

IOWA CENTER FOR ASSISTED LIVING

September 2013

Guidance for Chapter 67 Nurse Delegation and Staff Training Rules Changes

1. Definition of Nurse Delegation

Has been clarified to include registered nurses and nurse practitioners as well as licensed practical nurses who may delegate within the scope of their practice as allowed by the Iowa Nurse Practice Act to “certified and non-certified staff selected nursing tasks in selected situations.” This definition makes a distinction between certified nursing assistants and non-certified staff for the first time, yet allows delegation of selected nursing tasks to both.

2. Medications Administered by the Program

Allows licensed nurses or “certified or non-certified staff” to administer medications. If non-licensed personnel are administering medications it would be through the process of nurse delegation. Due to the inherent risks associated with an error in medication administration, nurses are advised to proceed with caution on delegation of medication administration for those not minimally trained through a certification program.

3. Number of Staff

Simply states that sufficient numbers of trained staff shall be available at all times to fully meet tenant’s identified needs. This is not a change from the past.

4. Emergency Procedures

Clarifies that all staff should be able to execute any accident, fire safety and emergency procedures. Staff should know when and how to summon help if a licensed nurse is not in the facility at all times. They should know the facility’s emergency plan and what to do in case of elopement.

5. Training Documentation

This revision gives you the opportunity as a program to clearly identify the difference between any staff that is currently certified and those who are not, and to avoid doing “nurse delegation” for tasks that do not need delegation, but merely assignment. However you will need to develop a comprehensive system of training records that proves your staff is sufficiently trained and is competent, for the specific service plan tasks assigned.

Certified Staff:

We recommend that you attempt to obtain any skills testing records for CNA’s and place them in their training file if possible. This does not relieve you as the program’s nurse from ensuring upon hire and periodically during employment that they are competent in those skills however, and having some system of documentation of such. You would need nurse delegation records for tasks that are within the nurse’s scope of practice such as med administration, simple wound care, blood sugars, pain management, special rehab needs, etc.

IOWA CENTER FOR ASSISTED LIVING

September 2013

Non-Certified Staff:

We recommend that you maintain skills testing records for any staff that is non-certified and that a registered nurse document that she has ensured that the worker has been trained and has been observed for competency in the provision of both ADL's and IADL's. Once again periodic observation of the worker and documentation of competency is highly recommended. You would need nurse delegation records for tasks that are within the nurse's scope of practice such as med administration, wound care, blood sugars, pain management, special rehab needs, etc.

6. Nurse Delegation Procedure

- a. The program's registered nurse is required within 60 days of his/her employment to ensure that certified and non-certified staff is sufficiently trained and competent in all tasks that are assigned and document such. We believe that the nurse could use another registered nurse to help with that task as long as the program nurse ensures that this is done. The rule does not prescribe the method needed, but could be a mix of direct observation, a skills fair or other such methods.
- b. All staff must be trained within 30 days of employment for any tasks for which they are assigned. You should have records of that training and competency, which are signed off by the nurse.
- c. You should document any instruction or training that is provided to staff on a new tenant's service plan or any service plan items that are added after admission. This would include nurse delegated tasks, but is probably not limited to just those tasks.
- d. The program nurse is responsible for direct and indirect supervision of all certified and noncertified staff as necessary in his/her professional judgment and in accordance with tenant's needs.
- e. Services are to be provided to tenants in accordance with the training provided. If you have set procedures that you use for training, service delivery should follow those procedures or practices.
- f. Programs will now be required to have a written system of communication in place for staff to report deviations from the norm in tenant's physical, cognitive or functional health status. The system may be of the program's choosing, but must be maintained for a period of three years and be available for DIA upon request. The system could be a report sheet, a communication log, an assignment sheet, INTERACT Stop and Watch Tool or other such tools. Staff needs to be trained on what is reportable for tenants and in what method and time frames. There is no requirement for this communication to be a part of the clinical record.
- g. If the program nurse has a temporary absence, the training records of all staff members need to be readily accessible for the nurse assuming those duties so tenant needs are met.