

**Consideration of Proposed Amendments to 22 Tex. Admin. Code §224,
Pertaining to Delegation of Nursing Tasks by Registered Professional Nurses
to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care
Environments**

Summary of Request:

Consider the proposed amendments to 22 Tex. Admin. Code §224 based on approved recommendations by the Board's Task Force on Delegation.

Background:

During the October 2011 Board Meeting, the Board approved formation of the Task Force on Delegation. The Task Force consists of the following members: Texas School Nurses Association, AARP Consumer, Hospice Austin, Department of Aging and Disability Services, Developmental Disabilities Nurses Association, Texas Association for Home Care & Hospice, Texas Council for Developmental Disabilities, ADAPT of Texas, Disability Texas (formerly Advocacy, Inc.), and the Department of Aging and Disability Services.

The Chapter 224 Delegation Task Force met on June 20, 2014, July 30, 2014, and September 5, 2014 to determine their suggestions for revisions.

Highlights in the proposed amendments to Rule 224 include:

1. Correction of outdated references to the BON and legal citations;
2. Clarification of "continuously provided," to include correctional health settings;
3. Guidance to APRNs so they know they can use delegation rules to use delegate nursing tasks to unlicensed personnel;
4. Clarification of responsibilities of CNO and other RN responsibilities when supervising tasks delegated to unlicensed personnel or when delegated by another practitioner; and
5. Revision to allow RN to delegate the collection of capillary blood and urine tests to unlicensed personnel for more than just "sugar and hematests."

Staff Recommendation:

Move to approve the proposed amendments to 22 Tex. Admin. Code §224, Pertaining to Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments with the authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the Texas Register. If no negative comments and no request for a public hearing are received, move to adopt the proposed amendments to 22 Tex. Admin. Code §224, as proposed.

§224.1. Application of Chapter.

This chapter applies to situations where:

- (1) the client has an acute health condition that is unstable or unpredictable; or
- (2) the client is in an acute care environment where nursing services are continuously provided. Settings include, but are not limited to, hospitals, rehabilitation centers, skilled nursing facilities, clinics, correctional health, private practice physician offices and settings that do not otherwise meet the definition of independent living environment [§225.4(9)].

Rule §224.2. Exclusions from Chapter.

This chapter does not apply to:

- (1) tasks provided in compliance with Government Code §531.051(e) ~~§531.051(f)~~ relating to Consumer Direction of Certain Services for Persons With Disability and Elderly Persons; ~~(relating to Voucher Program for Payment of Certain Services for Persons With Disabilities);~~ or
- (2) RNs who:
 - (A) supervise or instruct others in the gratuitous nursing care of the sick;
 - (B) are qualified nursing faculty or preceptors directly supervising or instructing nursing students in the performance of nursing tasks while enrolled in accredited nursing programs;
 - (C) instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a part of an education course designed to prepare persons to obtain a state license, certificate or permit that authorizes the

person to perform such tasks; and

(D) assign tasks to or supervise LVNs or other licensed practitioners practicing within the scope of their license.

§224.3. Purpose.

(a) The Texas Board of Nursing ~~Texas Board of Nurse Examiners~~ (BON ~~BNE~~ or Board) recognizes that changes in health care delivery have and will continue to influence the way nursing care is delivered. The Board believes that the registered nurse (RN) is in a unique position to develop and implement a nursing plan of care that incorporates a professional relationship between the RN and the client. The Board recognizes that the RN's responsibility may vary from that of the nurse providing care at the bedside of an acutely ill client to that of the nurse managing health care delivery in institutional and community settings. Assessment of the nursing needs of the client, the plan of nursing actions, implementation of the plan, and evaluation are essential components of professional nursing practice and are the responsibilities of the RN.

(b) The full utilization of the services of a RN, to include advanced practice registered nurses (APRN), may require delegation of selected nursing tasks to unlicensed personnel. The scope of delegation and the level of supervision by the RN may vary depending on the setting, the complexity of the task, the skills and experience of the unlicensed person, and the client's physical and mental status. The following sections govern the RN in delegating nursing tasks to unlicensed personnel across a variety of settings where nursing care services are delivered.

§224.4. Definitions.

(1) - (4) (No change.)

§224.5. RN Accountability for Delegated Tasks.

(a) The RN's accountability to the BON BNE with respect to its taking disciplinary action against the RN's license is met when the delegating RN has complied with and can verify compliance with this chapter and specifically with §224.6 and §224.8(b)(1) of this title (relating to General Criteria for Delegation and Discretionary Delegation Tasks) as appropriate.

(b) This chapter does not change or apply to a RN's civil liability.

(c) The RN nurse administrator or the RN who is responsible for nursing services in settings that utilize RN delegation in clients with acute care conditions or acute care 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.

§224.6. General Criteria for Delegation.

The following standards must be met before the RN delegates nursing tasks to unlicensed persons. These criteria apply to all instances of RN delegation. Additional criteria, if appropriate to the particular task being delegated, may also be found in §224.8(b) (1) of this title (relating to Discretionary Delegation Tasks).

(1) The RN must make an assessment of the client's nursing care needs. The RN should, when the client's status allows, consult with the client, and when appropriate the client's family and/or significant other(s), to identify the client's nursing needs prior to delegating nursing tasks.

(2) The nursing task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate. The RN should consider

the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the RN, and the right supervision as determined by the RN.

(3) The nursing task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.

(4) The nursing task must not require the unlicensed person to exercise professional nursing judgment; however, the unlicensed person may take any action that a reasonable, prudent non-health care professional would take in an emergency situation.

(5) The unlicensed person to whom the nursing task is delegated must be adequately identified. The identification may be by individual or, if appropriate, by training, education, and/or certification/permit of the unlicensed person.

(6) The RN shall have either instructed the unlicensed person in the delegated task, or verified the unlicensed person's competency to perform the nursing task. The verification of competence may be done by the RN making the decision to delegate or, if appropriate, by training, education, experience and/or certification/permit of the unlicensed person.

(7) The RN shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of §224.7 of this title (relating to Supervision).

(8) If the delegation continues over time, the RN shall periodically evaluate, review, and when a change in condition occurs reevaluate the delegation of tasks. For

example, the evaluation would be appropriate when the client's Nursing Care Plan is reviewed and revised. The RN's evaluation of a delegated task(s) will be incorporated into the client's Nursing Care Plan.

§224.7. Supervision.

The registered professional nurse shall provide supervision of all nursing tasks delegated to unlicensed persons in accordance with the following conditions. These supervision criteria apply to all instances of RN delegation and supervision of delegation for clients with acute conditions or in acute care environments.

(1) The degree of supervision required shall be determined by the delegating RN or the RN who assumes supervisory responsibilities after an evaluation of appropriate factors involved including, but not limited to, the following:

- (A) the stability of the client's status in relation to the task(s) to be delegated;
- (B) the training, experience, and capability of the unlicensed person to whom the nursing task is delegated;
- (C) the nature of the nursing task being delegated; and
- (D) the proximity and availability of the RN to the unlicensed person when the nursing task will be performed.

(2) The RN or an RN who assumes supervisory responsibilities under this section ~~another equally qualified RN~~ shall be available in person or by telecommunications, and shall make decisions about appropriate levels of supervision using the following examples as guidelines:

- (A) In situations where the RN's regularly scheduled presence is required to provide nursing services, including assessment, planning, intervention and

evaluation of the client whose health status is changing and/or to evaluate the client's health status, the RN must be readily available to supervise the unlicensed person in the performance of delegated tasks. Settings include, but are not limited to acute care, long term care, rehabilitation centers, and/or clinics providing public health services.

(B) In situations where nursing care is provided in the client's residence but the client's status is unstable and unpredictable and the RN is required to assess, plan, intervene, and evaluate the client's unstable and unpredictable status and need for skilled nursing services, the RN shall make supervisory visits at least every fourteen calendar days. The RN shall assess the relationship between the unlicensed person and the client to determine whether health care goals are being met. Settings include, but are not limited to group homes, foster homes and/or the client's residence.

(C) In situations where the RN assumes supervision of UAPs performing tasks that have been delegated by another RN, if performance of the tasks by the UAP poses a risk of patient harm, the supervising RN must intervene as required to stabilize a patient's condition and prevent complications and then communicate with the delegating RN.

§224.8. Delegation of Tasks.

(a) Tasks Which are Most Commonly Delegated. By way of example, and not in limitation, the following nursing tasks are ones that are most commonly the type of tasks within the scope of sound professional nursing practice to be considered for delegation, regardless of the setting, provided the delegation is in compliance with §224.6 of this title (relating to

General Criteria for Delegation) and the level of supervision required is determined by the RN in accordance with §224.7 of this title (relating to Supervision):

- (1) non-invasive and non-sterile treatments;
- (2) 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;
 - (C) client or family comments relating to the client's care; and
 - (D) behaviors related to the plan of care;
- (3) ambulation, positioning, and turning;
- (4) transportation of the client within a facility;
- (5) personal hygiene and elimination, including vaginal irrigations and cleansing enemas;
- (6) feeding, cutting up of food, or placing of meal trays;
- (7) socialization activities;
- (8) activities of daily living; and
- (9) reinforcement of health teaching planned and/or provided by the registered nurse.

(b) Discretionary Delegation Tasks.

(1) In addition to General Criteria for Delegation outlined in §224.6 of this title, the nursing tasks which follow in paragraph (2) of this subsection may be delegated to an unlicensed person only:

- (A) if the RN delegating the task is directly responsible for the nursing care

given to the client;

(B) if the agency, facility, or institution employing or utilizing unlicensed personnel follows a current protocol for the delegation of the task and for the instruction and training of unlicensed personnel performing nursing tasks under this subsection and that the protocol is developed with input by registered nurses currently employed in the facility and includes:

(i) the manner in which the instruction addresses the complexity of the delegated task;

(ii) the manner in which the unlicensed person demonstrates competency of the delegated task;

(iii) the mechanism for reevaluation of the competency; and

(iv) an established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; ~~and~~

(v) how the unlicensed person will report back to the delegating RN or supervising RN; and

(vi) periodic re-demonstration of competency.

(C) if the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the RN's professional judgment.

(2) the following are nursing tasks that are not usually within the scope of sound professional nursing judgment to delegate and may be delegated only in accordance with, §224.6 of this title and paragraph (1) of this subsection. These types of tasks include:

- (A) sterile procedures--those procedures involving a wound or an anatomical site which could potentially become infected;
- (B) non-sterile procedures, such as dressing or cleansing penetrating wounds and deep burns;
- (C) invasive procedures--inserting tubes in a body cavity or instilling or inserting substances into an indwelling tube; and
- (D) care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment.

(c) Nursing Tasks Prohibited from Delegation By way of example, and not in limitation, 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 which require professional nursing judgment or intervention;
- (4) the responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
- (5) administration of medications, including intravenous fluids, except by medication aides as permitted under §224.9 of this title (relating to The Medication Aide Permit Holder).

§224.9. The Medication Aide Permit Holder.

(a) A RN may delegate to medication aides the administration of medication to clients in correctional health, long term care facilities, and home health agencies, and other facilities as authorized by law if:

- (1) the medication aide holds a valid permit issued by the appropriate state agency to administer medications in that facility or agency;
- (2) the RN assures that the medication aide functions in compliance with the laws and an regulations of the agency issuing the permit; and
- (3) the route of administration is oral, via a permanently placed feeding tube, sublingual or topical including eye, ear or nose drops and vaginal or rectal suppositories.

(b) The following tasks may not be delegated to the Medication Aide Permit Holder unless allowed and in compliance with Chapter 225 of this title (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions):

- (1) 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;
- (2) administration of the initial dose of a medication that has not been previously administered to the client;
- (3) administration of medications by an injectable route except as permitted in independent living environments for administration of insulin as outlined in §225.12 (relating to Delegation of Insulin or Other Injectable Medications Prescribed in the

Treatment of Diabetes Mellitus); ~~under §225.11 of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);~~

(4) administration of medications used for intermittent positive pressure breathing or other methods involving medication inhalation treatments in independent living environments except as permitted in §225.10 (10)(F) ~~of this title~~ (relating to Tasks That May Be Delegated).

(5) administration of medications by way of a tube inserted in a cavity of the body in independent living environments except as permitted ~~stated in~~ §225.10 (10)(A) ~~(relating to Tasks That May be Delegated)~~ ~~§225.11 of this title~~.

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

(7) responsibility for ordering a client's medication from the pharmacy.

§224.10. Supervising Unlicensed Personnel Performing Tasks Delegated by Non RN Practitioners.

(a) The following applies to the registered professional 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 BNE, 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.

(c) If performance of the task(s) by UAP poses risk of harm to the patient, the RN must intervene as required to stabilize a patient's condition and prevent complications; and then communicate with the delegating practitioner.

§224.11. Application of Other Laws and Regulations.

(a) BON BNE §217.11 (1)(A) 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.

(b) The RN delegating tasks to an unlicensed person should be aware that, in addition to this chapter, various laws and regulations may apply to, including but not limited to, laws and regulations governing facility licensing, home and community support services agencies, Medicare and Medicaid regulations, and Medication Aide regulations.

(c) 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 an 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.

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER 224 DELEGATION OF NURSING TASKS BY REGISTERED PROFESSIONAL NURSES TO UNLICENSED PERSONNEL FOR CLIENTS WITH ACUTE CONDITIONS OR IN ACUTE CARE ENVIRONMENTS

Existing Rule	Proposed Amendments	Comments
<p>Rule §224.1 Application of Chapter</p> <p>This chapter applies to situations where:</p> <p>(1) the client has an acute health condition that is unstable or unpredictable; or</p> <p>(2) the client is in an acute care environment where nursing services are continuously provided including, but not limited to, hospitals, rehabilitation centers, skilled nursing facilities, clinics, and private practice physician offices.</p>	<p>Rule §224.1 Application of Chapter</p> <p>This chapter applies to situations where:</p> <p>(1) the client has an acute health condition that is unstable or unpredictable; or</p> <p>(2) the client is in an acute care environment where nursing services are continuously provided. <u>Settings include, but are not limited to, hospitals, rehabilitation centers, skilled nursing facilities, clinics, <u>correctional health</u>, private practice physician offices <u>and settings that do not otherwise meet the definition of independent living environment</u> [§225.4(9)].</u></p>	<p>Note: Board staff plans to develop educational opportunities for RNS and APRNs to learn the complex managerial skills of delegation through BON Quarterly Bulletin articles, frequently asked questions (FAQs), face-to-face workshops, and webinars.</p> <p>Additional clarification of 'continuously provided' will be addressed in FAQs.</p>
<p>Rule §224.2 Exclusions from Chapter</p> <p>This chapter does not apply to:</p> <p>(1) tasks provided in compliance with Government Code §531.051(f) (relating to Voucher Program for Payment of Certain Services for Persons With Disabilities); or</p>	<p>Rule §224.2 Exclusions from Chapter</p> <p>This chapter does not apply to:</p> <p>(1) tasks provided in compliance with Government Code <u>§531.051(e) relating to Consumer Direction of Certain Services for Persons With Disability and Elderly Persons: §531.051(f) (relating to Voucher Program for Payment of Certain Services for Persons With Disabilities); or</u></p>	<p>Revision reflects the new Government Code reference.</p>

Existing Rule	Proposed Amendments	Comments
<p>(2) RNs who:</p> <p>(A) supervise or instruct others in the gratuitous nursing care of the sick;</p> <p>(B) are qualified nursing faculty or preceptors directly supervising or instructing nursing students in the performance of nursing tasks while enrolled in accredited nursing programs;</p> <p>(C) instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a part of an education course designed to prepare persons to obtain a state license, certificate or permit that authorizes the person to perform such tasks; and</p> <p>(D) assign tasks to or supervise LVNs or other licensed practitioners practicing within the scope of their license.</p>	<p>(2) RNs who:</p> <p>(A) supervise or instruct others in the gratuitous nursing care of the sick;</p> <p>(B) are qualified nursing faculty or preceptors directly supervising or instructing nursing students in the performance of nursing tasks while enrolled in accredited nursing programs;</p> <p>(C) instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a part of an education course designed to prepare persons to obtain a state license, certificate or permit that authorizes the person to perform such tasks; and</p> <p>(D) assign tasks to or supervise LVNs or other licensed practitioners practicing within the scope of their license.</p>	
<p>Rule §224.3 Purpose</p> <p>The Texas Board of Nurse Examiners (BNE or Board) recognizes that changes in health care delivery have and will continue to influence the way nursing care is delivered. The Board believes that the registered nurse (RN) is in a unique position to develop and implement a nursing plan of care that incorporates a professional relationship between the RN and the client. The Board recognizes that the RN's responsibility may vary from that of the nurse providing care at</p>	<p>Rule §224.3 Purpose</p> <p>(a) The Texas Board of Nurse Examiners (BNE or Board) <u>Texas Board of Nursing</u> (BON or Board) recognizes that changes in health care delivery have and will continue to influence the way nursing care is delivered. The Board believes that the registered nurse (RN) is in a unique position to develop and implement a nursing plan of care that incorporates a professional relationship between the RN and the client. The Board recognizes that the RN's responsibility may</p>	<p>Revision reflects the Agency's new name as of 2007, 80th Legislative Session.</p>

Existing Rule	Proposed Amendments	Comments
<p>the bedside of an acutely ill client to that of the nurse managing health care delivery in institutional and community settings. Assessment of the nursing needs of the client, the plan of nursing actions, implementation of the plan, and evaluation are essential components of professional nursing practice and are the responsibilities of the RN.</p> <p>The full utilization of the services of a RN may require delegation of selected nursing tasks to unlicensed personnel. The scope of delegation and the level of supervision by the RN may vary depending on the setting, the complexity of the task, the skills and experience of the unlicensed person, and the client's physical and mental status. The following sections govern the RN in delegating nursing tasks to unlicensed personnel across a variety of settings where nursing care services are delivered.</p>	<p>vary from that of the nurse providing care at the bedside of an acutely ill client to that of the nurse managing health care delivery in institutional and community settings. Assessment of the nursing needs of the client, the plan of nursing actions, implementation of the plan, and evaluation are essential components of professional nursing practice and are the responsibilities of the RN.</p> <p><u>(b) The full utilization of the services of a RN, to include advanced practice registered nurses (APRN), may require delegation of selected nursing tasks to unlicensed personnel. The scope of delegation and the level of supervision by the RN may vary depending on the setting, the complexity of the task, the skills and experience of the unlicensed person, and the client's physical and mental status. The following sections govern the RN in delegating nursing tasks to unlicensed personnel across a variety of settings where nursing care services are delivered.</u></p>	<p>Revision provides guidance to APRNs regarding the rules APRNs are required to use when delegating nursing tasks to unlicensed personnel.</p>
<p>Rule §224.4 Definitions</p> <p>The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.</p> <p>(1) Activities of daily living--Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting,</p>		<p>No proposed changes in Rule §224.4 Definitions</p>

Existing Rule	Proposed Amendments	Comments
<p>transfer/ambulation, positioning, and range of motion.</p> <p>(2) Client--the individual receiving care.</p> <p>(3) Delegation--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.</p> <p>(4) Unlicensed person--An individual, not licensed as a health care provider:</p> <p>(A) who is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the RN in providing direct client care or carrying out common nursing functions;</p> <p>(B) including, but is not limited to, nurse aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by a state agency, and other individuals providing personal care/assistance of health related services; or</p> <p>(C) who is a professional nursing student, not licensed as a RN or LVN, providing care for monetary compensation and not as part of their formal educational program shall be considered to be unlicensed persons and must provide that care in conformity with this chapter.</p>		

Existing Rule	Proposed Amendments	Comments
<p>Rule §224.5 RN Accountability for Delegated Tasks</p> <p>(a) The RN's accountability to the BNE with respect to its taking disciplinary action against the RN's license is met when the delegating RN has complied with and can verify compliance with this chapter and specifically with §224.6 and §224.8(b)(1) of this title (relating to General Criteria for Delegation and Discretionary Delegation Tasks) as appropriate.</p> <p>(b) This chapter does not change or apply to a RN's civil liability.</p>	<p>Rule §224.5 RN Accountability for Delegated Tasks</p> <p>(a) The RN's accountability to the BON BNE with respect to its taking disciplinary action against the RN's license is met when the delegating RN has complied with and can verify compliance with this chapter and specifically with §224.6 and §224.8(b)(1) of this title (relating to General Criteria for Delegation and Discretionary Delegation Tasks) as appropriate.</p> <p>(b) This chapter does not change or apply to a RN's civil liability.</p> <p><u>(c) The RN nurse administrator or the RN who is responsible for nursing services in settings that utilize RN delegation in clients with acute care conditions or acute care 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.</u></p>	<p>Revision reflects the Agency's new name as of 2007 (80th Legislative Session).</p> <p>Revision reflects recent amendments to Chapter 225.3(e); existing requirements in Rule 217.19(l)(2) and Rule 217.20(j)(1) regarding a CNO's responsibility related to RN delegation.</p>
<p>Rule §224.6 General Criteria for Delegation</p> <p>The following standards must be met before the RN delegates nursing tasks to unlicensed persons. These criteria apply to all instances of RN delegation. Additional criteria, if appropriate to the particular task being delegated, may also be found in §224.8(b) (1) of this title (relating to</p>	<p>Rule §224.6 General Criteria for Delegation</p> <p>The following standards must be met before the RN delegates nursing tasks to unlicensed persons. These criteria apply to all instances of RN delegation. Additional criteria, if appropriate to the particular task being delegated, may also be found in §224.8(b) (1) of this title (relating to</p>	

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<p>Discretionary Delegation Tasks).</p> <p>(1) The RN must make an assessment of the client's nursing care needs. The RN should, when the client's status allows, consult with the client, and when appropriate the client's family and/or significant other(s), to identify the client's nursing needs prior to delegating nursing tasks.</p> <p>(2) The nursing task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate. The RN should consider the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the RN, and the right supervision as determined by the RN.</p> <p>(3) The nursing task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.</p> <p>(4) The nursing task must not require the unlicensed person to exercise professional nursing judgment; however, the unlicensed person may take any action that a reasonable, prudent non-health care professional would take in an emergency situation.</p> <p>(5) The unlicensed person to whom the nursing task is delegated must be adequately identified. The identification may be by individual or, if appropriate, by training,</p>	<p>Discretionary Delegation Tasks).</p> <p>(1) The RN must make an assessment of the client's nursing care needs. The RN should, when the client's status allows, consult with the client, and when appropriate the client's family and/or significant other(s), to identify the client's nursing needs prior to delegating nursing tasks.</p> <p>(2) The nursing task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate. The RN should consider the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the RN, and the right supervision as determined by the RN.</p> <p>(3) The nursing task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.</p> <p>(4) The nursing task must not require the unlicensed person to exercise professional nursing judgment; however, the unlicensed person may take any action that a reasonable, prudent non-health care professional would take in an emergency situation.</p> <p>(5) The unlicensed person to whom the nursing task is delegated must be adequately identified. The identification may be by individual or, if appropriate, by</p>	

Existing Rule	Proposed Amendments	Comments
<p>education, and/or certification/permit of the unlicensed person.</p> <p>(6) The RN shall have either instructed the unlicensed person in the delegated task, or verified the unlicensed person's competency to perform the nursing task. The verification of competence may be done by the RN making the decision to delegate or, if appropriate, by training, education, experience and/or certification/permit of the unlicensed person.</p> <p>(7) The RN shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of §224.7 of this title (relating to Supervision).</p> <p>(8) If the delegation continues over time, the RN shall periodically evaluate the delegation of tasks. For example, the evaluation would be appropriate when the client's Nursing Care Plan is reviewed and revised. The RN's evaluation of a delegated task(s) will be incorporated into the client's Nursing Care Plan.</p>	<p>training, education, and/or certification/permit of the unlicensed person.</p> <p>(6) The RN shall have either instructed the unlicensed person in the delegated task, or verified the unlicensed person's competency to perform the nursing task. The verification of competence may be done by the RN making the decision to delegate or, if appropriate, by training, education, experience and/or certification/permit of the unlicensed person.</p> <p>(7) The RN shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of §224.7 of this title (relating to Supervision).</p> <p>(8) If the delegation continues over time, the RN shall periodically evaluate, <u>review, and when a change in condition occurs reevaluate</u> the delegation of tasks. For example, the evaluation would be appropriate when the client's Nursing Care Plan is reviewed and revised. The RN's evaluation of a delegated task(s) will be incorporated into the client's Nursing Care Plan.</p>	<p>This new language provides clarification of the RN's responsibility to reassess and reevaluate periodically and when changes in condition occur.</p>
<p>Rule §224.7 Supervision</p> <p>The registered professional nurse shall provide supervision of all nursing tasks delegated to unlicensed persons in accordance with the following conditions. These supervision criteria apply to all instances of RN delegation for clients with</p>	<p>Rule §224.7 Supervision</p> <p>The registered professional nurse shall provide supervision of all nursing tasks delegated to unlicensed persons in accordance with the following conditions. These supervision criteria apply to all instances of RN delegation <u>and supervision</u></p>	

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<p>acute conditions or in acute care environments.</p> <p>(1) The degree of supervision required shall be determined by the RN after an evaluation of appropriate factors involved including, but not limited to, the following:</p> <p>(A) the stability of the client's status in relation to the task(s) to be delegated;</p> <p>(B) the training, experience, and capability of the unlicensed person to whom the nursing task is delegated;</p> <p>(C) the nature of the nursing task being delegated; and</p> <p>(D) the proximity and availability of the RN to the unlicensed person when the nursing task will be performed.</p> <p>(2) The RN or another equally qualified RN shall be available in person or by telecommunications, and shall make decisions about appropriate levels of supervision using the following examples as guidelines:</p> <p>(A) In situations where the RN's regularly scheduled presence is required to provide nursing services, including assessment, planning, intervention and evaluation of the client whose health status is changing and/or</p>	<p><u>of delegation</u> for clients with acute conditions or in acute care environments.</p> <p>(1) The degree of supervision required shall be determined by the <u>delegating RN or the RN who assumes supervisory responsibilities</u> after an evaluation of appropriate factors involved including, but not limited to, the following:</p> <p>(A) the stability of the client's status in relation to the task(s) to be delegated;</p> <p>(B) the training, experience, and capability of the unlicensed person to whom the nursing task is delegated;</p> <p>(C) the nature of the nursing task being delegated; and</p> <p>(D) the proximity and availability of the RN to the unlicensed person when the nursing task will be performed.</p> <p>(2) The RN or <u>an RN who assumes supervisory responsibilities-under this section</u> another equally qualified RN shall be available in person or by telecommunications, and shall make decisions about appropriate levels of supervision using the following examples as guidelines:</p> <p>(A) In situations where the RN's regularly scheduled presence is required to provide nursing services, including assessment, planning, intervention and evaluation of the client whose health status is changing</p>	<p>Revision further clarifies a RN's responsibilities when supervising tasks delegated to unlicensed personnel or when delegated by another practitioner, i.e.: physician or another RN.</p>

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<p>to evaluate the client's health status, the RN must be readily available to supervise the unlicensed person in the performance of delegated tasks. Settings include, but are not limited to acute care, long term care, rehabilitation centers, and/or clinics providing public health services.</p> <p>(B) In situations where nursing care is provided in the client's residence but the client's status is unstable and unpredictable and the RN is required to assess, plan, intervene, and evaluate the client's unstable and unpredictable status and need for skilled nursing services, the RN shall make supervisory visits at least every fourteen calendar days. The RN shall assess the relationship between the unlicensed person and the client to determine whether health care goals are being met. Settings include, but are not limited to group homes, foster homes and/or the client's residence.</p>	<p>and/or to evaluate the client's health status, the RN must be readily available to supervise the unlicensed person in the performance of delegated tasks. Settings include, but are not limited to acute care, long term care, rehabilitation centers, and/or clinics providing public health services.</p> <p>(B) In situations where nursing care is provided in the client's residence but the client's status is unstable and unpredictable and the RN is required to assess, plan, intervene, and evaluate the client's unstable and unpredictable status and need for skilled nursing services, the RN shall make supervisory visits at least every fourteen calendar days. The RN shall assess the relationship between the unlicensed person and the client to determine whether health care goals are being met. Settings include, but are not limited to group homes, foster homes and/or the client's residence.</p> <p><u>(C) In situations where the RN assumes supervision of UAPs performing tasks that have been delegated by another RN, if performance of the tasks by the UAP poses a risk of patient harm, the supervising RN must intervene as required to stabilize a patient's condition and prevent complications and then communicate with the delegating RN</u></p>	<p>Revisions are consistent with Rule 217.11 (1)(M) and (P). Guidance will be provided in a FAQ to address the supervising RN's responsibility to intervene (M) to promote the client's safety and collaborate (P) with the delegating RN to foster communication.</p>
<p>Rule §224.8 Delegation of Tasks</p> <p>(a) Tasks Which are Most Commonly Delegated. By way of example, and not in</p>	<p>Rule §224.8 Delegation of Tasks</p> <p>(a) Tasks Which are Most Commonly Delegated. By way of example, and not in</p>	

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<p>limitation, the following nursing tasks are ones that are most commonly the type of tasks within the scope of sound professional nursing practice to be considered for delegation, regardless of the setting, provided the delegation is in compliance with §224.6 of this title (relating to General Criteria for Delegation) and the level of supervision required is determined by the RN in accordance with §224.7 of this title (relating to Supervision):</p> <p>(1) non-invasive and non-sterile treatments;</p> <p>(2) the collecting, reporting, and documentation of data including, but not limited to:</p> <p>(A) vital signs, height, weight, intake and output, capillary blood and urine test for sugar and hematest results,</p> <p>(B) environmental situations;</p> <p>(C) client or family comments relating to the client's care; and</p> <p>(D) behaviors related to the plan of care;</p> <p>(3) ambulation, positioning, and turning;</p> <p>(4) transportation of the client within a facility;</p> <p>(5) personal hygiene and elimination,</p>	<p>limitation, the following nursing tasks are ones that are most commonly the type of tasks within the scope of sound professional nursing practice to be considered for delegation, regardless of the setting, provided the delegation is in compliance with §224.6 of this title (relating to General Criteria for Delegation) and the level of supervision required is determined by the RN in accordance with §224.7 of this title (relating to Supervision):</p> <p>(1) non-invasive and non-sterile treatments;</p> <p>(2) the collecting, reporting, and documentation of data including, but not limited to:</p> <p>(A) vital signs, height, weight, intake and output, capillary blood and urine test; for sugar and hematest results,</p> <p>(B) environmental situations;</p> <p>(C) client or family comments relating to the client's care; and</p> <p>(D) behaviors related to the plan of care;</p> <p>(3) ambulation, positioning, and turning;</p> <p>(4) transportation of the client within a facility;</p> <p>(5) personal hygiene and elimination,</p>	<p>Revision will allow for the RN to delegate the collection of capillary blood and urine tests to unlicensed personnel for more than just “sugar and hematests”. This revision takes into account the changes that have occurred in nursing practice since this rule was adopted in 2003.</p>

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<p>including vaginal irrigations and cleansing enemas;</p> <p>(6) feeding, cutting up of food, or placing of meal trays;</p> <p>(7) socialization activities;</p> <p>(8) activities of daily living; and</p> <p>(9) reinforcement of health teaching planned and/or provided by the registered nurse.</p> <p>(b) Discretionary Delegation Tasks.</p> <p>(1) In addition to General Criteria for Delegation outlined in §224.6 of this title, the nursing tasks which follow in paragraph (2) of this subsection may be delegated to an unlicensed person only:</p> <p>(A) if the RN delegating the task is directly responsible for the nursing care given to the client;</p> <p>(B) if the agency, facility, or institution employing unlicensed personnel follows a current protocol for the instruction and training of unlicensed personnel performing nursing tasks under this subsection and that the protocol is developed with input by registered nurses currently employed in the facility and includes:</p> <p>(i) the manner in which the instruction addresses the complexity of the delegated</p>	<p>including vaginal irrigations and cleansing enemas;</p> <p>(6) feeding, cutting up of food, or placing of meal trays;</p> <p>(7) socialization activities;</p> <p>(8) activities of daily living; and</p> <p>(9) reinforcement of health teaching planned and/or provided by the registered nurse.</p> <p>(b) Discretionary Delegation Tasks.</p> <p>(1) In addition to General Criteria for Delegation outlined in §224.6 of this title, the nursing tasks which follow in paragraph (2) of this subsection may be delegated to an unlicensed person only:</p> <p>(A) if the RN delegating the task is directly responsible for the nursing care given to the client;</p> <p>(B) if the agency, facility, or institution employing <u>or utilizing</u> unlicensed personnel follows a current protocol for <u>the delegation of the task and for</u> the instruction and training of unlicensed personnel performing nursing tasks under this subsection and that the protocol is developed with input by registered nurses currently employed in the facility and includes:</p> <p>(i) the manner in which the instruction addresses the complexity of the</p>	<p>Revision provides further clarification regarding the employer's use of unlicensed personnel.</p>

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<p>task;</p> <p>(ii) the manner in which the unlicensed person demonstrates competency of the delegated task;</p> <p>(iii) the mechanism for reevaluation of the competency; and</p> <p>(iv) an established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and</p> <p>(C) if the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the RN's professional judgment.</p> <p>(2) the following are nursing tasks that are not usually within the scope of sound professional nursing judgment to delegate and may be delegated only in accordance with, §224.6 of this title and paragraph (1) of this subsection. These types of tasks include:</p> <p>(A) sterile procedures--those procedures involving a wound or an anatomical site</p>	<p>delegated task;</p> <p>(ii) the manner in which the unlicensed person demonstrates competency of the delegated task;</p> <p>(iii) the mechanism for reevaluation of the competency; and</p> <p>(iv) an established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and</p> <p><u>(v) how the unlicensed person will report back to the delegating RN or supervising RN; and</u></p> <p><u>(vi) periodic re-demonstration of competency.</u></p> <p>(C) if the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the RN's professional judgment.</p> <p>(2) the following are nursing tasks that are not usually within the scope of sound professional nursing judgment to delegate and may be delegated only in accordance with, §224.6 of this title and paragraph (1) of this subsection. These types of tasks include:</p> <p>(A) sterile procedures--those procedures involving a wound or an anatomical site which could potentially</p>	<p>Revision addresses communication requirements between unlicensed personnel and the delegating RN and the need for periodic competency verification.</p>

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<p>which could potentially become infected;</p> <p>(B) non-sterile procedures, such as dressing or cleansing penetrating wounds and deep burns;</p> <p>(C) invasive procedures--inserting tubes in a body cavity or instilling or inserting substances into an indwelling tube; and</p> <p>(D) care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment.</p> <p>(c) Nursing Tasks Prohibited from Delegation By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound professional nursing judgment to delegate:</p> <p>(1) physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow-up;</p> <p>(2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;</p> <p>(3) specific tasks involved in the implementation of the care plan which require professional nursing judgment or intervention;</p> <p>(4) the responsibility and accountability for</p>	<p>become infected;</p> <p>(B) non-sterile procedures, such as dressing or cleansing penetrating wounds and deep burns;</p> <p>(C) invasive procedures--inserting tubes in a body cavity or instilling or inserting substances into an indwelling tube; and</p> <p>(D) care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment.</p> <p>(c) Nursing Tasks Prohibited from Delegation By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound professional nursing judgment to delegate:</p> <p>(1) physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow-up;</p> <p>(2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;</p> <p>(3) specific tasks involved in the implementation of the care plan which require professional nursing judgment or intervention;</p> <p>(4) the responsibility and accountability</p>	

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<p>client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and</p> <p>(5) administration of medications, including intravenous fluids, except by medication aides as permitted under §224.9 of this title (relating to The Medication Aide Permit Holder).</p>	<p>for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and</p> <p>(5) administration of medications, including intravenous fluids, except by medication aides as permitted under §224.9 of this title (relating to The Medication Aide Permit Holder).</p>	
<p>Rule §224.9 The Medication Aide Permit Holder</p> <p>(a) A RN may delegate to medication aides the administration of medication to clients in long term care facilities and home health agencies if:</p> <p>(1) the medication aide holds a valid permit issued by the appropriate state agency to administer medications in that facility or agency;</p> <p>(2) the RN assures that the medication aide functions in compliance with the laws and regulations of the agency issuing the permit; and</p> <p>(3) the route of administration is oral, via a permanently placed feeding tube, sublingual or topical including eye, ear or nose drops and vaginal or rectal suppositories.</p>	<p>Rule §224.9 The Medication Aide Permit Holder</p> <p>(a) A RN may delegate to medication aides the administration of medication to clients in <u>correctional health, long term care facilities, and home health agencies, and other facilities as authorized by law</u> if:</p> <p>(1) the medication aide holds a valid permit issued by the appropriate state agency to administer medications in that facility or agency;</p> <p>(2) the RN assures that the medication aide functions in compliance with the laws <u>and an</u> regulations of the agency issuing the permit; and</p> <p>(3) the route of administration is oral, via a permanently placed feeding tube, sublingual or topical including eye, ear or nose drops and vaginal or rectal suppositories.</p>	<p>Revisions reflect the recent changes to the Human Resource Code Chapter 161 & 40 TAC Chapter 95 allowing correctional health settings to utilize certified medication aides and will allow in the future for other areas that may adopt similar rules.</p>

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<p>(b) The following tasks may not be delegated to the Medication Aide Permit Holder unless allowed and in compliance with Chapter 225 of this title (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions):</p> <p>(1) 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;</p> <p>(2) administration of the initial dose of a medication that has not been previously administered to the client;</p> <p>(3) administration of medications by an injectable route except as permitted for administration of insulin under §225.11 of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);</p> <p>(4) administration of medications used for intermittent positive pressure breathing or other methods involving medication inhalation treatments except as permitted in §225.10(10) (E) of this title (relating to Tasks That May Be Delegated).</p>	<p>(b) The following tasks may not be delegated to the Medication Aide Permit Holder unless allowed and in compliance with Chapter 225 of this title (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions):</p> <p>(1) 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;</p> <p>(2) administration of the initial dose of a medication that has not been previously administered to the client;</p> <p>(3) administration of medications by an injectable route except as permitted <u>in independent living environments for administration of insulin as outlined in §225.12 (relating to Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus);</u> under §225.11 of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);</p> <p>(4) administration of medications used for intermittent positive pressure breathing or other methods involving medication inhalation treatments <u>in independent living environments</u> except as permitted in <u>§225.10 (10) (F)</u> of this title (relating to Tasks That May Be Delegated).</p>	<p>Revision reflects amendments to Rule 225.12, adopted in February 2014.</p> <p>Note: 40 TAC §95.125, <i>Requirements for Corrections Medications Aides</i> is in conflict with our rule. Rule 95.125 appears to permit Medication Aides in Correctional Health to give the initial dose of medication.</p> <p>Revision reflects amendments to Rule 225.10(10) (F), adopted in February 2014.</p>

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<p>(5) administration of medications by way of a tube inserted in a cavity of the body except as stated in §225.11 of this title.</p> <p>(6) responsibility for receiving verbal or telephone orders from a physician, dentist, or podiatrist; and</p> <p>(7) responsibility for ordering a client's medication from the pharmacy.</p>	<p>(5) administration of medications by way of a tube inserted in a cavity of the body <u>in independent living environments</u> except as <u>permitted stated in §225.10 (10) (A) (relating to Tasks That May be Delegated)</u> §225.11 of this title.</p> <p>(6) responsibility for receiving verbal or telephone orders from a physician, dentist, or podiatrist; and</p> <p>(7) responsibility for ordering a client's medication from the pharmacy.</p>	<p>Revision reflects amendments to Rule 225.10(10) (A), adopted in February 2014.</p>
<p>Rule §224.10 Supervising Unlicensed Personnel Performing Tasks Delegated by Other Practitioners</p> <p>(a) The following applies to the registered professional 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 BNE, with respect to its taking disciplinary action against the RN's license, is met if the RN:</p> <p>(1) verifies the training of the unlicensed person;</p> <p>(2) verifies that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client's welfare; and</p> <p>(3) adequately supervises the unlicensed</p>	<p>Rule §224.10 Supervising Unlicensed Personnel Performing Tasks Delegated by Non RN Practitioners</p> <p>(a) The following applies to the registered professional 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 <u>BON BNE</u>, with respect to its taking disciplinary action against the RN's license, is met if the RN:</p> <p>(1) verifies the training of the unlicensed person;</p> <p>(2) verifies that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client's welfare; and</p> <p>(3) adequately supervises the unlicensed</p>	<p>Revision reflects the Agency's new name as of 2007, 80th Legislative Session.</p> <p>Note: Board staff plans to develop a Frequently Asked Question to further clarify this section of the rule.</p>

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<p>person.</p> <p>(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.</p>	<p>person.</p> <p>(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.</p> <p><u>(C) If performance of the task(s) by UAP poses risk of harm to the patient, the RN must intervene as required to stabilize a patient's condition and prevent complications; and then communicate with the delegating practitioner.</u></p>	<p>Note: Revisions are consistent with Rule 217.11 (1) (M) and (P). Guidance will be provided in a FAQ to address the supervising RN's responsibility to intervene (M) to promote the client's safety and collaborate (P) with the delegating practitioner to foster communication.</p>
<p>Rule §224.11 Application of Other Laws and Regulations</p> <p>BNE §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.</p> <p>The RN delegating tasks to an unlicensed person should be aware that, in addition to this chapter, various laws and regulations may apply to, including but not limited to, laws and regulations governing home and community support services agencies, Medicare and Medicaid regulations, and Medication Aide regulations.</p> <p>In situations where a RN's practice is governed by multiple laws and regulations that impose different requirements, the RN</p>	<p>Rule §224.11 Application of Other Laws and Regulations</p> <p><u>(a) BON</u> BNE §217.11 (1) <u>(A)</u> 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.</p> <p>(b) The RN delegating tasks to an unlicensed person should be aware that, in addition to this chapter, various laws and regulations may apply to, including but not limited to, laws and regulations governing <u>facility licensing</u>, home and community support services agencies, Medicare and Medicaid regulations, and Medication Aide regulations.</p> <p>(c) In situations where a RN's practice is governed by multiple laws and regulations that impose different requirements, the RN</p>	<p>Revision reflects the Agency's new name as of 2007, 80th Legislative Session. Revision reflects the new title for Rule 217.11 as of 2004.</p> <p>Revision includes facility licensing to explain that these laws and regulations may apply and the RN must take these into account.</p> <p>Revisions reflect separating key information into distinct paragraphs to emphasize and clarify the RN's responsibility when various laws conflict.</p>

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<p>must comply with them all and if inconsistent, the most restrictive requirement(s) governs. For example, if one regulation requires an 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.</p>	<p>must comply with them all and if inconsistent, the most restrictive requirement(s) governs. For example, if one regulation requires an 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.</p>	

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