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BUREAU OF
LEGISLATIVE RESEARCH**CHAPTER FIVE
DELEGATION****A. PURPOSE**

Registered nurses, licensed practical nurses, and licensed psychiatric technician nurses, within the parameters of their education and experience, are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan, under the direction of a registered professional nurse, are essential components of nursing practice. Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions; but such personnel cannot be used as a substitute for the licensed nurse.

Delegation by registered nurses, licensed practical nurses, and licensed psychiatric technician nurses must fall within the definitions of Arkansas Code Annotated \square 17-87-102. Delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures, and must be in compliance with the *Arkansas Nurse Practice Act*. The following sections govern the licensed nurse in delegating and supervising nursing tasks to unlicensed personnel in all settings.

B. CRITERIA FOR DELEGATION

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
 - a. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
 - b. A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task. (Ref. Section C. for exceptions.)
 - c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
 - d. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
 - e. The delegating licensed nurse shall be readily available either in person or by telecommunication.
 - f. The licensed nurse shall be responsible for documentation of delegated tasks.
 - g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
 - h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.
2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
 - a. The stability of the condition of the client;
 - b. The training 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 a licensed nurse to the unlicensed person when performing the nursing task.

C. SPECIFIC NURSING TASKS WHICH MAY BE DELEGATED WITHOUT PRIOR NURSING ASSESSMENT

By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with ACA \square 17-87-102 and the level of supervision required is determined by the nurse.

1. Noninvasive and non-sterile treatments unless otherwise prohibited by Section D. of this Chapter (relating to nursing tasks that may not be routinely delegated);

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2. The collecting, reporting, and documentation of data including, but not limited to:
 - a. Vital signs, height, weight, intake and output, urine test, and hematest results;
 - b. Changes from baseline data established by the nurse;
 - c. Environmental and safety situations;
 - d. Client or family comments relating to the client's care; and
 - e. Behaviors related to the plan of care;
3. Ambulation, positioning, and turning;
4. Transportation of the client within a facility;
5. Personal hygiene;
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.

D. NURSING TASKS THAT MAY NOT BE ROUTINELY DELEGATED

1. Nursing tasks not included in Section C. are not usually within the scope of sound nursing judgment to delegate and may be delegated only in accordance with subsection 2. of this section.
2. The nursing tasks of this section may be delegated to an unlicensed person only:
 - a. Under circumstances where a reasonable and prudent licensed nurse would find that the delegation does not jeopardize the client's safety and/or welfare;
 - b. If, in the judgment of the licensed nurse, the unlicensed person has the appropriate knowledge and skills to perform the nursing task(s) in a safe and effective manner;
 - c. If the licensed nurse delegating the task is directly responsible for the nursing care given to the client;
 - d. 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 said protocol is developed by and taught under the supervision of registered nurses currently employed in the facility, and includes:
 - (1) The manner in which the instruction addresses the complexity of the delegated task;
 - (2) The manner in which the unlicensed person demonstrates competency of the delegated task;
 - (3) The mechanism for reevaluation of the competency; and
 - (4) An established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and
 - e. 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 nurse's professional judgment.

E. NURSING TASKS THAT SHALL NOT BE DELEGATED

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
3. Specific tasks involved in the implementation of the plan of care which require 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 any medications or intravenous therapy, including blood or blood products except as allowed by ASBN Rules Chapter 8 for Medication Assistant-Certified and by ASBN School Nurse Roles and Responsibilities Practice Guidelines.
6. Receiving or transmitting verbal or telephone orders;
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

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F. TRANSFERENCE OF DELEGATED NURSING TASKS

It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

1. The licensed nurse shall not transfer delegated tasks to other clients under the care of the unlicensed person.
2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

G. EXCLUSIONS

These sections shall not be construed to apply to:

1. The gratuitous nursing care of the sick by family or friends;
2. The furnishing of nursing care where treatment is by prayer or spiritual means alone;
3. Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes;
4. Nursing tasks performed by nursing students enrolled in Board approved nursing programs while practicing under the direct supervision of qualified faculty or preceptors;
5. The instruction and/or supervision of licensed nurses by registered professional nurses in the proper performance of tasks as a part of a state approved training/education course designed to prepare persons to obtain certification;
6. Nursing tasks performed by paramedic/emergency medical technician students enrolled in State approved programs while practicing under the direct supervision of qualified faculty or preceptors;
7. The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting.
8. The acts of unlicensed persons responding to an emergency. This exclusion shall not be construed as permitting licensed nurses to delegate routinely to unlicensed persons.
9. Health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005, ACA §17-87-103 (11).
10. The drawing and measuring of glucagon or insulin by a trained employee of a city or county detention center as defined in ACA 17-87-103(14).
11. The administration of an emergency dose of medication to a public school student who is diagnosed with an adrenal insufficiency by trained volunteer public school personnel.

H. CONSUMER DIRECTED CARE

1. Health maintenance activities may be provided by a designated care aide for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
2. Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.
3. Designated care aide means the person hired by the competent adult or caretaker to provide care for the competent adult, minor child, or incompetent adult.
4. Health maintenance activities mean activities that the minor child or adult is unable to perform for himself or herself.
5. The attending physician, advanced practice nurse, or registered nurse must determine a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the minor child's or adult's home.
6. Home shall not include nursing home, assisted living facility, residential care facility, an intermediate care facility, or hospice care facility.
7. Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 include:
 - a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
 - b. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
 - c. Tasks that require nursing judgment or intervention;
 - d. Teaching and health counseling;

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- e. Administration of any injectable medications (intra-dermal, subcutaneous, intramuscular, intravenous, intraosseous, or any other form of injection) or intravenous therapy.
 - f. Receiving or transmitting verbal or telephone orders.
8. The designated care aide must demonstrate the ability to safely perform the health maintenance activity.

Effective December 1, 2008

Amended:

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021
4

A Bill

SENATE BILL 344

5 By: Senator B. Davis
6 By: Representative Cloud
7

For An Act To Be Entitled

9 AN ACT TO ADD AN EXCEPTION FROM NURSING LICENSURE TO
10 ALLOW EMPLOYEES OF A CITY OR COUNTY DETENTION CENTER
11 TO DRAW AND MEASURE GLUCAGON OR INSULIN FOR A PERSON
12 WHO IS INCARCERATED OR IN CUSTODY; AND FOR OTHER
13 PURPOSES.
14

Subtitle

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17 TO ADD AN EXCEPTION FROM NURSING
18 LICENSURE TO ALLOW EMPLOYEES OF A CITY OR
19 COUNTY DETENTION CENTER TO DRAW AND
20 MEASURE GLUCAGON OR INSULIN FOR A PERSON
21 WHO IS INCARCERATED OR IN CUSTODY.
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23

24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
25

26 SECTION 1. Arkansas Code § 17-87-103, concerning exceptions from
27 nursing licensure, is amended to add an additional subdivision to read as
28 follows:

29 (14)(A) The drawing and measuring of glucagon or insulin, or
30 both, a trained employee of a city or county detention center for a person
31 who:

32 (i) Is currently incarcerated or otherwise in
33 custody of the city or county detention center; and

34 (ii) Has a confirmed diagnosis of diabetes.

35 (B) The drawing and measuring of glucagon or insulin shall
36 be based on the orders of a treating licensed medical professional with



1 prescribing privileges, and the employee of the county jail or detention
2 center shall be trained in accordance with subdivision (14)(C) of this
3 section.

4 (C) A licensed registered nurse or other healthcare professional
5 who is an employee or independent contractor of the city or county detention
6 center shall annually train employees designated by the city or county
7 detention center as employees who may draw or measure glucagon or insulin in
8 accordance with this subdivision (14).

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11 **APPROVED: 3/24/21**
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1 State of Arkansas As Engrossed: S4/6/21 H4/26/21

2 93rd General Assembly

A Bill

3 Regular Session, 2021

SENATE BILL 569

4

5 By: Senator Hester

6 By: Representatives S. Berry, L. Johnson

7

8

For An Act To Be Entitled

9

AN ACT TO AMEND THE LAW CONCERNING THE HEALTH AND
10 SAFETY OF PUBLIC SCHOOL STUDENTS; AND FOR OTHER
11 PURPOSES.

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Subtitle

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TO AMEND THE LAW CONCERNING THE HEALTH
16 AND SAFETY OF PUBLIC SCHOOL STUDENTS.

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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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*SECTION 1. Arkansas Code Title 6, Chapter 18, Subchapter 7, is amended
22 to add an additional section to read as follows:*

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6-18-717. Administration of medication for adrenal insufficiency or
24 adrenal crisis.

24

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(a)(1) Self-administration of a stress dose medication by a public
26 school student with adrenal insufficiency while the student is at his or her
27 public school, on his or her public school grounds, or at an activity related
28 to his or her public school may be permitted with the authorization of the
29 public school student's parent, legal guardian, or person standing in loco
30 parentis and the public school student's treating physician if the public
31 school student's parent, legal guardian, or person standing in loco parentis
32 provides written authorization for the public school student to carry a
33 stress dose medication while he or she is at public school, an on-site
34 school-related activity, or an off-site school-sponsored activity.

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(2) The written authorization provided under subdivision (a)(1)
36 of this section shall be:



1 (A) Valid only for the duration of the school year for
2 which it is provided; and

3 (B) Renewed:

4 (i) For each subsequent school year for which the
5 parent, legal guardian, or person standing in loco parentis intends to
6 authorize the self-administration of a stress dose medication; and

7 (ii) If the public school student transfers to
8 another public school in this state.

9 (3) A parent, legal guardian, or person standing in loco
10 parentis who provides written authorization under subdivision (a)(1) of this
11 section shall:

12 (A) Include with his or her written authorization written
13 orders from his or her public school student's treating physician that the
14 public school student:

15 (i) Is capable of completing the proper method of
16 self-administration of the stress dose medication; and

17 (ii) Has been instructed on the details of his or
18 her medical condition and the events that may lead to an adrenal crisis.

19 (B) Sign an individualized healthcare plan developed by
20 the school nurse for the public school in which his or her child with an
21 adrenal insufficiency is enrolled that outlines the plan of care for his or
22 her child and includes without limitation notification of the self-
23 administration of a stress dose medication to the:

24 (i) School nurse;

25 (ii) Teacher of the class in which the public school
26 student is enrolled during an adrenal crisis; and

27 (iii) Administrator of the public school.

28 (b) A parent, legal guardian, or person standing in loco parentis who
29 provides written authorization for his or her child's self-administration of
30 a stress dose medication shall sign a statement:

31 (1) Acknowledging the public school district is not liable as a
32 result of any injury arising from the self-administration of a stress dose
33 medication by the public school student; and

34 (2) Indemnifying and holding harmless the public school
35 employees and public school district in which his or her child is enrolled
36 against any claims arising as a result of the self-administration of a stress

1 dose medication by the public school student.

2 (c) As used in this section:

3 (1) "Adrenal crisis" means a sudden, severe worsening of
4 symptoms associated with adrenal insufficiency, which can lead to circulatory
5 collapse, heart and organ failure, brain damage, and death;

6 (2)(A) "Adrenal insufficiency" means a chronic medical condition
7 in which the adrenal glands do not produce enough of the necessary hormones
8 to respond to stressors such as illness and injury.

9 (B) The hormones involved help maintain and regulate key
10 functions of the body such as blood pressure, metabolism, the immune system,
11 and how the body responds to stress; and

12 (3) "Stress dose medication" means oral hydrocortisone.

13
14 SECTION 2. Arkansas Code § 17-87-103, concerning exceptions to
15 prohibited nursing practices, is amended to add an additional subdivision to
16 read as follows:

17 (14)(A) The administration of an emergency dose medication to a
18 public school student who is diagnosed with an adrenal insufficiency by
19 volunteer public school personnel if the public school personnel are trained
20 to administer an emergency dose medication using the appropriate delivery
21 equipment when a public school nurse is unavailable.

22 (B) The administration of an emergency dose medication to
23 a public school student with an adrenal insufficiency by trained public
24 school personnel at school, on school grounds, or at a school-related
25 activity may be permitted with the authorization of the parent, legal
26 guardian, or person standing in loco parentis of the public school student if
27 the public school student's parent, legal guardian, or person standing in
28 loco parentis provides written authorization for trained public school
29 personnel to administer an emergency dose medication while the public school
30 student is at public school, an on-site school-related activity, or an off-
31 site school-sponsored activity.

32 (C) The written authorization provided under subdivision
33 (14)(B) of this section shall be:

34 (i) Valid only for the duration of the school year
35 for which it is provided; and

36 (ii) Renewed:

1 (a) For each subsequent school year for which
2 the parent, legal guardian, or person standing in loco parentis intends to
3 authorize trained public school personnel to administer an emergency dose
4 medication to his or her child; and

5 (b) If the public school student transfers to
6 another public school in this state.

7 (D) A parent, legal guardian, or person standing in loco
8 parentis who provides written authorization under subdivision (14)(B) of this
9 section shall:

10 (i) Include with his or her written authorization
11 written orders from his or her public school student's treating physician
12 that the public school student requires the administration of an emergency
13 dose medication under certain conditions; and

14 (ii) Sign an individualized healthcare plan
15 developed by the school nurse for the public school in which his or her child
16 with an adrenal insufficiency is enrolled that outlines the plan of care for
17 his or her child and includes without limitation a description of the
18 required care following the administration of an emergency dose medication
19 while the public school student is at school, an on-site school-related
20 activity, or an off-site school-sponsored activity.

21 (E) A parent, legal guardian, or person standing in loco
22 parentis who provides written authorization for the administration by trained
23 public school personnel of an emergency dose medication to his or her child
24 shall sign a statement:

25 (i) Acknowledging the public school district is not
26 liable as a result of any injury arising from the administration of an
27 emergency dose medication by trained public school personnel; and

28 (ii) Indemnifying and holding harmless the public
29 school employees and public school district in which his or her child is
30 enrolled against any claims arising as a result of the administration of an
31 emergency dose medication by trained public school personnel.

32 (F) Education and training on the treatment of adrenal
33 insufficiency and adrenal crisis shall be conducted annually to public school
34 personnel who volunteer to administer an emergency dose medication by the
35 school nurse for the public school at which the public school personnel are
36 employed and shall include without limitation:

1 (i) General information about adrenal insufficiency
2 and the associated triggers;

3 (ii) Recognition of signs and symptoms of a public
4 school student experiencing an adrenal crisis;

5 (iii) The types of medications for treating adrenal
6 insufficiency and adrenal crisis; and

7 (iv) The proper administration of medication used to
8 treat an adrenal crisis.

9 (G) The Division of Elementary and Secondary Education
10 shall develop guidance and education for school nurses to train volunteer
11 public school personnel as required under this subdivision (14).

12 (H) The division shall, in coordination with the Arkansas
13 State Board of Nursing, promulgate rules necessary to implement this
14 subdivision (14).

15 (I) As used in this subdivision (14):

16 (i) "Adrenal crisis" means a sudden, severe
17 worsening of symptoms associated with adrenal insufficiency, which can lead
18 to circulatory collapse, heart and organ failure, brain damage, and death;

19 (ii)(a) "Adrenal insufficiency" means a chronic
20 medical condition in which the adrenal glands do not produce enough of the
21 necessary hormones to respond to stressors such as illness and injury.

22 (b) The hormones involved help maintain and
23 regulate key functions of the body such as blood pressure, metabolism, the
24 immune system, and how the body responds to stress; and

25 (iii) "Emergency dose medication" means
26 intramuscular hydrocortisone sodium succinate.

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28 /s/Hester

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31 **APPROVED: 4/29/21**