



WASHINGTON STATE BOARD OF NURSING (WABON)

Consistent Standards of Practice Sub Committee

August 6, 2024 12 p.m. to 1 p.m.

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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

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 July 23, 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](#).

WASHINGTON STATE BOARD OF NURSING (WABON)

Consistent Standards of Practice Sub Committee

August 6, 2024 12 p.m. to 1 p.m.

- 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
 - 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.

- III. Review of Draft Minutes – June 4, 2024**

- IV. Old Business**
 - A. CAQ Drafts – Debbie
 - i. 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-Twelve (K-12) Grades, Public and Private.
 - ii. 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).

- V. New Business**
 - A. Quality Improvement/CSPSC’s Prioritization Work Update – Shana

- VI. Ending Items**
 - A. Review of Actions
 - B. Meeting Evaluation
 - C. Date of Next Meeting – October 1, 2024

- VII. Adjournment**



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Sub Committee
Minutes from June 4, 2024, 12 p.m. to 1 p.m.

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

I. Opening:

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

II. Standing Agenda Items

A. Announcements/Hot Topics:

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 better efficiency.

We have grouped commonly asked questions (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 before the consent agenda items. Does anybody have any questions concerning this?

Deborah Carlson: We need to vote on the Consent Agenda.

Diana Meyer/Quiana Daniels/Affirmed

B. Public Comment:

Ella Bernita Guilford: Public comments?

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Gail McGaffick: I want to acknowledge the authors for all their hard work. Kat and I were pleased to be able to be the editors.

C. Presentations/Webinars:

Ella Guilford: The Joy of Nursing Seminar is on October 2nd.

D. Draft Minutes:

Ella Guilford: Our next item is a review of the draft minutes.

Diana Meyer/Quiana Daniels/Affirmed

II. Old business

A. Informed Consent Resource Update -Shana

- Our current cosmetic advisory opinion (AO) needs to address issues that have surfaced with informed consent.
- WABON approved drafting an AO on informed consent in November 2023. We held public workshops, and in January more workshops were scheduled. However, after a thorough discussion and further research of the nursing regulations, we stopped working on creating a new informed consent advisory opinion because the nursing regulations do not directly address this topic.
- We are reworking the strategy for developing informed consent, including AOs and CAQs. A new cross-agency task force has been developed to discuss and strategize on umbrella topics that include informed consent, such as Aesthetics. We invite you to be part of this effort and recommend rescinding the informed consent AO.

Quiana Daniels: So, we're resending the informed consent. Is the task force looking at something along the lines of general training?

Deborah Carlson: They're probably going to have to be legislation. It's not just us. It's national. That's why they're doing an Inter-Agency Task Force.

Diana Meyer: This is a great opportunity to make it solid, at least for the State of Washington. The nurses that are performing these procedures that require informed consent are the ones responsible for the informed consent.

Deborah Carlson: Some are saying that the person that's performing that procedure should be the one that is getting the informed consent. Verbal, too. I wouldn't doubt there'd be something around education or training.

Ella Bernita Guilford: We used to just make sure the physician had talked with the patient, and we got the signature, and they would sign before they did the procedures.

Gail McGaffick: I'm very interested in tracking the work of the interagency task force. How do you see that folks like us could be involved or stay informed on what's going on?

Deborah Carlson: I can let Alison know that you're you have an interest. Right now, it's just a discussion internally with the Medical and Pharmacy Commission to figure out what to do, but I'm sure there'll be something public.

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Quiana Daniels / Diana Meyer / Affirmed

B. CAQ Drafts – Debbie

Ella Bernita Guilford: We want to pull #4 and #5 from the consent agenda to the regular agenda for discussion. Does anybody have any questions or concerns about us moving this to the agenda? Can I have a motion to move these two documents to the consent agenda?

Diane / Quiana / Affirmed

Ella Bernita Guilford: Let's have a motion to move the other 13 documents to the WABON meeting.

Diane / Quiana / Affirmed

IV. New Business:

A. Advisory Opinion Drafts

AO 14.01 and the revision (14.02). Delegation of glucose monitoring to nursing assistance (NA) and healthcare aids (HCAs) in the community-based setting and its revision - Debbie

- In 2019, the Department of Social and Health Services (DSHS) asked the BON to write an advisory opinion (AO). Then the law came out, so we wrote this. DSHS wanted to make sure that delegating insulin was okay, and the BON said yes.
- With the change in the new blood glucose (BG) law and the AO being five years old, we have initiated the process of updating it. The revised AO will specify that BG tests can only be conducted in community-based home settings. Our legal team is currently reviewing the update, which will address the delegation in the community and the supervision of BG tests. The new rule is expected to be in effect by **July 1**.

Diana Meyer: I'm not the expert so maybe we should defer to our legal experts here with us, but I still don't see that this changes the intent, so it didn't need to be pulled from the consent agenda, especially since that information came in late.

Deborah Carlson: We do get the question about weight loss and those getting insulin for some kind of adrenal disease. We should also consider location. It goes with an AO I discussed, so we should send them all simultaneously. We should hold back on any of the questions about non-insulin until we can get that clarified.

Diana Meyer: You did such a great job describing the different levels of supervision in one of the CAQs. And then in other documents, we simply say, there needs to be supervision. So, I think we need to identify what level of supervision is needed when we say there needs to be supervision.

Quiana Daniels: It's great for the nurse delegator, but also the person who's receiving delegation. They need to know what their role is in the process.

Janet Wakefield DSHS: I am asked "Can we delegate this?" All the time. The latest issue is the insulin pump and the level of supervision.

Deborah Carlson: Sometimes they're even done with Telemedicine.

B. Quality Improvement/CSPSC Prioritization Matrix Update – Shana

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We are prioritizing tasks and activities for CSPSC. The prioritization matrix is in its final testing phase. We are consulting with Diana Meyer. For the next steps, there will be a small workgroup meeting to further test this tool.

V. Public Comment Ella Guilford opened the floor for additional comments.

VI. Ending Items

- Move the draft minutes to WABON for review,
- Rescind BON approval for the informed consent AO and postpone the development of the Informed Consent CAQs,
- Move the consent agenda CAQs to the BON meeting for review,
- Bring the AO14.02—Delegation of BG testing, monitoring, and insulin injection back to the August CSPSC meeting.
- Ella Bernita Guilford: Our next meeting date, **August 6th, 2024.**

Adjournment 12:47 PM



CAQ: RN Delegation of Blood Glucose Testing/Monitoring of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools (K-12), Public and Private
Adopted: TBD
Reviewed/Revised:
Rescinded:
NursingPractice@doh.wa.gov

Commonly Asked Questions

Category: Registered Nurse (RN) Delegation

RN Delegation of Blood Glucose Testing/Monitoring and Administration of 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 an insulin pump infusion set or pod 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) set or pod 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](#)



CAQ: RN Delegation of Blood Glucose Testing/Monitoring of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools (K-12), Public and Private
Adopted: TBD
Reviewed/Revised:
Rescinded:
NursingPractice@doh.wa.gov

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?

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 bonus doses of insulin for food/carbohydrate coverage via an insulin pump 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 bolus doses of insulin for food/carbohydrate coverage via an insulin pump 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 glucose monitoring (CGM) system to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

Yes. The school RN is allowed to delegate to non-credentialed staff 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](#)



Commonly Asked Questions

Category: Registered Nurse (RN) Delegation

RN Delegation of Blood Glucose Testing/Monitoring and Administration of 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.

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)?



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

Adopted: TBD

Reviewed/Revised:

Rescinded:

NursingPractice@doh.wa.gov

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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 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:



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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](#)

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 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 application of a CGM sensor to the NA-R/NA-C in any setting. A CGM monitors blood glucose levels using a sensor, a small wire catheter inserted under the skin. CGMs have sensor applicators for insertion under the skin.

[Choosing a CGM | Glucose Monitor | American Diabetes Association](#)

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](#)

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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](#)

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Is the registered nurse (RN) allowed to delegate application of an insulin pump infusion set or pod 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 an insulin pump infusion set or pod to the NA-R/NA-C only in only in community-based settings* and in-home care setting. 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](#)

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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](#)

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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](#)

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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](#)

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Commonly Asked Questions: RN Delegation of Blood Glucose Testing/Monitoring of 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 administration of bolus doses of insulin for food/carbohydrate coverage via an insulin pump 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 for food/carbohydrate coverage 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](#)

[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](#)



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

Adopted: TBD

Reviewed/Revised:

Rescinded:

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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](#)).

Is the registered nurse (RN) allowed to delegate administration of bolus doses of insulin via an insulin pump 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 for blood sugar correction 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](#)

[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 glucose monitoring (CGM) system 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 to the NA-R/NA-C or HCA-C routine calibration of a CGM system? The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).



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

Adopted: TBD

Reviewed/Revised:

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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](#)

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](#)).