Delegation of Nursing Care

To address the needs of school nurses, the Texas Department of State Health Services (DSHS)–School Health Program has developed this repository of information. With each issue of *DSHS-School Nurse Notes* (DSHS-SNN), professionals receive the latest research, evidence-based practices, and resources in school nursing related to a topic of interest. The School Health Program wishes to thank the Texas Board of Nursing for their collaboration on this publication, in particular Stacey Cropley, D.N.P., R.N., L.N.C.C. for her contributions. If you have any questions or comments about this issue of DSHS-SNN, please contact School Nurse Consultant Anita Wheeler, M.S.N., R.N. at (512) 776-2909 or at anita.wheeler@DSHS.texas.gov.

**Background**

Delegation versus Assignment

A registered nurse (RN) may **assign** tasks to a licensed vocational nurse (LVN) or another RN. In the school setting as well as others, an RN might need to **delegate** tasks to unlicensed assistive personnel (UAP) to meet the varied needs of all students. However, the RN is accountable for the delegated care provided. The RN must go through a critical decision-making process in order to delegate, which differs from the process of assigning tasks. In either situation, though, the RN will need to **supervise** the nursing care assigned or delegated; and that will be the subject of the next DSHS-SNN.

School nurses are responsible for all care provided—direct and delegated; the nurse does not delegate the nursing process itself. When deciding whether to delegate to implement a student’s plan of care, the RN should consider the five critical components of nursing delegation. ¹

1. Right task
2. Right circumstance
3. Right person
4. Right direction and communication
5. Right supervision and evaluation
Nursing Standards and License Considerations
The next section addresses federal and state statutes and professional guidelines that relate to the delegation of nursing care.

Texas Board of Nursing (BON)
Due to the growing number of students entering the school system with special health care needs, the BON recognizes that not all health-related services can be provided by an RN or LVN. The decision to delegate a specific task is always at the discretion of the RN [Texas Administrative Code (TAC), Title 22, Part 11, Chapter/Board Rule 224.8 or 225.9]. The RN may delegate tasks in the school setting in compliance with the BON's Delegation Rules located in the TAC, Title 22, Part 11, Chapters 224 and 225.

- **Chapter 224** is related to delegation for acute, unstable or unpredictable conditions or when patients are in acute care environments. These settings include, but are not limited to, hospitals, rehabilitation centers, skilled nursing facilities, clinics, correctional health centers, private physician offices, and settings that otherwise do not meet the definition of independent living environments.

- **Chapter 225** is related to delegation for stable, predictable conditions in independent living environments. An independent living environment is defined as a client’s individual residence, which may include a client’s home or an entity licensed or regulated by a state agency, such as a group home, foster home, or assisted living facility. An independent living environment also includes places where the client works, attends school, or engages in other community activities. The term does not include settings in which nursing services are continuously provided.

School is considered an independent living environment as defined in Chapter 225; however, Chapter 224 becomes applicable in the school setting when acute health conditions or emergencies arise and students become unstable or unpredictable.

In the school setting, even during an emergency situation, the RN cannot delegate tasks that require unlicensed persons to exercise professional nursing judgment [Board Rule 225.13 (3)]. But the unlicensed person may take any action that a reasonable, prudent non-health care professional would take in an emergency situation [Board Rule 225.10 (13)] and Board...
Rule 224.6 (4)]. This forms the basis for the Frequently Asked Question entitled Medications or Procedures in an Emergency Situation from the BON’s online Delegation Resource Packet. Each nurse will need to exercise nursing judgment to decide when it is appropriate and safe to delegate in emergency situations, remembering the supervision requirements of delegation [Board Rule 224.7 and Board Rule 225.9 (b)].

Reviewing each chapter of the BON rules is recommended because the rules frequently rely on or refer to preceding and following rules. Position Statement 15.14: Duty of a Nurse in any Practice Setting further illustrates the nurse’s duty to implement measures to promote a safe environment [Board Rule 217.11 (1) (B)] and uses a landmark court case to demonstrate that a nurse’s duty to patients to promote patient safety supersedes any physician order or facility policy.

1. Nursing Practice Act, Nursing Peer Review & Nurse Licensure Compact: Occupations Code and Statutes Regulating the Practice of Nursing. As Amended September 2013.
3. Position Statements:
   - 15.13 Role of LVNs and RNs in School Health
   - 15.14 Duty of a Nurse in any Practice Setting
   - 15.27 The Licensed Vocational Nurse Scope of Practice
   - 15.28 The Registered Nurse Scope of Practice
   - Frequently Asked Questions
   - Delegation Principles
   - Rule 224 Flow Chart
   - Rule 225 Flow Chart
   - Delegation Don’ts

National Association of School Nurses (NASN)
- Code of Ethics
- Recommended Qualifications for the Unlicensed Assistive Personnel
- Position Statement (2015): Unlicensed assistive personnel: Their role on the school health services team
- Position Statement (2014): Nursing delegation to unlicensed assistive personnel in the school setting
Position Statement (2013): *School-sponsored trips - Role of the school nurse*

**Texas School Nurses Organization (TSNO)**
- School Nursing: *Scope and Standards of Practice*
- Position Statement (2010): *Medication Administration in the School Setting*

**National Council of State Boards of Nursing (NCSBN)**
- *National Guidelines for Nursing Delegation*
- *Joint Statement on Delegation* with the American Nurses Association (ANA)
  - *ANA Principles of Delegation*
  - *NCSBN Decision Tree—Delegation to Nursing Assistive Personnel*

**Research**
The following articles have been compiled from a review of the scientific literature. For assistance in obtaining an article, please contact the DSHS Library at library@DSHS.texas.gov and mention inclusion of the requested article in the *DSHS-School Nurse Notes*. Following each citation is a portion of the article’s abstract or a summary of the article.

   The obligation to provide safe, quality care creates challenges and concerns when registered nurses (RNs) delegate duties to unlicensed assistive personnel. . . . To make safe, effective delegation decisions, RNs must understand the responsibility, authority, and accountability related to delegation. Delegation decisions must be based on the fundamental principles of public protection. This article describes effective delegation by presenting the factors affecting delegation, explaining when and what an RN can delegate, and describing the delegation process.

   . . . . In many models of care, nurses increasingly rely on unlicensed assistive personnel as members of the healthcare team. In these models of care, nurses remain accountable for outcomes even though they need to delegate some direct care to unlicensed personnel. Effective delegation that results in quality and safe outcomes depends on the right communication.
Delegation, safety, and quality of care are inextricably linked. . . . Information quality, mindful communication (mindfulness), and mutual trust within the relational context of the delegation are explored as mechanisms to improve the quality of the information and communication between registered nurses and unlicensed personnel, thus improving the effectiveness of delegation.


Objective: The aim of this study was to understand how nurses use critical thinking to delegate nursing care. . . . Method: A qualitative, descriptive study was used in this article. Findings: Before delegating, nurses reported considering patient condition, competency, experience, and workload of unlicensed assistive personnel (UAP). Nurses expected UAP to have higher-level knowledge, including assessment and prioritizing skills. Successful delegation was dependent on the relationship between the registered nurse and the UAP, communication, system support, and nursing leadership. Nurses reported frequent instances of missed or omitted routine care. Conclusion: Findings from this project provide insight into factors that influence delegation effectiveness.


Objective: Measure RNs’ and nursing assistants’ reports of frequency and reasons for missed nursing care identify factors related to successful delegation. Background: Routine nursing tasks were identified as the most commonly occurring omissions. Reasons for omissions included poor utilization of staff resources, time required for nursing interventions, poor teamwork, ineffective delegation, habit, and denial. Methods: Quantitative, descriptive design. . . . Factors affecting successful delegation were communication and relationship, nursing assistant competence and knowledge, and attitude and workload. Conclusion: Nurse leaders must focus on implementing strategies to mitigate factors and the consequences of care omissions, including poor patient outcomes.


. . . . The present study explored and described the relationship between registered nurse (RN) leadership styles, demographic variables and confidence in delegation in a community teaching hospital. Methods: Utilizing a cross-sectional survey design, RNs employed in one acute care hospital completed questionnaires that measured leadership style [Path-Goal Leadership Questionnaire (PGLQ)] and confidence in delegating patient care tasks [Confidence and Intent to Delegate Scale (CIDS)]. Results: Contrary to expectations, the data did not confirm a relationship between confidence in
delegating tasks to unlicensed assistive personnel (UAPs) and leadership style. . . . As suggested by the significant two-way interaction between educational preparation and clinical nursing experience, changes in the nurse’s confidence in delegating patient care tasks to UAPs was a dynamic changing variable that resulted from the interplay between amount of educational preparation and years of clinical nursing experience in this population of nurses.


. . . . Although the practice of delegation to unlicensed assistive personnel (UAPs) in schools, as in other healthcare settings, is necessary due to limited resources and increasing healthcare needs, it remains essential to provide students with healthcare that is safe and high in quality. . . . This article will discuss the need for delegation; the factors necessary for safe delegation; the benefits and challenges associated with delegation; and the implications of delegation for practice in school settings, including policy development, the rights of delegation, education for delegation, and the building of relationships that support delegation.


. . . . Due to the realities of current school nurse-to-student ratios, school nurses are frequently responsible for directing unlicensed assistive personnel (UAPs) to support the health and safety needs of students where State Nurse Practice Acts, state legislation, and local policy mandates allow. . . . One strategy to reduce the risks of delegation is through the use of procedure skills checklists, as highlighted by the experience of one large urban school district. Part 1 of the two-part article will explore the scope of the problem and the principles of delegation, including legal and ethical considerations.


School nurses are challenged by Federal Civil Rights Laws and the Standards of School Nursing Practice to care for a burgeoning population of students with special healthcare needs. . . . The delegation of health care tasks to unlicensed assistive personnel (UAPs) poses many professional, ethical, and legal dilemmas for school nurses. . . . Part 1 of the two-part article (Shannon & Kubelka, 2013) explored the scope of the problem and the principles of delegation, including legal and ethical considerations. Part 2 discusses the use of procedure skills checklists by school nurses as a strategy to reduce the risks of delegation of student special health care tasks to UAPs.

The purpose of this qualitative research study was to explore values guiding the delegation of health care tasks to unlicensed assistive personnel (UAP) in school settings from the perspective of the school nurse. An inquiry focus group was conducted with 64 Florida school nurses. Values guiding delegation were comprehensive knowledge, trust, and empowerment.


Delegation is a tool that may be used by registered nurses (RNs) to allow unlicensed assistive personnel to perform appropriate nursing tasks and activities while keeping in mind that the RN ultimately retains accountability for the delegation. The legal parameters for delegation are defined by State Nurse Practice Acts, State Board of Nursing guidelines, and Nursing Administrative Rules/Regulations. Delegation becomes more challenging when carried out in a non-health care setting. Development of a specific delegation policy will ensure that delegation is carried out in a manner providing for safe and appropriate care in the school setting.


Five school nurses developed and participated in a medication audit providing a glimpse into the administration and management of medications in school health offices. The audit included 154 medications. Results of the audit showed a wide range of errors and discrepancies, including problems with transcription, physician orders or lack thereof, timing, documentation and management at schools. It also directs attention to view training not as a once-a-year event, but as a process. Towards this end, school nurses need to periodically evaluate school office staff, audit school medication records and documents, and conduct refresher classes throughout the school year.


Delegation is a powerful management tool when used effectively. Appropriately implemented, delegation ensures safe, efficient nursing care; frees the school nurse to attend to more complex student health needs; enhances skill development for assistive personnel; and promotes cost containment for the school. Cultivating the skill and art of delegation is an important step on the path to nursing excellence and student safety.

The work environment changes throughout a busy shift; each situation needs to be evaluated differently. Ensuring patient safety through appropriate delegation is the goal. Use the listed considerations as a way to support nursing judgment in the delegation of tasks.

**Resources**

**General Information**
- Texas Guide to School Health Services: Professional School Nursing—*Delegation in the School Setting* (Includes four bulleted items.)

**Continuing Education*/Presentation**
- National Council of State Boards of Nursing (1.0 contact hour): *National Guidelines for Nursing Delegation*
- RN.com (2.0 contact hours): *Delegation: Mastering the Process and Building the Team*
- National Association of School Nurses (NASN): Let’s Talk School Nursing! Webinar 4: *To Delegate or Not to Delegate – That Is the Question!* (video or PDF)

* Fees may apply to obtain continuing education credits.

**Resources for Delegating to Unlicensed Assistive Personnel (UAP)**
- National Association of School Nurses (NASN): *Sample Skills Checklist for Unlicensed Assistive Personnel (UAP) Training*
- NASN Audio recording: *Delegating to Unlicensed School Personnel, What Are the Issues?*

**Materials for Purchase**
- NASN: *Principles for Practice: Nursing Delegation to Unlicensed Assistive Personnel in the School Setting* (2014)
References


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