

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1397

61st Legislature
2009 Regular Session

Passed by the House March 3, 2009
Yeas 97 Nays 0

Speaker of the House of Representatives

Passed by the Senate April 14, 2009
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1397** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1397

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Moeller, Ericksen, Cody, Green, Hinkle, Morrell, Bailey, Williams, Nelson, and Wood)

READ FIRST TIME 02/10/09.

1 AN ACT Relating to the delegation of authority to registered
2 nurses; and amending RCW 18.79.260.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 18.79.260 and 2008 c 146 s 11 are each amended to read
5 as follows:

6 (1) A registered nurse under his or her license may perform for
7 compensation nursing care, as that term is usually understood, to
8 individuals with illnesses, injuries, or disabilities.

9 (2) A registered nurse may, at or under the general direction of a
10 licensed physician and surgeon, dentist, osteopathic physician and
11 surgeon, naturopathic physician, optometrist, podiatric physician and
12 surgeon, physician assistant, osteopathic physician assistant, or
13 advanced registered nurse practitioner acting within the scope of his
14 or her license, administer medications, treatments, tests, and
15 inoculations, whether or not the severing or penetrating of tissues is
16 involved and whether or not a degree of independent judgment and skill
17 is required. Such direction must be for acts which are within the
18 scope of registered nursing practice.

1 (3) A registered nurse may delegate tasks of nursing care to other
2 individuals where the registered nurse determines that it is in the
3 best interest of the patient.

4 (a) The delegating nurse shall:

5 (i) Determine the competency of the individual to perform the
6 tasks;

7 (ii) Evaluate the appropriateness of the delegation;

8 (iii) Supervise the actions of the person performing the delegated
9 task; and

10 (iv) Delegate only those tasks that are within the registered
11 nurse's scope of practice.

12 (b) A registered nurse, working for a home health or hospice agency
13 regulated under chapter 70.127 RCW, may delegate the application,
14 instillation, or insertion of medications to a registered or certified
15 nursing assistant under a plan of care.

16 (c) Except as authorized in (b) or (e) of this subsection, a
17 registered nurse may not delegate the administration of medications.
18 Except as authorized in (e) of this subsection, a registered nurse may
19 not delegate acts requiring substantial skill, and may not delegate
20 piercing or severing of tissues. Acts that require nursing judgment
21 shall not be delegated.

22 (d) No person may coerce a nurse into compromising patient safety
23 by requiring the nurse to delegate if the nurse determines that it is
24 inappropriate to do so. Nurses shall not be subject to any employer
25 reprisal or disciplinary action by the nursing care quality assurance
26 commission for refusing to delegate tasks or refusing to provide the
27 required training for delegation if the nurse determines delegation may
28 compromise patient safety.

29 (e) For delegation in community-based care settings or in-home care
30 settings, a registered nurse may delegate nursing care tasks only to
31 registered or certified nursing assistants. Simple care tasks such as
32 blood pressure monitoring, personal care service, diabetic insulin
33 device set up, verbal verification of insulin dosage for sight-impaired
34 individuals, or other tasks as defined by the nursing care quality
35 assurance commission are exempted from this requirement.

36 (i) "Community-based care settings" includes: Community
37 residential programs for people with developmental disabilities,
38 certified by the department of social and health services under chapter

1 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and
2 boarding homes licensed under chapter 18.20 RCW. Community-based care
3 settings do not include acute care or skilled nursing facilities.

4 (ii) "In-home care settings" include an individual's place of
5 temporary or permanent residence, but does not include acute care or
6 skilled nursing facilities, and does not include community-based care
7 settings as defined in (e)(i) of this subsection.

8 (iii) Delegation of nursing care tasks in community-based care
9 settings and in-home care settings is only allowed for individuals who
10 have a stable and predictable condition. "Stable and predictable
11 condition" means a situation in which the individual's clinical and
12 behavioral status is known and does not require the frequent presence
13 and evaluation of a registered nurse.

14 (iv) The determination of the appropriateness of delegation of a
15 nursing task is at the discretion of the registered nurse. Other than
16 delegation of the administration of insulin by injection for the
17 purpose of caring for individuals with diabetes, the administration of
18 medications by injection, sterile procedures, and central line
19 maintenance may never be delegated.

20 (v) When delegating insulin injections under this section, the
21 registered nurse delegator must instruct the individual regarding
22 proper injection procedures and the use of insulin, demonstrate proper
23 injection procedures, and must supervise and evaluate the individual
24 performing the delegated task weekly during the first four weeks of
25 delegation of insulin injections. If the registered nurse delegator
26 determines that the individual is competent to perform the injection
27 properly and safely, supervision and evaluation shall occur at least
28 every ninety days thereafter.

29 (vi) The registered nurse shall verify that the nursing assistant
30 has completed the required core nurse delegation training required in
31 chapter 18.88A RCW prior to authorizing delegation.

32 (vii) The nurse is accountable for his or her own individual
33 actions in the delegation process. Nurses acting within the protocols
34 of their delegation authority are immune from liability for any action
35 performed in the course of their delegation duties.

36 (viii) Nursing task delegation protocols are not intended to
37 regulate the settings in which delegation may occur, but are intended
38 to ensure that nursing care services have a consistent standard of

1 practice upon which the public and the profession may rely, and to
2 safeguard the authority of the nurse to make independent professional
3 decisions regarding the delegation of a task.

4 (f) The nursing care quality assurance commission may adopt rules
5 to implement this section.

6 (4) Only a person licensed as a registered nurse may instruct
7 nurses in technical subjects pertaining to nursing.

8 (5) Only a person licensed as a registered nurse may hold herself
9 or himself out to the public or designate herself or himself as a
10 registered nurse.

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