

0723N: Delegation for Caregivers

INTRODUCTION

Adult Foster Homes (AFH) and other community-based settings, frequently have clients (residents) who require a *nursing procedure* such as subcutaneous injections used to administer insulin. By law, a nursing procedure can only be performed by a licensed nurse unless the RN determines that the resident's condition is stable and predictable, and the nursing procedure can be safely delegated to a caregiver.



Delegating a nursing procedure to a caregiver (called unregulated assistive person - UAP) by the RN is permitted through the authority granted by OAR 851-047 also known as Division 047. Division 047 outlines the delegation process that the RN is required to follow.

This self-paced course provides information for the AFH owner and their caregivers on the delegation process and the responsibilities of the AFH owner and caregivers when the RN determines it is safe to delegate a nursing procedure.

While the RN is responsible for understanding and following Division 047 rules, it is important for delegated staff to understand the basics of the delegation process and the **responsibilities** of the caregiver who has been delegated a nursing procedure by the RN.

RN Delegation is an important tool in supporting persons living in community-based settings with chronic on-going health support needs. However:

- The RN must follow numerous steps prior to delegating a nursing procedure which requires time up front from both the caregiver(s) and the RN.
- RN Delegation does not work in all situations. **AND**
- The delegation process requires a team approach between the RN and the caregiver(s).

Time spent in the beginning of the RN Delegation process will reduce confusion and misunderstanding of what needs to be done by the *delegated* caregiver(s). An important part of the delegation process includes communication between the AFH and the RN.

Licensed practical nurses (LPN) cannot delegate or be delegated a nursing procedure. If there is an RN authored care plan and the RN has assigned the provision of nursing services by the LPN, the LPN can perform the nursing procedure.

Communication between the RN and the caregiver(s) ensures safety for the client and a good experience for the resident and caregiver(s).

WHAT IS RN DELEGATION?

RN Delegation is a legally defined process that allows a RN to authorize a non-licensed caregiver to perform a nursing procedure for a client (resident) without the RN being present each time the procedure is performed. The Oregon Board of Nursing (OSBN) grants the authority to the RN to delegate nursing procedure through the Oregon Nurse Practice Act.

WHEN CAN DELEGATION OCCUR?

The only time a nursing procedure can be delegated is when the RN has determined it is safe and all required components of the nursing process have been met such as:

- The RN has experience with RN Delegation and the nursing procedure to be delegated.
- The resident's chronic condition is stable and predictable.
- The nursing procedure can be safely delegated.
- The caregiver is willing and able to perform the nursing procedure. **AND**
- The setting and conditions are appropriate to perform the nursing procedure.

The RN is the only person who has the legal authority to determine if the delegation of a nursing procedure can safely occur for a resident. ***The resident's healthcare practitioner has no authority to determine if a medical treatment can be delegated by the RN.***

RN DELEGATION PROCESS

The delegation process begins with the RN:

- Reviewing the medical orders to ensure the order for the nursing procedure is safe to delegate.
- Assessing the resident to ensure their condition is stable and predictable. The assessment process includes reviewing the medical history of the resident.
- Evaluating the ability and willingness of the caregiver to perform the nursing procedure.
- Evaluating the safety of the setting to ensure the procedure is appropriate for the setting. **AND**
- Determining if the RN has the time to properly supervise the delegation.
- Once the RN determines that the medical order is a nursing procedure, the client is stable and predictable, the caregiver is able and willing to perform the nursing

procedure and it is safe in the setting where the nursing procedure will be performed then the RN begins the process of delegating the nursing procedure to the caregiver.

- The process for delegating a nursing procedure is between the caregiver and the resident for each nursing procedure. The RN is responsible for ensuring the delegation process is completed for **each** caregiver who will be performing a nursing procedure for a resident. What this means is:
 - When there is more than one caregiver expected to perform the nursing procedure for the resident, then the RN must go through the entire delegation process for each caregiver.
 - When there are multiple residents with similar medical orders such as insulin injections, then the RN must go through the entire delegation process for each caregiver **and** each resident.

The RN may choose to teach several caregivers about the resident's condition and general information about the nursing procedure at the same time. However, for delegation to occur, the RN must teach the step-by-step performance of the nursing procedure to each caregiver **individually**. Additionally, the RN must observe and evaluate each individual caregiver's performance of the nursing procedure from start to finish for each resident.

Depending on the nursing procedure and when the nursing procedure is scheduled, this may mean the RN will need to return several times to complete the delegation process when there are multiple caregivers.

WHAT NURSING PROCEDURE MAY BE SAFE TO DELEGATE?

There is no specific list of what nursing procedures can be delegated. It is the RN's responsibility to determine if the order is a **nursing procedure** and if it is **safe** to delegate. Although there is no list identified in Division 047, there are some common nursing procedures delegated in community-based settings, which include:

- Routine subcutaneous injections. For example, when administering insulin.
- Providing nutrition, oral medications, and fluid through a gastrostomy tube (g-tube) or other feeding tubes.
- Routine trach care and oral suctioning.
- Peritoneal dialysis (also known as home dialysis).
- Straight catheterization for urinary retention.
- Digital (manual) stimulation.



There may be other nursing procedures that are appropriate for delegation. The RN will be able to evaluate the procedure to determine if it is a nursing procedure and can be safely delegated.

In some cases, the RN may determine a common nursing procedure cannot be delegated for a particular situation. We will cover more later for situations that may not be appropriate to delegate.

WHAT CANNOT BE DELEGATED?

- The RN cannot delegate assessment, evaluation or decision making. Only the performance of the nursing procedure can be delegated. Any assessment needed before, during or following the performance of the nursing procedure would prohibit the RN from delegating the nursing procedure.
- The RN cannot delegate any nursing procedure when the resident's condition is unstable or unpredictable.
- RN Delegation is limited to known chronic conditions. This means that the RN may not legally be able to delegate a nursing procedure when the resident is being discharged from a hospital/nursing facility with a new condition and new nursing procedure.
- The RN cannot delegate a nursing procedure without current valid medical orders and/or if all the necessary supplies and equipment is not available.
- A RN cannot delegate the administration of intramuscular (IM) injections.

If the medication is glucagon or an epi-pen, then the RN will **teach** you how to administer, but **you will not demonstrate on the resident** as the medication can only be given in an emergency. This is not delegation but teaching. The RN must follow the OARs for teaching for the administration of life saving medications. Only medications identified in Oregon Revised Statute (ORS) 433.800 through .830 are considered lifesaving medications.

- Intravenous (IV's) administration **unless** the RN is an employee of Home Health or Hospice. This includes any flushing of central lines or peripheral lines that are placed in a vein. A resident that receives ongoing kidney dialysis will have a peripheral line.
Dressing changes are not considered a nursing procedure and can be taught.
NOTE: Adult Foster Home (AFH) rules may restrict what nursing procedures can be delegated in the AFH setting.

*How the medication is given is the delegated nursing procedure not the medication being administered. Information about the medication is included in the delegation process.

TASKS THAT ARE TAUGHT NOT DELEGATED

There are tasks that may require some training and education but do not require delegation since they are not nursing procedures.

- Administering non-injectable medications may require the RN to teach the caregiver on how to administer properly, but they are not nursing procedures and therefore do not require the RN to delegate. Non-injectable medications include:
 - Orally - taken by mouth and swallowed.
 - Sublingual – placed under the tongue to dissolve and is not swallowed.
 - Buccally - between the gums and cheek to dissolve and is not swallowed.
 - Rectally or vaginally – medication inserted in the rectum or vagina.
 - Ocular - placed in the eye.
 - Otic – placed in the ear.
 - Nasally - sprayed into the nose and absorbed through the nasal membranes.
 - Inhalation - breathed into the lungs, usually through the or mouth and nose (by nebulization).
 - Topical - applied to the skin.
 - Transdermal - delivered through the skin by a patch.
- Activities of Daily Living (ADLs) such as peri-care, positioning or transferring.
- Use of Hoyer Lift or other type of transfer equipment.
- Maintenance of catheter tubes or emptying collection bags such as urinary catheter foley bags.
- Point in time testing such as:
 - INR (international normalized ratio) tests for residents taking coumadin or other blood thinners.

- CBG (capillary blood glucose also known as blood sugar testing) testing when the resident takes oral medications for their diabetes and does not have insulin orders. If there are insulin orders, then the CBG testing is part of the delegation of the subcutaneous injections of the insulin.
- Urinary ketone testing strips.
- Oxygen Administration.
- Pulse Oximeter Placement and Monitoring.
- Continuous Positive Airway Pressure (CPAP).



DELEGATION TEACHING

The RN has much to teach the caregiver about the nursing procedure before delegation can occur. Here is a list of what the RN must teach about the nursing procedure that will be performed by the caregiver:

- Basic information about the resident’s chronic condition including why the resident needs a particular nursing procedure performed.
- Any potential risks associated with the nursing procedure and possible side effects or adverse reactions the resident may experience while performing the nursing procedure.
- What signs and symptoms to look for and any needed action or intervention.
- What the caregiver needs to document and how to document the nursing procedure that is delegated.
- How to perform the task. The RN must:
 - Observe the caregiver performing the nursing procedure from start to finish. While the RN can provide teaching about the nursing procedure to several caregivers at one time, the RN must observe each caregiver perform the nursing procedure from start to finish on the resident.
- Provide clear written step-by-step instructions including when to call:
 - The RN who has delegated the nursing task. *The RN is not on call for emergencies but should be called when there is a change in the resident’s medical orders or condition for the nursing procedure.*

- The resident's medical practitioner. **AND**
- 9-1-1.
- Document in the resident's record each caregiver the RN has authorized to
 - Perform the nursing task.
 - Provide a nursing plan of care that identifies the delegation and when the RN will return to review the delegation.
- Instruct the caregiver:
 - That they must use the step-by-step instructions every time they perform the nursing procedure.
 - That they cannot perform the nursing procedure on other resident's unless they have been delegated or train other caregivers to perform the nursing procedure. *A delegation is not transferable to other caregivers or other residents.*

SUPERVISION OF A NURSING DELEGATION

After a nursing procedure has been delegated the RN has ongoing supervision responsibilities for each delegated nursing procedure. Supervision of RN Delegation is limited to the delegated task and is not general supervision of the caregiver(s).

Division 047 has **minimum** requirements for the how frequency the RN must review and reauthorize the delegated nursing procedure:

- After the initial (new) delegation, the RN must evaluate the caregiver and resident within 60 days from the date the nursing procedure was first delegated to the caregiver.
- Thereafter the RN is required to evaluate the caregiver and resident no less than every 180 days from the last RN reauthorization of the delegation.



The RN may decide to evaluate the caregiver more frequently. The decision to review more frequently is based on the complexity of the nursing procedure, the skill and confidence of the caregiver and the stability of the resident's condition.

Frequency of the RNs supervision visits should be documented in the nursing care plan. In addition, if the resident's needs have changed or medical orders have changed, then the RN may need to return and review the delegation to assure it is still appropriate or make any necessary changes to the instructions.

When the RN returns to the AFH for the supervision visit the RN will be:

- Reviewing current orders
- Assessing the current condition of the resident
- Reviewing the procedures and written directions established
- Reviewing the Medication Administration Record (MAR) and other documentation related to the nursing procedure.
- Reviewing the documentation to determine that the written instructions are being followed.
- Observing each individual care giver(s) who the RN delegated to perform the nursing procedure from start to finish.

A common complaint that Oregon Department of Human Services (ODHS) hears is the RN comes to the AFH during busy times such as meals or during the morning. If the delegated nursing procedure is scheduled during a busy time the RN must visit during the time the nursing procedure will be performed.

RESPONSIBILITY OF THE DELEGATED CAREGIVER

The AFH owner and their delegated caregivers have responsibilities for all delegated nursing procedures for the resident's living in the AFH. Having a nursing procedure delegated is a privilege and carries many responsibilities. The RN is responsible for the delegation which requires ongoing communication between the RN and AFH. Listed below are some of the responsibilities of the AFH and/or the delegated caregiver:

- It is your responsibility to talk with the RN if you are unable to read their handwriting, if any of the instructions are unclear, or if the instructions do not match what was taught by the RN.
- Anytime there is an order for a procedure that may require RN delegation *before* the resident is admitted, you must:
 - Contact the resident's case manager for a referral to a Long-term Care Community Nurse (LTCCN) if client is Medicaid eligible. OR
 - If the resident is private pay, contact your RN consultant or the RN that you have a contract with to delegate nursing services.
 - This should be part of your screening process *prior* to admitting a resident to your AFH.

- A week prior to supervision visits to schedule with the RN and ensure the delegated staff are scheduled to work on the day the RN will be at the AFH.
- Ensure all the necessary supplies and equipment (e.g., syringes, feeding pump or medication) are available *before* the RN is scheduled to visit your AFH. For example, the RN cannot delegate the administration of insulin if the insulin hasn't been delivered, or tube feedings if the tube feeding pump hasn't been delivered, or if there are no current medical orders.
- Allowing the RN access to the AFH to conduct an evaluation. RNs must have access during the time the nursing procedure is scheduled to be performed.
- Ensure all delegated staff follow the RN's written step-by-step instructions every time the delegated nursing procedure is performed.
- The AFH owner/licensee or the caregivers do not teach other caregivers on how to perform the nursing procedure. Delegations are not transferable.
- If a caregiver has trouble with performing the nursing procedure the RN must be notified. The RN is responsible for providing additional training as needed.
- Document in the resident' narrative, MAR, and/or resident's care plan as directed by the RN or required by the AFH OARs.
- Contact the RN as directed by the RN in the step-by-step instructions.
- Documentation for the delegation must be kept in the resident records and is easily accessed.
- Contact the RN immediately:
 - When there are *any* changes with the resident's health or when there are changes to the medical orders.
 - Any time you have concerns about the delegated nursing procedure.
 - When the resident goes to the emergency room. The RN will determine, after assessing the client and situation, if there is a need to make any changes to the delegation and the delegation instructions.
 - When the AFH is notified that the hospital is planning on discharging the resident back to the AFH.
 - When a caregiver is unable to follow the instructions or perform the procedure as expected or fails to document as instructed.

- Anytime the resident has been hospitalized, regardless of the reason, and again when the resident is to be discharged. The RN may need to adjust instructions and must ensure the resident remains stable and predictable. Depending on the length of time in the hospital the RN may need to return to the AFH and re-delegate the nursing procedure.
- Step-by-step instructions:
 - If they were not left at the AFH.
 - When there are any questions regarding the instructions.
 - If any delegated staff is unable to read or follow the instructions.
 - If you believe there is missing information.
- If you have concerns about a delegated caregiver's ability to perform the delegated nursing procedure.
- When a caregiver is no longer working in the AFH for **any reason**.

If the RN does not leave documentation contact the RN. If the RN does not comply, then the owner/licensee must contact the AFH licensor or the resident's case manager.

The RN is responsible for the documentation and any forms they choose to use for the delegated procedure. It is not the responsibility of the Board of Nursing, ODHS or the AFH to provide "delegation forms".

WHEN A RN RESCINDS A DELEGATION

If **any** of the requirements for Division 047 are not met the RN cannot delegate, the nursing procedure. Additionally, Division 047 requires the RN to rescind a delegation under certain conditions. The following are some examples of when the RN is required to rescind a delegation:

- The resident's condition has changed and is no longer stable or no longer predictable.
- The medical order has changed and is more complex and no longer safe to delegate.
- There is no current, valid medical order for the nursing procedure.
- The nursing procedure is no longer needed by the resident.
- The caregiver is not able to follow through with the instructions for any reason.
- The RN is not able to provide adequate supervision of a care giver.

- The caregiver quits or the AFH has frequent changes in caregivers and the RN is unable to evaluate new care givers in a timely fashion.
- The resident moves to another setting or dies.

No matter the reason the RN needs to rescind a delegation, it must be documented in the resident's record. Documentation needs to include the date the delegation was rescinded; the name of each caregiver for whom the delegation was rescinded; and the reason(s) why the RN needed to rescind the delegation.

TRANSFER OF RN DELEGATION

The transfer of RN Delegation from one RN to another still requires the same process for the RN that is taking over the responsibility of the delegation for the RN that will no longer be involved with the delegation. Transfer of delegation cannot occur if the RN who had delegated nursing procedures to AFH staff is no longer available. It is the outgoing and incoming RN's responsibility to know and understand how to legally transfer a delegation.

HOME HEALTH AND HOSPICE

A resident may be receiving home health services or is on hospice and has delegation needs for a chronic, on-going condition, such as diabetes. If you have a resident receiving home health or the resident is on hospice, you are responsible for discussing the resident's needs with each RN to determine who is doing what and when. This should all be documented in the resident's record and clearly identified in the resident's care plan. Clear communication in the beginning will assure the resident's health care needs are fully supported.

COMMON QUESTIONS

Question: The RN delegated a nursing procedure for two of my residents but did not leave any written instructions. *What should I do?*

Answer: You should contact the RN *immediately*. If you do not get a response, you may need to find another RN. In this circumstance it is recommended you let your licenser know you're having trouble getting documentation from the RN.



Question: The RN who works in my home seems to spend more time on RN Delegation for the same nursing procedure than the RN for my friend's AFH. Does my RN not know what they are doing?

Answer: RN Delegation is a resident and caregiver specific process so no two RN Delegations, even for the same nursing procedure, will always look the same. Some situations require more time to go through the RN Delegation process. Some factors could include: the caregivers may not have as much experience, the process may require more teaching, or your resident may have more complex issues. If you are unsure what the RN is doing, ask the RN questions.

Question: The RN asked me if I have a form they must use for the delegation. Is there a form?

Answer: There is *no* universal form. It is the responsibility of the RN to provide you with all required documentation for each delegation. Some RNs have created their own forms which generally reflect the type of nursing procedure they delegate. One form does not fit all situations or style of communicating. If a RN uses a standard form the RN must customize the information to reflect the individual resident's delegation needs. If you have two residents with delegation the information about the resident and the delegation are not likely to be the same since the process is person specific.

Question: I have a resident who can go out into the community without a caregiver. The resident needs insulin and misses insulin injections sometimes. Can a RN still delegate insulin injections for this resident?

Answer: It depends on a couple of conditions:

- Are you still able to give insulin injections to the resident when the resident isn't in the community? **AND**
- Does the resident respond as expected to the insulin injections they do receive without needing emergency medical care?

If the answer is yes to both then delegation for insulin injections may still be appropriate because *you* can perform the nursing procedure frequently enough to maintain your skills and the resident's response is predictable. However, in this situation the RN must:

- Discuss with the resident why it is important to follow their diabetes care routinely and the risks of missing insulin injections; and
- Document why the insulin injections are missed; when the RN notified the resident's medical practitioner and their response; and the RNs discussion with the resident about the risks involved.

Question: I have a lot of experience with giving insulin injections. Why do I need a RN to delegate insulin injections?

Answer: Giving injections is a nursing procedure. If insulin injections have not been delegated, you would be practicing nursing without a license. The Oregon Board of Nursing can sanction you for practicing nursing without a license.

Question: I have a new caregiver coming tomorrow and I have a resident that will need insulin injections. The RN cannot come out and delegate until the following week. Is it ok for me to go ahead and teach the new caregiver to perform the nursing procedure if the RN is coming to do the RN Delegation process?

Answer: *No, it is not ok.* An insulin injection is a nursing procedure and requires RN Delegation for all non-licensed care givers. Here are some suggestions if there isn't a RN available immediately:

- Does the resident have a family member willing to give the insulin injections until the RN can come into the home? Family members do not need to have a nursing procedure delegated.
- Is there another RN that can do the RN Delegation?
- Is Home Health available to do the injections? **NOTE:** Home Health may be able to perform the nursing procedure, but generally are not willing to delegate. Home Health services require medical orders from the resident's medical practitioner.

Question: Can a RN delegate wound care?

Answer: Wound care is a gray area. Skin breakdown or damage to the skin in residents who are aging or have chronic illness that impairs their circulation are at higher risk of a simple wound becoming complex in a short period of time. Whether or not it is safe and reasonable for a RN to delegate wound care depends on several conditions:

- Specifically, what is the caregiver being asked to do.
- How serious is the wound and how complex is the procedure?
- Have there been complications?
- Does the wound need to be assessed routinely by the medical practitioner or RN?
- What is the overall condition of the resident? Do they have an underlying condition that slows or prevents the wound from healing?

If there isn't a lot of history on the resident, or there is a history of complications due to poor healing the RN may consider delegating wound care as unsafe. In these cases, the AFH owner should contact the resident's healthcare practitioner and request Home Health visits for assistance with wound care. The AFH caregivers may still participate in dressing

changes, but the Home Health RN will provide the routine assessment and other interventions that cannot be delegated.

Question: Our setting requires written Protocols for certain conditions. Should the protocols be delegated?

Answer: Protocols may be part of the step-by-step instructions for a delegated nursing procedure. However, not all protocols are about nursing procedures. For example, a common protocol for individuals with developmental disabilities may be a high risk for aspiration.

Aspiration protocols typically address:

- Food type and consistency.
- Fluid temperature or consistency.
- Positioning.
- When to call 9-1-1 and other information specific to the individual.

Protocols and RN Delegation do share one thing in common: the information is written specifically for the individual's needs, and it is not merely generic information. This is known as person-centered care.

RESOURCES

DHS's Safe Medication Administration website:

<https://tinyurl.com/SafeMedAdmin>

DHS's Ensuring Quality Care tools and resources:

www.tinyurl.com/APD-EQCTools-Resources



TRAINING CREDIT

You will need to take and pass a test to receive a certificate for training hours. Tests are open book. Tests cannot be taken with assistance. Tests results will be sent via email from AFHtraining.SPD@dhssoha.state.or.us

You must score 100% to receive training credit. All tests are graded in the order received. Processing tests can take up to 8 weeks.

ORDERING TESTS

Fill out the test order form and submit payment to SOQ Self-study Program, PO Box 14530, Salem OR 97309. The test order form is found at: www.tinyurl.com/DHS-AFHTraining The form has payment information.

Tests are valid for 12 months from the date of purchase. Once a self-study test is ordered it is not transferable to another individual. **No refunds will be given.**

QUESTIONS OR INQUIRES?

Send questions or inquiries to: AFHtraining.SPD@dhssoha.state.or.us

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You can get this document in large print, braille or a format you prefer. Contact the Safety, Oversight and Quality Unit at 1-800-282-9092.