GUIDELINES

For the

DIDACTIC TRAINING AND ESTABLISHMENT OF COMPETENCY

DIRECT SERVICE WORKERS PERFORMING
MEDICATION ADMINISTRATION AND
NON-COMPLEX TASKS IN
HOME AND COMMUNITY-BASED SETTINGS

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SECTION ONE

INTRODUCTION AND DEFINITIONS

I. Introduction

In December, 2012, the Department of Health and Hospitals, Bureau of Health Services Financing amended LAC 48:1.Chapter 92 as authorized by R.S. 37:1031-1034 and R.S. 40:2179-2179.2. The amendment was promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq to provide, in part, for the establishment and approval of guidelines by the Louisiana Department of Health and Hospitals and the Louisiana State Board of Nursing. The intent of the guidelines is to establish didactic training, competency and identification of non-complex tasks that may be delegated by a Registered Nurse (RN) to a Direct Service Worker (DSW) when the individual receiving home and community based services is in stable condition, when the tasks may be performed according to exact direction, there is no need to alter the standard procedure, and the results are predictable. Per Title 48.1.3.92.9201, home and community based services do not include services provided in a day or residential congregate care setting including, but not limited to, the following: nursing facilities, hospice care facilities, hospitals, intermediate care facilities, adult residential care providers, adult day health care centers, or any other 24-hour facility licensed by the Department of Children and Family Services, exclusive of center-based respite facilities.

Any deletions, additions, amendments or alterations to these guidelines shall be approved by the Department of Health and Hospitals and the Louisiana State Board of Nursing.

II. Definitions

Non-Complex Health Procedure: -- a task which is safely performed according to exact directions, with no need to alter the standard procedure, and which yields predictable results.

Delegation: -- entrusting the performance of selected nursing tasks by the registered nurse to other competent personnel in selected situations. The registered nurse retains the accountability for the total nursing care of the individual. The registered nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she receives, regardless of whether the care is provided solely by the registered nurse or by the registered nurse in conjunction with other licensed or unlicensed assistive personnel.

Stable and Predictable: -- a situation in which the person's clinical and behavioral status is determined by a licensed RN to be non-fluctuating and consistent. A stable and predictable condition involves long term health care needs which are recuperative in nature and do not require the regular scheduled presence of a RN or licensed practical nurse (LPN).

Simple wound care: -- non-complex wound care that can safely be performed according to exact directions, with no need to alter the standard procedure, and the results are predictable, including but not limited to a non-sterile dressing change.

Complex wound care: -- requires judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next, including but not limited to a sterile dressing change.

Supervision: -- the active process of directing, guiding and influencing the outcome of an individual's performance of an activity. Supervision is generally categorized as on-site (the RN being physically present or immediately available while the activity is being performed), or off-site (the RN has the ability to provide direction through various means of written and verbal communications).

SECTION TWO

RESPONSIBILITIES AND GENERAL REQUIREMENTS

I. Direct Service Worker Responsibilities

The responsibilities of the DSW include, but are not limited to:

1) Following exact instructions of the RN in the performance of all authorized procedures;
2) Notifying the employer and the RN when the health status of the person receiving assistance changes so the RN can reassess to determine whether or not the procedures can still be performed by the DSW in a safe manner;
3) Notifying the employer and the RN when the prescribed procedures or medications or dosages change so additional person-specific training can be conducted by the RN, if applicable;
4) Undergoing an annual competency evaluation performed by an RN to determine whether or not he/she is competent to perform the authorized person-specific medication administration and non-complex tasks safely and appropriately.

II. Registered Nurse Responsibilities

The responsibilities of the RN include, but are not limited to:

1) Assuring that during person-specific trainings and required evaluations, the DSW performs the authorized non-complex tasks according to the exact directions, making certain there is no need to alter the standard procedures and the results are predictable;
2) Assuring no DSW is authorized to perform non-complex tasks if the health status of the person receiving services is not stable and predictable;
3) Assuring that the DSW demonstrates a sufficient level of competency in the subject matter as set forth in training;
4) Assisting in the development of the plan of care for the person receiving assistance or services;
5) Assisting the person's planning team to determine the frequency needed for RN assessment of the health status of the person receiving assistance or services;
6) At least annually, completing the competency evaluation of the DSW;
7) Completing and submitting the required documentation to the licensed agency employing the DSW;
8) Using professional judgment in assessing whether or not the task is being performed correctly and safely by the DSW;
9) Avoiding delegating the practice pervasive functions of the analysis phase of assessment, planning, evaluation, and nursing judgment.

III. General Requirements for the Performance of Medication Administration and Delegable Non-complex Tasks

The health, safety and welfare of the public underpin all decisions regarding delegation. It may be difficult to isolate nursing functions which may be delegated from those which may not be delegated, and means entrusting the performance of selected nursing tasks by a DSW. Any RN who delegates medication administration or non-complex tasks to a DSW must do so in compliance with L.R.S. 37:911 and Title 46, Professional and Occupational Standards, Part XLVII. Nurses, Subpart 2. Registered Nurses. The RN retains the sole responsibility, based on professional judgment, whether or not to delegate a task of nursing or to rescind that delegation, and remains accountable for the total nursing care of the individual.

1) The RN shall authorize and monitor medication administration and delegable non-complex tasks performed by the DSW, and the DSW shall:

a. Be employed or contracted by an agency licensed by the Health Standards Section or employed as part of an authorized departmental self-directed program;

b. Attend to an individual who:

i. is receiving home and community-based services;

ii. is able to self-direct the services or resides in a residence where there is daily monitoring by a family member or other health care provider;

iii. has an approved current plan of care; and

iv. receives periodic assessment by **an** RN based on the person's health status and specified within the plan of care; in no case shall the periodic assessment be less than annually. A comprehensive assessment performed for a client in accordance with policies and procedures established by Medicaid or by a DHH program office may serve as the basis of the RN assessment, but may not be used in lieu of the RN assessment. At least annually, complete the competency evaluation of the DSW;

2) The RN may only delegate within the scope of RN practice.

3) The RN retains the right to refuse to delegate tasks of nursing to a DSW if the RN believes it would be unsafe to delegate or is unable to provide adequate supervision.

4) Appropriate supervision must be available, as well as the establishment of competence of the person to whom the function will be delegated and the appropriateness of the patient's situation, when any delegation takes place. Any situation where tasks are delegated should meet the following criteria: (a) the person has been adequately trained for the task; (b) the person has demonstrated that the task has been learned; (c) the person can perform the task safely in the given nursing situation; (d) the patient's status is safe for the person to carry out the task; (e) appropriate supervision is available during task implementation; (f) the task is in an established policy of the nursing practice setting and the policy is written, recorded and available to all.

5) The RN may delegate to a licensed practical nurse components of the training and supervision of the DSW. The decision is based upon assessment of the individual task to be performed. The RN shall retain the responsibility and accountability for all acts of delegation and ensuring authorization and competency validation.

6) Interventions may not be delegated to a DSW if they require a RN's judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next.

7) The delegating RN is accountable for assessing the situation and is responsible for the decision to delegate. Monitoring, outcome evaluation and follow-up are necessary supervisory activities that follow delegation. The delegator is accountable for the act delegated, and may incur liability if found to be negligent in the process of delegating and supervising.

8) The RN should document the rationale for deciding that a task can be delegated to a DSW in specific situations. Prior to delegation of the task, the RN should verify the DSW has: (a) been taught the task of nursing care; (b) been observed to ensure that said DSW can perform the task safely and accurately; (c) has been instructed that the task being taught and delegated is specific to a particular client only and is not transferable to other clients or taught to other care providers; (d) that written instructions for performance of the task have been provided to the DSW to use as a reference

IV. General Requirements for Medication Administration

DSWs may perform medication administration as outlined below, when the individual receiving home and community based services is in stable condition and when the tasks may be performed according to exact direction, there is no need to alter the standard procedure, and the results are predictable:

1) Administration of oral and topical medication, ointments, suppositories or a pre-measured dosage unit provided by the manufacturer of an oral inhalant aerosol, as ordered by an authorized prescriber;

2) Any medication administered by a DSW under Title 48, Public Health-General, Part I. General Administration, Subpart 3. Health Standards, Chapter 92, DSW Registry Subchapter A. General Provisions, shall be in a container which meets acceptable pharmaceutical standards and is marked with:

    a. clear instructions;

    b. the prescriber's name;

    c. the prescription number, if any;

    d. the name of the medication;

    e. the dosage;

    f. the route;

    g. the frequency; and

    h. the time to be administered, if applicable.

3) The initial dose of a medication that has not been previously administered to the individual may not be delegated until RN has performed an assessment.

4) The calculation of any medication doses except for measuring a prescribed amount of a liquid medication or breaking a tablet for administration as instructed by the RN, may not be delegated.

SECTION THREE

DELEGABLE NON-COMPLEX TASKS AND NON-DELEGABLE COMPLEX TASKS

I. Delegable Non-Complex Tasks

Delegable non-complex tasks may_include, but are not limited to:

1) Obtaining vital signs
2) Administration of medication as outlined in LAC 48:1.Chapter 92
3) Health maintenance procedures such as:
   a. postural drainage/percussion
   b. suctioning of a clean, well-healed, uncomplicated, mature tracheostomy in an individual who has no cardiopulmonary problems and is able to cooperate with the person performing the suctioning (excludes deep suctioning)
   c. assisting with incentive spirometer
   d. ensuring proper placement of nasal cannula (excludes initiation/changing of flow rate)
   e. care of mature tracheostomy site
   f. removing/cleaning/replacing inner tracheostomy cannula (for mature tracheostomy)
   g. providing routine hydration, nutrition or medication by way of an established gastrostomy or jejunostomy tube (excludes naso-gastrostomy tube)
   h. cleansing mature, healed PEG tube site
   i. measuring intake/output
   j. capillary blood glucose testing
   k. clean intermittent urinary catheterization
   l. obtaining a urine specimen from a port of an indwelling urinary catheter
   m. emptying/measuring drains
   n. emptying colostomy/catheter bags
   o. changing a colostomy appliance
   p. administering over the counter enemas
   q. administering over the counter saline or vinegar vaginal douches
   r. simple wound care (including non-sterile/clean dressing removal/application)
   s. Epinephrine pen usage for emergency situations

II. Non-Delegable, Complex Tasks

Non-delegable, complex tasks may include, but are not limited to:

a. Administration of medication not included in LAC 48:1.Chapter 92
b. Removal of fecal impactions
c. Irrigation of a colostomy
d. Groin pulse checks
e. Hemodynamic monitoring
f. Diathermy or other deep heat
g. Re-insertion of a gastrostomy tube
h. Complex wound care

i. Maintenance of a central or peripheral venous lines

j. Medication administration via central or peripheral venous lines

k. Medication administration via any injectable route, except life-saving emergency drugs (ex. Epinephrine).

l. Insulin injections, including sliding scale

m. Nebulizer treatments

n. Administration of oxygen

o. Replacing outer tracheostomy cannula (unless in an emergency situation)

SECTION FOUR

COMPETENCY AND TRAINING

I. Procedure for RN Delegation of Medication Administration and Non-Complex Tasks

1) General Requirements
   a. Under no circumstance may the RN delegate the nursing process in its entirety to a DSW.
   b. The RN retains the responsibility and accountability for all acts of delegation and ensuring authorization and competency validation as per LAC 48:1. Chapter 92, Direct Service Worker Registry, Section 9243 (B), published in the Louisiana Register Vol. 38, No. 12, December 20, 2012. The RN may delegate a task of nursing care only to the DSW who is competent in performing the task and can be safely supervised by the RN.
   c. The decision to delegate a task of nursing care, to transfer delegation to another RN, and/or to rescind delegation is the sole responsibility of the RN based on professional judgment.
   d. The RN has the right to refuse to delegate tasks of nursing care to the DSW if the RN believes it would be unsafe to delegate or is unable to provide adequate supervision.
   e. The RN shall adhere to all requirements set forth in LAC 48:1, Chapter 92, including butnot limited to competency and training of DSWs.

2) Criteria for RN Delegation of Person-Specific Tasks
   a. The person's condition is stable and predictable.
   b. The person's situation or living environment is such that delegation of a task of nursing care could be safely performed.
   c. The DSW is capable of and willing to safely perform the task of nursing care.
   d. The DSW received person-specific training from an RN who assessed the health status of the person and determined that the DSW can competently perform the tasks in a safe, appropriate manner.
   e. The RN's determination of competency shall not be delegated.

3) Delegation Process

   The delegating RN must:
   a. Perform a nursing assessment of the person's condition.
   b. Determine that the person's condition is stable and predictable prior to the decision to delegate.
   c. Consider the nature of the task, its complexity, the risks involved, and the skills necessary to safely perform the task.
   d. Determine whether or not an unlicensed person can safely perform the task without direct supervision by the RN.
   e. Determine how often the person's condition should be reassessed to ascertain the appropriateness of continued delegation of the task.
   f. Evaluate the skills, ability, and willingness of the DSW.
   g. Provide initial direction by teaching the task of nursing care, including:
      i. The proper procedure/technique;
      ii. Why the task of nursing care is necessary;
      iii. The risks associated with the task;
      iv. Anticipated side effects;
      v. The appropriate response to untoward or side effects;
      vi. Observation of the person's response; and

vii. Documentation of the task of nursing care.

h. Observe the DSW performing the task to ensure that it is performed safely and accurately.

i. Person-specific training must be repeated if the RN does not certify that the DSW has demonstrated a sufficient level of competency in the subject matter.

j. Provide the DSW with agency approved procedural guidelines for the DSW to use as a reference. These written instructions are to be appropriate to the level of care, based on the previous training of the DSW and shall include:

   i. specific outline of how the task of nursing care is to be performed, step-by-step;

   ii. Signs and symptoms to be observed;

   iii. Guidelines for what to do if signs and symptoms occur; and

   iv. Instructions on how to document performance of the task.

k. Instruct the DSW that the task being taught and delegated is specific to this person only and is not transferable to other persons or taught to other DSW's.

4) Required Documentation

The RN must document the following:

a. The nursing assessment and condition of the person;

b. Rationale for decision that this task of nursing care can be safely delegated to the DSW;

c. The skills, ability, and willingness of the DSW;

d. That the task of nursing care was taught to the DSW and that he/she is competent to safely perform the task of nursing care;

e. The written instructions for reference left for the DSW include risks, side effects, and the appropriate response and that the DSW is knowledgeable of the risk factors, side effects and knows to whom this information should be reported;

f. Evidence that the DSW was instructed that the task is person-specific and not transferable to other persons or providers;

g. The frequency for RN reassessment of the person relative to continued delegation of the task, including the rationale for the frequency based on the person's needs;

h. The frequency of supervision and re-evaluation of the DSW, including rationale for the frequency based on the competency of the DSW;

i. That the RN takes responsibility for delegating the task to the DSW and ensures that supervision will continue for as long as the RN is supervising the performance of the delegated task;

j. The RN's determination of DSW competency is certified by the RN in writing; and

k. Written certification of the RN's determination of competency of the DSW shall be maintained in the direct service worker's personnel file.

5) Supervision and Re-evaluation by the RN

The RN provides periodic inspection, supervision, and re-evaluation of a delegated task of nursing care by using the following process and under the following conditions:

a. Assess the condition of the person and determine that it remains stable and predictable;

b. Observe the ongoing competence of the DSW and determine that he/she remains capable and willing to safely perform the delegated task of nursing care;

c. Based on the nursing assessment and clinical judgment, the RN provides additional person-specific training when the person receiving care has a change in health status or physician orders and remains in a stable, predictable condition.

(a) The RN may make a determination based upon his/her assessment of the worker's competency that training can be safely performed via telephone contact with the worker. Examples include but are not limited to: (1) changes in physician orders concerning health care tasks to be performed; (2) changes in physician orders regarding routine medications; or (3) new physician orders for short-term use of medication for a minor acute health condition;

d. Evaluate whether or not to continue delegation of the task of nursing care based on the RN's assessment of the DSW and the condition of the person within 365 days from the initial date of delegation:

(a) The RN performs an annual competency evaluation of the DSW to determine whether he/she is competent to perform the authorized person-specific medication administration and non-complex tasks safely and appropriately; and

(b) The RN uses professional judgment in assessing whether or not the tasks are being performed correctly and safely by the DSW.

e. The RN may elect to re-evaluate at more frequent intervals until satisfied with the skill of the DSW and condition of the person.

f. The subsequent intervals for assessing the person and observing the competence of the DSW shall be based on the following factors:

i. The task of nursing care being performed;

ii. Whether the RN has taught the same task to the DSW for a previous client;

iii. The length of time the RN has worked with each DSW;

iv. The stability of the person's condition and assessment for the potential to change;

v. The skill of the DSW and his/her individual demonstration of competence in performing the task;

vi. The RN's experience regarding the ability of the DSW to recognize and report change in the person's condition; and

vii. The presence of other health care professionals who can provide support and back-up to the delegated DSW.

g. The less likely the person's condition will change and/or the greater the skill of the DSW, the greater the interval between assessments/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be not greater than every 365 days.

6) Delegation of Training and Supervision to Licensed Practical Nurses (LPNs)

The RN may delegate components of the training and supervision of the DSW to a LPN within the following parameters:

a. The decision is based upon assessment of the individual task to be performed.

b. The RN retains the responsibility and accountability for all acts of delegation and ensures authorization and competency validation.

c. The client remains in a stable, predictable condition.

7) Rescinding Delegation

The RN has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the RN. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:

a. The DSW demonstrates an inability to safely perform the task of nursing care;

b. The condition of the person has changed to a level where delegation to a DSW is no longer safe;

c. The RN determines that delegation to the DSW is no longer necessary due to a change in the person's condition or because the task has been discontinued;

Approved as of: 10/09/2013 *(date)*

Secretary,
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