

**Proposed Adoption of Amendments to 22 Tex. Admin. Code Chapter 225,
Pertaining to *RN Delegation to Unlicensed Personnel and Tasks Not Requiring
Delegation in Independent Living Environments for Clients with Stable and
Predictable Conditions*, Written Comments Received, and Board Responses to
Comments**

Background: The proposed amendments to Chapter 225 were approved by the Board at its October 2013 meeting for submission to the *Texas Register* for public comment. The amendments were published in the *Texas Register* on November 22, 2013, and the comment period ended on December 23, 2013.

The Board received three written comments on the proposal. A copy of the written comments received are attached as Attachment "A". A summary of the written comments and Staff's proposed responses to the comments are attached as Attachment "B". Staff's proposed revisions to Chapter 225 based upon the comments received are attached as Attachment "C".

Board Action: Move to adopt the proposed amendments to 22 Tex. Admin. Code Chapter 225, pertaining to *RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions*, with changes, as set out in Attachment "C". Further, authorize Staff to publish the summary and response to comments, attached hereto as Attachment "B".

Via Email Only: dusty.johnston@bon.texas.gov

December 20, 2013

James (Dusty) Johnston
General Counsel, Texas Board of Nursing
333 Guadalupe, STE 3-460
Austin, TX 78701

Re: Comments to Proposed Nursing Delegation Rules

Dear Mr. Johnston,

After review and consideration of the Texas Board of Nursing's proposed Nursing Delegation Rules, we respectfully submit the following comments on behalf of Disability Rights Texas:

Title 22, Part 11, Chapter 225

Proposed Rule 225.5(b): This proposed rule states in part that “[w]hen delegation decisions conflict or are in disagreement with the client or the client’s responsible adult, the RN should collaborate with the client or the client’s responsible adult through a dispute resolution process if available.” We understand the importance of a mechanism for dispute resolution, and suggest that the term “dispute resolution process” be clarified with examples. These examples may include, but are not limited to, the ‘convening of a interdisciplinary team (IDT)’ or ‘a service planning team process’ to allow the involvement of important members of the client’s service planning team in the resolution process.

Proposed Rule 225.8(b): This proposed rule states that “[t]ask(s) qualified as HMA(s) not requiring delegation may not be exempt from delegation in programs utilizing rotating shifts, except when the individual client can direct the UAP in the performance of the task(s).” We respectfully request further clarification of language in this proposed rule. Please clarify whether “programs utilizing rotating shifts” refers to residential Medicaid programs with rotating shifts such as residential services in Medicaid waiver group homes, rotating shifts within an individual’s family home or both.

Proposed Rule 225.9(c): This proposed rule states in part that “[t]he verification of competency may be by an individual or, if appropriate, by experience, training, education, and/or certification/permit of the unlicensed person.” We recommend more specific language in rule defining “the verification of competency” and/or a reference to where the specific information can be found, such as a handbook, fact sheet or form.

Page 2
December 20, 2013
James (Dusty) Johnston

Thank you for the opportunity to provide comments on the proposed Nursing Delegation rules. For more information, please contact Terry Anstee, tanstee@drtx.org, or Susan Murphree, smurphree@drtx.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Anstee". The signature is fluid and cursive, with a long horizontal stroke at the end.

Terry Anstee
Healthcare Attorney
Disability Rights Texas

/s/ Susan Murphree

Susan Murphree
Sr. Policy Specialist
Disability Rights Texas

Abel, Jena

From: Johnston, Dusty
Sent: Friday, December 20, 2013 4:51 PM
To: Abel, Jena
Subject: FW: Delegation Rule with Proposed Revisions in Tracking

From: Hester, Melinda
Sent: Friday, December 20, 2013 4:23 PM
To: Johnston, Dusty; Benton, Kristin
Cc: Cone, Bonnie
Subject: FW: Delegation Rule with Proposed Revisions in Tracking

Is this an editorial change that General Counsel can make?

Melinda G Hester, RN, DNP
Lead Nursing Consultant for Practice
Texas Board of Nursing
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melinda.hester@bon.state.tx.us

This email contains the thoughts and opinions of Melinda Hester and does not necessarily represent the opinion of the Texas Board of Nursing.

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From: Kane,Debbie (DADS) [<mailto:debbie.kane@dads.state.tx.us>]
Sent: Friday, December 20, 2013 3:06 PM
To: Hester, Melinda
Subject: RE: Delegation Rule with Proposed Revisions in Tracking

Melinda,
Thank you for sending. I am happy to see that I don't know if this was intentional or not, but when I read the change to trach care on lines 12 & 13 on page 10, it now excludes trach care for people with trachs who are not on vents. I am not sure if that was the intent of the change or not. If this was not intended, then it may need to be rewritten something like this: "tracheal care, to include care of people with trachs who are on ventilators, and instilling normal saline and suctioning of a tracheostomy with routine supplemental oxygen administration." I am terrible at word-smithing language to convey precisely what I intend to say.

lines 12 & 13 on page 10

(7) ventilator care to include tracheal care to include and instilling normal saline and suctioning of a
13 tracheostomy with routine supplemental oxygen administration;

And finally, I hope you have a wonderful holiday Melinda,

Debbie

Debbie Kane, MSN, RN
Nurse Program Manager
Quality Monitoring Program
Texas Department of Aging and Disability Services
512-438-5139
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debbie.kane@dads.state.tx.us

From: Hester, Melinda [<mailto:Melinda.Hester@bon.texas.gov>]
Sent: Thursday, December 19, 2013 4:05 PM
To: Blankenship, Barbara G (DADS)
Cc: Rowley, Randy (DADS); Glenn, Lisa B (DADS); Chancellor, Jennifer H (DADS); Hernandez, Terry (DADS); Kane, Debbie (DADS)
Subject: Delegation Rule with Proposed Revisions in Tracking

Hi Barbie,

This is the report that was presented to the Board in October regarding the proposed revisions to Chapter 225. The proposed revisions are in red tracking changes and will be easy to spot. Hope this helps you.

Happy Holidays,

Melinda G Hester, RN, DNP
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Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, TX 78701
December 20, 2013

The Texas Association for Home Care and Hospice (TAHC&H) represents over 1400 licensed home and community support service agencies (HCSSAs) where hundreds of registered nurses are employed in home care services provided for Texas' Medicaid, Medicare public and private beneficiaries. We appreciate the opportunity to provide comment on the proposed rule changes.

Proposed Rule: Chapter 225

CHAPTER 225. REGISTERED NURSE AND ADVANCED PRACTICE REGISTERED NURSE DELEGATION PROCESS TO UNLICENSED PERSONNEL IN THE INDEPENDENT LIVING ENVIRONMENT

We recognize and support the Statutory Authority of the amendments and new rules are proposed under Texas Occupations Code §301.151 and §301.152, which authorize the Texas Board of Nursing to adopt and enforce rules consistent with the Nursing Practice Act, including rules addressing professional nursing practice and minimum standards of professional nurse practice. No other statutes, articles, or codes are affected by the proposed rules.

TAHC&H has been involved on multiple levels working as stakeholders with the Texas Board of Nursing on this proposed rule. TAHC&H supports the rule and the additions and updates. We appreciate the collaboration during the previous months of rule's revision stakeholder discussion and meetings where the rule went through many draft changes and there were robust discussions between stakeholders. By the end of the arduous process the proposed rule is improved with current updates and valuable changes.

The BON stated that they will be crafting guidelines to go along with the rule in the future. TAHC&H will continue to support and appreciate the opportunity to serve in the BON stakeholder meetings and workgroups.

Respectfully submitted,

Jettie Eddleman

Jettie Eddleman, BSN, RN
Director of Clinical Practice and Regulatory Affairs
Texas Association for Home Care & Hospice

SUMMARY OF COMMENTS AND AGENCY RESPONSE.

General comments

Comment: A commenter representing the Texas Association for Home Care and Hospice (TAHC&H) supports the proposed new rule and the additions and updates. Further, the commenter appreciates the collaboration during the stakeholder discussions and meetings where the rule went through many draft changes and robust discussions between stakeholders. The commenter states that, by the end of the arduous process, the proposed rule is improved with current updates and valuable changes. The commenter states that TAHC&H will continue to support and appreciate the opportunity to serve in stakeholder meetings and workgroups.

Agency Response: The Board appreciates the comment.

§225.5(b)

Comment: A commenter representing Disability Rights Texas suggests that the term "dispute resolution process" be clarified with examples, such as the 'convening of a interdisciplinary team' or a 'service planning team process', to allow the involvement of important members of the client's service planning team in the resolution process.

Agency Response: The Board declines to make the suggested change. The Board believes the term "dispute resolution process" is sufficiently definite regarding the level of collaboration that should occur when conflicting delegation decisions arise. Most critical disagreements between nurses and clients concerning nurse assessment and delegation occur while clients are receiving health services associated with publicly funded programs. These programs are not within the Board's jurisdiction to regulate and the Board cannot mandate dispute resolution procedures by those agencies who do regulate those programs. These programs may adopt a variety of processes including those being suggested by the commenter. To the extent there are dispute resolution processes outlined within a program, the rule makes clear the nurse's duty is to collaborate.

§225.8(b)

Comment: A commenter representing Disability Rights Texas requests clarification of the proposed rule text. Specifically, the commenter asks if the phrase 'programs utilizing rotating shifts' refers to residential Medicaid programs with rotating shifts, such as residential services in Medicaid waiver group homes, rotating shifts within an individual's family home, or both.

Agency Response: The Board has eliminated subsection (b) from the rule text as adopted. The subsection is referring to Texas Department of Aging and Disability Services Home

and Community-based Services and Texas Home Living waiver programs that do utilize rotating shifts of unlicensed staff. The Advisory Committee had approved the elimination of subsection (b) previously from the proposed rule because these delegation issues concerning rotating shifts are specific to the HCS and TxHmL waiver programs and are currently addressed within those programs.

§225.9(c)

Comment: A commenter representing Disability Rights Texas recommends more specific language in the rule text defining 'the verification of competency' and/or a reference to where the specific information can be found, such as a handbook, fact sheet, or form.

Agency Response: The Board declines to make any change to the rule as adopted. The Board believes that to the extent that the term "the verification of competency" needs more clarification, such clarification can come in the form of a "Frequently Asked Question" or other manner as suggested by the commenter.

§225.10(7)

Comment: An individual commenter seeks clarification of the proposed language. Specifically, the commenter points out that the proposed language in paragraph (7) seems to exclude tracheostomy care for people with tracheostomies who are not on ventilators. If this was not the Board's intent, the commenter suggests language to clarify the Board's intent.

Agency Response: The Board agrees with the commenter that the rule text may be incorrectly read to exclude tracheostomy care for people on a ventilator. This was not the Board's intent and therefore, the Board will modify paragraph (7) to read "ventilator care or tracheal care; including instilling normal saline and suctioning of a tracheostomy with routine supplemental oxygen administration."

Attachment "C"

Text. (changes in yellow highlight)

§225.1. Application of Chapter.

(a) (No change.)

(b) If the situation does not meet the above criteria in subsection (a) of this section, any delegation of nursing tasks by the RN to an unlicensed person must comply with [BNE] Chapter 224 of this title (relating to Delegation of Tasks Relating to Acute Conditions or Settings Other Than Independent Living Environments).

(c) (No change.)

§225.2. Exclusions from Chapter. This chapter does not apply to:

(1) - (2) (No change.)

(3) tasks performed under authority of Government Code §531.051(e) relating to Consumer Direction of Certain Services for Persons With Disability and Elderly Persons [~~tasks provided in compliance with Government Code §531.051(f) (relating to certain tasks performed for clients under certain state funded programs not constituting the practice of professional nursing)~~];

(4) (No change.)

§225.3. Purpose.

(a) The Texas Board of Nursing [~~Board of Nurse Examiners~~] (BON [BNE] or Board) recognizes that public preference in the provision of health care services includes a greater opportunity for clients to share with the RN in the choice and control for delivery of services in the community based setting. The Board also appreciates that the provision of health

care is dynamic in nature and continually evolving. As professional nurses, regardless of practice setting, RNs are obligated to assess the nursing needs of the client, develop a plan of nursing actions, implement this plan, and evaluate the outcome. These are essential components of RN practice that identify professional nursing as a process discipline. Professional nursing while inclusive of tasks is not focused on tasks but rather on interventions or client-centered actions initiated to assist the client in accomplishing the goals defined in the nursing care plan.

(b) (No change.)

(c) The purpose of this chapter is to provide guidance to RNs which includes advanced practice registered nurses practicing in independent living environments in incorporating the use of unlicensed personnel to achieve optimal health benefits for the client. Clients in these settings have needs that may be categorized as activities of daily living (ADLs), health maintenance activities (HMAs), or nursing tasks. For some clients, ADLs and HMAs may be of a routine and supportive nature that minimizes the need for RN involvement.

(d) (No change.)

(e) The RN nurse administrator or the RN who is responsible for nursing services in settings that utilize RN delegation in independent living environments shall be responsible for knowing the requirements of this rule and for taking reasonable steps to assure that registered nurse delegation is implemented and conducted in compliance with the Texas Nursing Practice Act and this chapter.

§225.4. Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

(1) - (5) (No change.)

(6) Delegation--means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluating the task at regular intervals. [~~authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task;~~] It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.

(7) (No change.)

(8) Health Maintenance Activities (HMAs)--tasks that may be exempt from delegation based on RN assessment that enable the client to remain in an independent living environment and go beyond ADLs because of the higher skill level required to perform. HMAs include the following [~~limited to the following tasks that enable the client to remain in an independent living environment and that go beyond ADLs because of the higher skill level required to perform~~]:

(A) (No change.)

(B) topically applied medications;

(C) insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or via an insulin pump;

(D) unit dose medication administration by way of in-halation (MDIs) including medications administered as nebulizer treatments for prophylaxis and/or

maintenance;

(E) routine administration of a prescribed dose of oxygen;

(F) noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) therapy;

(G) ~~(B)~~ the administering of a bowel and bladder pro-gram, including suppositories, enemas, manual evacuation, intermittent catheterization, digital stimulation associated with a bowel pro-gram, tasks related to external stoma care including but not limited to pouch changes, measuring intake and output, and skin care surrounding the stoma area;

(H) ~~(C)~~ routine preventive skin care and care of Stage 1 pressure ulcers [decubitus];

(I) ~~(D)~~ feeding and irrigation through a permanently placed feeding tube inserted in a surgically created orifice or stoma; ~~and~~

(J) those tasks that an RN may reasonably conclude as safe to exempt from delegation based on an assessment consistent with §225.6 of this title (relating to RN Assessment of the Client); and

(K) ~~(E)~~ such other tasks as the Board may designate.

(9) (No change.)

(10) Not Requiring Delegation--a determination by a RN that the performance of an ADL or HMA may be exempt from delegation for a particular client and does not constitute the practice of professional nursing based on criteria established by the Board/this chapter.

(11) - (12) (No change.)

§225.5. RN Accountability.

(a) (No change.)

(b) The RN is responsible for documenting the delegation as-sessment and delegation decision(s), and must provide the rationale for the delegation decisions upon request of the client or the client's responsible adult. When delegation decisions conflict or are in disagreement with the client or the client's responsible adult, the RN should collaborate with the client or the client's responsible adult through a dispute resolution process if available.

(c) [(b)] The RN is not accountable for an unlicensed person's actual performance of ADLs or HMAs not requiring delegation.

(d) [(e)] The RN's accountability to the BON [BNE] with respect to its taking disciplinary action against the RN's license is met when the RN can verify compliance with this chapter.

(e) [(d)] This chapter does not change a RN's civil liability.

§225.6. RN Assessment of the Client.

(a) The RN, in consultation with the client if 16 or older, and when appropriate the client's responsible adult, must make an assessment to determine if the care:

(1) - (2) (No change.)

(3) should not be delegated and only performed by a nurse.

(b) - (c) (No change.)

§225.8. Health Maintenance Activities Not Requiring Delegation.

(a) (No change.)

~~(b) Task(s) qualified as HMA(s) not requiring delegation may not be exempt from delegation in programs utilizing rotating shifts, except when the individual client can direct the UAP in the performance of the task(s).~~

(b) If the above criteria cannot be met, an HMA may still be performed as a delegated task if it meets the criteria of §225.9 of this title (relating to Delegation Criteria).
§225.9. Delegation Criteria.

(a) - (b) (No change.)

(c) The competency of the unlicensed person to whom the nursing task is delegated must be adequately documented. The verification of competency may be by an individual or, if appropriate, by experience, training, education, and/or certification/permit of the unlicensed person.

(d) [(c)] If the RN is employed, the employing entity must have a written policy acknowledging that the final decision to delegate shall be made by the RN in consultation with client or client's responsible adult.

§225.10. Tasks That May Be Delegated. A RN may delegate the following tasks unless the RN's assessment under §225.6 of this title (relating to RN Assessment of the Client) and §225.9 of this title (relating to Delegation Criteria) determines that the task is not a task a reasonable and prudent nurse would delegate. Tasks include:

(1) - (3) (No change.)

(4) the collecting, reporting, and documentation of data including, but not limited to:

(A) vital signs, height, weight, intake and output, capillary blood and urine test;~~[- for sugar and hematest results,]~~

(B) environmental situations/living conditions that affect the client's health status;~~[-]~~

(C) client or significant other's comments relating to the client's care;~~[-]~~
and

(D) (No change.)

(5) - (6) (No change.)

(7) ventilator care or tracheal care; including instilling normal saline and suctioning of a tracheostomy with routine supplemental oxygen administration.

(8) - (9) (No change.)

(10) administration of medications that are administered:

(A) - (D) (No change.)

(E) vaginal or rectal gels or suppositories;

(F) - (G) (No change.)

(11) administration of oral unit dose medications from the client's daily pill reminder [~~pill~~] container in accordance with §225.11~~[(a)]~~ of this title (relating to Delegation of Administration of Medications From Pill Reminder Container [~~and Administration of Insulin~~]);

(12) administration of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered sub-cutaneously, nasally, or via an insulin pump in [~~subcutaneously, nasally, or via insulin pump in~~] accordance with §225.12 [~~§225.11(b)~~] of this title (relating to Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus); [~~and~~]

(13) certain emergency measures as defined in §224.6(4) of this title (relating to General Criteria for Delegation);

(14) those tasks that an RN may reasonably conclude as safe to delegate based on an assessment consistent with §225.6 of this title; and

(15) [(13)] other such tasks as the Board may designate.

§225.11. Delegation of Administration of Medications From Pill Reminder Container ~~and Administration of Insulin~~].

~~(a)~~ In addition to all previous criteria listed, when delegating the administration of oral unit dose medications from the client's daily pill reminder container, the RN must:

(1) ensure that the unit dose medication(s) are placed in the client's daily pill reminder ~~[pill]~~ container, from properly dispensed prescription bottle(s), by the RN or a person mutually agreed upon by the RN and client or client's responsible adult who has demonstrated the ability to complete the task properly;

(2) instruct the client or client's responsible adult and the unlicensed person involved in such delegation activity about each medication placed in such a container with regard to distinguishing characteristics of each medication, proper time, dose, route and adverse effects which may be associated with the medication;

(3) provide to the client, client's responsible adult if applicable, and the unlicensed person(s) instructions to contact the RN before the medication is administered when there are questions concerning the medications or changes in the client's status related to the medication being given. An example is when the medications appear to be rearranged or missing.

(4) make supervisory visits in the event there are changes in the client's status related to the medication being given and determine the frequency of supervisory

visits in consultation with the client or the client's responsible adult to assure that safe and effective services are being provided; and

(5) ensure the client or client's responsible adult acknowledges in writing that the administration of medication(s) under this section will be delegated to an unlicensed person.

~~[(b) In addition to complying with all previous criteria listed, when delegating administration of insulin subcutaneously, nasally, or via insulin pump the RN must:]~~

~~[(1) arrange for a RN to be available on call for consultation/intervention 24 hours each day;]~~

~~[(2) provide teaching of all aspects of insulin administration, subcutaneously, nasally, or via insulin pump to the client and the unlicensed person to include, but not limited to proper technique for determination of the client's blood sugar prior to each administration of insulin, proper injection technique, risks, side effects and the correct response(s). The RN must leave written instructions for the performance of the administration of insulin subcutaneously, nasally, or via insulin pump, including a copy of the physician's order or instructions, for the unlicensed person, client, or client's responsible adult to use as a reference:]~~

~~[(3) delegate the administration of insulin subcutaneously, nasally, or via insulin pump to an unlicensed person, specific to one client. The RN must teach that the administration of insulin subcutaneously, nasally, or via insulin pump is to be performed only for the patient for whom the instructions are provided and instruct the unlicensed person that the task is client specific and not transferable to other clients or providers;]~~

~~[(4) delegate the administration of insulin subcutaneously, nasally, or via~~

~~insulin pump to additional unlicensed persons providing care to the specific client provided the registered nurse limits the number of unlicensed persons to the number who will remain proficient in performing the task and can be safely supervised by the registered nurse;]~~

~~[(5) make supervisory visits to the client's location at least 3 times within the first 60 days (one within the first two weeks, one within the second two weeks and one in the last 30 days) to evaluate the proper medication administration of insulin by the unlicensed person(s). After the initial 60 days, the RN, in consultation with the client or client's responsible adult, shall determine the frequency for supervisory visits to assure the proper and safe administration of insulin by the unlicensed person(s). Separate visits shall be made for each unlicensed person administering insulin;]~~

~~[(6) make supervisory visits in the event there are changes in the client's status; and]~~

~~[(7) ensure that the client or client's responsible adult acknowledges in writing that the administration of medication(s) under this section will be delegated to an unlicensed person.]~~

§225.12. Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus. In addition to all previous criteria listed, when delegating administration of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or via insulin pump the RN must:

(1) arrange for a RN to be available on call for consultation/intervention 24 hours each day;

(2) provide teaching of all aspects of insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or

via insulin pump to the client and the unlicensed person to include, but not limited to proper technique for determination of the client's blood sugar prior to each administration of insulin or other medication, proper injection technique, risks, side effects and the correct response(s). The RN must leave written instructions for the performance of administering insulin or other injectable medications prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump, including a copy of the physician's order or instructions, for the unlicensed person, client, or client's responsible adult to use as a reference;

(3) delegate the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to an unlicensed person, specific to one client. The RN must teach that the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump is to be performed only for the patient for whom the instructions are provided and instruct the unlicensed person that the task is client specific and not transferable to other clients or providers;

(4) delegate the administration of insulin or other injectable medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to additional unlicensed persons providing care to the specific client provided the registered nurse limits the number of unlicensed persons to the number who will remain proficient in performing the task and can be safely supervised by the registered nurse;

(5) make supervisory visits to the client's location at least 3 times within the first 60 days (one within the first two weeks, one within the second two weeks and one in the last 30 days) to evaluate the proper medication administration of insulin by the

unlicensed person(s). After the initial 60 days, the RN, in consultation with the client or client's responsible adult, shall determine the frequency for supervisory visits to assure the proper and safe administration of insulin by the unlicensed person(s). Separate visits shall be made for each unlicensed person administering insulin:

(6) make supervisory visits in the event there are changes in the client's status; and

(7) ensure that the client or client's responsible adult acknowledges in writing that the administration of medication(s) under this section will be delegated to an unlicensed person.

§225.13. Tasks Prohibited From Delegation. The following are nursing tasks that are not within the scope of sound professional nursing judgment to delegate:

(1) physical, psychological, and social assessment, which requires professional nursing judgment, intervention, referral, or follow-up;

(2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;

(3) specific tasks involved in the implementation of the care plan that require professional nursing judgment or intervention;

(4) the responsibility and accountability for client or client's responsible adult health teaching and health counseling which promotes client or client's responsible adult education and involves the client's responsible adult in accomplishing health goals; and

(5) the following tasks related to medication administration:

(A) calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided

the RN has calculated the dose;

(B) administration of medications by an injectable route except for subcutaneous injectable insulin or other injectable medication prescribed in the treatment of diabetes mellitus as permitted by §225.12 of this title (relating to Delegation of Administration of Insulin) or other injectable medication prescribed in the treatment of diabetes mellitus and in emergency situations as permitted by §224.6(4) of this title (relating to General Criteria for Delegation) and §225.10(13) of this title (relating to Tasks That May Be Delegated);

(C) administration of medications by way of a tube inserted in a cavity of the body except as permitted by §225.10(10) of this title;

(D) responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or podiatrist; and

(E) administration of the initial dose of a medication that has not been previously administered to the client unless the RN documents in the client's medical record the rationale for authorizing the unlicensed person to administer the initial dose.

§225.14. Supervising Unlicensed Personnel Performing Tasks Delegated by Other Practitioners.

(a) The following applies to the registered nurse who practices in a collegial relationship with another licensed practitioner who has delegated tasks to an unlicensed person over whom the RN has supervisory responsibilities. The RN's accountability to the BON, with respect to its taking disciplinary action against the RN's license, is met if the RN:

(1) verifies the training of the unlicensed person;

(2) verifies that the unlicensed person can properly and adequately perform

the delegated task without jeopardizing the client's welfare; and

(3) adequately supervises the unlicensed person.

(b) If the RN cannot verify the unlicensed person's capability to perform the delegated task, the RN must communicate this fact to the licensee who delegated the task.

§225.15. Application of Other Laws and Regulations. BON §217.11(1) of this title (relating to Standards of Professional Nursing Practice) requires RNs to know and conform to all laws and regulations affecting their area of practice. The RN authorizing an unlicensed person to perform tasks in independent living environments should be aware that, in addition to this chapter, various laws and regulations may apply including, but not limited to, laws and regulations governing home and community support service agencies and Medicare and Medicaid regulations. In situations where a RN's practice is governed by multiple laws and regulations that impose different requirements, the RN must comply with them all and if inconsistent, the most restrictive requirement(s) governs. For example, if one regulation requires a RN to make a supervisory visit every 14 days and another leaves it to the RN's professional judgment, the RN would have to visit at least every 14 days or more frequently, if that is what the RN's professional judgment indicated.