIA-waived blood glucose testing following the delegation laws and rules, the delegation process, and clinical care standards.

### References

RCW 18.79.260 – Registered Nursing – Activities Allowed – Delegation of Tasks:  
<http://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260>

WAC 246-841-405 – Nursing Assistant Delegation:  
<https://apps.leg.wa.gov/WAC/default.aspx?cite=246-841-405>

WAC 246-840-930: Criteria for Delegation: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-930>

WAC 246-841-405: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-841&full=true#246-841-405>

CLIA-Waived Test – U.S. Food and Drug Administration:  
<https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm>

Washington State DSHS Long-Term Worker Training Curriculums:  
<https://www.dshs.wa.gov/altsa/training/dshs-curriculum-available>



AO 14.02 RN Delegation of Blood Glucose Testing/Monitoring and Insulin Injection to the NA-R/NA-C or HCA-C in Community-Based and Home Care Settings  
Adopted: 7/4/2017  
Reviewed/Revised: 11/8/2019  
Rescinded:  
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The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the WABON. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

## Advisory Opinion: Registered Nurse (RN) Delegation of Blood Glucose Testing/Monitoring and Insulin Injection to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide (HCA-C) in Community-Based and Home Care Settings

### Purpose

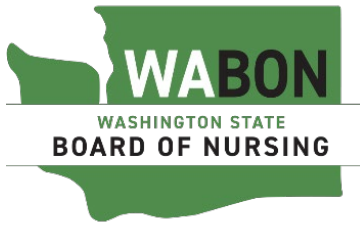
This advisory opinion provides an overview of the requirements and recommendations for the registered nurse (RN) to delegate monitoring and insulin/non-insulin administration for diabetes treatment to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities certified by the Washington State Department of Social and Health Services) and in-home care settings. It is not within the scope of practice for the licensed practical nurse (LPN) to delegate tasks to the NA-R/NA-C or HCA-C.

### Background

While capillary blood glucose (CBG) monitoring is commonly used in home settings, diabetes technology has rapidly evolved with the use of continuous subcutaneous insulin infusion (CSII or insulin pump) and continuous glucose monitoring (CGM) systems. Integrated sensor augmented pump (SAP) therapy systems combine CGM with CSII and are connected to smart devices.

Washington State laws and rules provide legal requirements for nursing delegation in community-based and home care settings. [RCW 18.79.260](#) prohibits nursing delegation of any activity that requires piercing or severing of the tissues, with the following exceptions:

- Allows the RN to delegate glucose monitoring to the NA-R/NA-C or HCA-C in community-based and home care settings. The laws do not address delegation of tasks involving CSII or CGM systems. The law allows the RN to delegate tasks that are not



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complex, do not require nursing judgment, do not require sterile technique, and other than insulin injection, do not allow administration of medications by injections.

- An exception to the law allows the RN to delegate to the NA-R/NA-C or HCA-C insulin injections for the treatment of diabetes.

## Statement of Scope

It is within the scope of practice of a trained and competent RN to delegate to the NA-R/NA-C or HCA-C the following tasks in community-based and in-home care settings:

- Perform a capillary BGM test using a [Clinical Laboratory Improvements Amendments \(CLIA\)](#)-waived test. The Washington State Board of Nursing (WABON) determines that “monitoring” includes performing a CLIA-waived blood glucose test involving puncturing of the skin. The Board determines that monitoring may include checking, recording and/or reporting blood glucose tests from a CSII/SAP/CGM based on specific instructions. The RN is also allowed to delegate performing a capillary BGM in specific circumstances, such as if there are warning messages, the CSII/CGM/SAP is not working, or if the blood glucose result is below or above a certain level.
- Give insulin injections for the treatment of diabetes. The Board also determines that the RN is allowed to delegate administration of non-insulin injections prescribed with similar purpose and effect for treatment of diabetes. Examples include exenatide (Byetta<sup>®</sup>), liraglutide (Victoza<sup>®</sup>), dulaglutide (Trulicity<sup>®</sup>), semaglutide (Ozempic<sup>®</sup>), and albiglutide (Tanzeum<sup>®</sup>).

## Delegation Requirements and Recommendations

The RN must understand the responsibility, authority, accountability, and legal parameters specific to setting related to making delegation decisions. The RN must understand and follow the nursing delegation process and requirements defined in the nursing laws and rules. The following statute and WACs are applicable to 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](#)

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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](#)

Prior to delegation of a CLIA-waived blood glucose test for a patient who is **NOT** receiving insulin or non-insulin injections, the delegating nurse must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the “Fundamentals of Caregiving” and the “Core Nurse Delegation Program” through the Washington State DSHS. The DSHS “Diabetic Training Program” while not required, is recommended.
- Demonstrate proper technique of performing the task.
- Determine the competency of the individual.
- Supervise and evaluate the NA-R/NA-C or HCA-C carrying out the task.

Prior to delegation of a CLIA-waived capillary BGM for a patient who is receiving insulin injections, the delegating RN must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the “Fundamentals of Caregiving”, the “Core Nurse Delegation Program”, and the “Diabetic Training Program” through the Washington State DSHS.
- Teach the individual about proper injection procedures and the use of insulin.
- Demonstrate proper injection procedures.
- Determine the competency of the individual.
- Supervise and evaluate the NA-R/NA-C, or HCA-C carrying out the task.

Prior to delegation of insulin administration by subcutaneous injection or via a CSII/CGM/SAP, The delegating RN must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the “Fundamentals of Caregiving”, the “Core Nurse Delegation Program”, and the “Diabetic Training Program” through the Washington State DSHS.



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- Teach the individual about all aspects of subcutaneous insulin administration via syringe/pre-filled pen or via CSII/CGM/SAP (including preparation and proper care of device/sensors).
- Demonstrate proper injection procedures (or administration procedures involving the CSII/CGM/SAP).
- Determine that the NA-R/NA\_C or HCA\_C is competent to perform the injection properly and safely.

### Supervision and Evaluation

The delegating RN is required to provide supervision and evaluation of the NA-R/NA-C or HCA-A at least every two weeks for up to four weeks and then at least every ninety days. The delegating RN may determine that supervision and evaluation is required more frequently, if necessary.

### References and Resources

- [Chapter 18.79 RCW: Nursing Care \(Nurse Practice Act\)](#)
- [Chapter 246-840 WAC: Practical and Registered Nursing](#)
- [Chapter 18.88A RCW: Nursing Assistants](#)
- [Chapter 246-841A WAC: Nursing Assistants](#)
- [Chapter 18.88b RCW: Long-Term Care Workers](#)
- [Chapter 246-980 WAC: Home Care Aide](#)
- [Washington State Department of Social and Health Services Nurse Delegation Program](#)
- [DSHS Curriculum and Materials Available | DSHS \(wa.gov\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#)
- [\(CGM\) Continuous Glucose Monitoring: Just the Basics \(MyAmericanNurse.com\)](#)
- [Section 225.12 - Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus, 22 Tex. Admin. Code § 225.12](#)