

AOS #15 Supervision and Delegation
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KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
<http://kbn.ky.gov>

ADVISORY OPINION STATEMENT

**Role of Nurses in the Supervision and Delegation of
Nursing Tasks to Unlicensed Personnel**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Opinion:

Roles of Nurses in the Supervision and Delegation of Nursing Tasks to Unlicensed Personnel

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Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Rationale for Advisory Opinion

The Board has receives numerous inquiries related to the role of nurses in delegation. These inquiries span healthcare settings including facilities, schools, community settings, and others. The Board has issued the following advisory opinion statement as a resource for nurses making delegation decisions.

Advisory Opinion

“When certain aspects of nursing care need to be delegated beyond the traditional role and assignment of a care provider, it is imperative that the delegation process and the state nurse practice act (NPA) be clearly understood so that it is safely and effectively carried out.” (National Council State Boards of Nursing, 2016).

“Only a licensed nurse can delegate.... Because they are responsible, they need to provide direction, determine who is going to carry out the delegated responsibility, and assist or perform the responsibility him/herself, if he or she deems that appropriate under the given circumstances.” (NCSBN and ANA Joint Position Statement, 2019).

In accordance with KRS 314.021(2), nurses are held responsible and accountable for their decisions regarding the supervision and delegation of nursing acts to unlicensed personnel who provide nursing assistance, based upon the nurse's educational preparation and current clinical competence in nursing.

Unlicensed Personnel

201 KAR 20:400 Section 1(14) defines an “unlicensed person” as “an individual, other than a nurse, the client, or the client’s family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse.” Unlicensed personnel are trained to perform specific health care related job duties and include but are not limited to certified nursing assistants, medical assistants, home health aides, dialysis technicians, and medication aides/technicians. A medication aide/technician is defined as an individual who receives training preparing for a role in administering topical and oral medications and who works under the supervision of a licensed nurse.

Unlicensed Assistive Personnel (UAP) are “any assistive personnel trained to function in a supportive role, regardless of title, to who a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMS, certified medication aides, and home health aides....” (NCSBN and ANA Joint Position Statement, 2019).

In the utilization of unlicensed personnel to provide nursing assistance, nurses should follow written approved policies and procedures of the health care facility/agency which are consistent with KRS Chapter 314.

It is inappropriate for an unlicensed person to delegate nursing tasks to other unlicensed persons.

Delegation

“Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed....” (National Council State Boards of Nursing, 2016).

The nurse (RN/LPN/APRN) has the overall responsibility and accountability for assessing the capabilities of the unlicensed assistive personnel (UAP) to include validation of their qualifications, knowledge, and competence in skills in carrying out any technical role. In

addition, the nurse is responsible for providing the UAP with ongoing supervision, teaching, and evaluation (201 KAR 20:400).

Assessment, communication, supervision, and evaluation are essential elements in the delegation process. These elements should be utilized throughout the delegation process to ensure patient safety.

“Provide clear instructions and desired outcomes when delegating tasks..” (Potter, et al., 2019)

NCSBN provided the following Five Rights of Delegation (2019).

- Right task: The activity falls within the delegatee’s job description or is included as part of the established written policies and procedures for the nursing practice setting....
- Right circumstance: The health condition of the patient must be stable. If the patient’s condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.
- Right person: The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.
- Right directions and communication: Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of the two-way communication, should ask any clarifying questions.... The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.
- Right supervision and evaluation: The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegated situation.

Delegated Nursing Tasks

Unlicensed personnel who provide assistance to nurses may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the client welfare.

Some tasks may be included within job descriptions of unlicensed assistive personnel.

Such tasks may include, but are not limited to:

- a) Collection, documentation, and reporting of data (e.g., vital signs, oxygen saturation using pulse oximeter equipment, height, weight, intake and output, and blood glucose testing when sample is obtained from a capillary site).

- b) Assisting patients to perform self-care tasks, including assistance with a patient's self-administered medication.
- c) Performing tasks of a routine nature that do not require ongoing nursing assessment and nursing judgment. For example, simple non-sterile dressing changes, external care to urinary catheters enema administration when not contraindicated by patient's skin integrity and condition, bowel and bladder program care including intermittent urinary catheterization and digital rectal stimulation, and colostomy appliance changes on mature stoma sites with sustained skin integrity.
- d) Selected ambulation, positioning, turning, activities of daily living, or exercise programs.
- e) Providing and maintaining a safe, comfortable environment.
- f) Selected nutritional activities, such as feeding and meal preparation. This may include the administration of feedings or medications as outlined below via a gastrostomy tube when the tube is in a mature stoma site with sustained skin integrity, and when it is delegated by and performed under the supervision of a nurse.
- g) Socialization activities.
- h) Transportation of client.

Nurse as Educator of Unlicensed Personnel

A registered nurse is an appropriate licensed health care professional to participate in the instruction, training, and education of unlicensed personnel. The licensed practical nurse may participate in the instruction, training and education of unlicensed personnel under the direction of a registered nurse, physician, dentist, or advanced practice registered nurse (except as limited in KRS 156.502, Health services in school setting – Designated provider – Liability protection, for licensed practical nurses in school settings).

Delegation does not occur when:

- A nurse only participates in the education of the unlicensed person and is not a participant in the ongoing assessment and implementation of direct care for the client and is not making decisions about delegation pursuant to 201 KAR 20:400 at the time the unlicensed person is providing the care; or
- During non-routine encounters between the nurse and client if the nurse is not making decisions about delegation pursuant to 201 KAR 20:400; or
- During performance of administrative duties by the nurse in the care setting that are not related to the nurse providing or supervising direct care.

Licensed Practical Nurse

The licensed practical nurse, practices under the direction of a registered nurse, advanced practice registered nurse, physician, physician assistant, or dentist, and may supervise and

delegate nursing tasks to unlicensed persons in accordance with 201 KAR 20:400 as outlined in Section 1, except in a school setting.

Under KRS 156:502 (2) a school employee may be delegated responsibility to perform a health service by a physician, advanced practice registered nurse, or registered nurse. Thus in a school setting, a licensed practical nurse is not authorized to delegate to an unlicensed person.

Registered Nurse

Based upon the statutes governing registered nursing practice, the focus of registered nursing practice is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, planning, implementation and evaluation of nursing care. Therefore, the registered nurse is responsible and accountable for:

- a) Utilizing nursing judgment and critical thinking in decision-making regarding nursing care, and assuring that care is provided in a safe and competent manner;
- b) Utilizing 201 KAR 20:400 Delegation of nursing tasks in determining which nursing acts in the implementation of care can be delegated and to whom.

201 KAR 20:400 Section 2 states in part:

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation, and assuring documentation.

(4) The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.

(5) A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

- c.) Providing supervision of unlicensed personnel who provide assistance to the nurse.

The nurse may wish to utilize the [KBN Decision Tree for Delegation of Nursing Tasks to Unlicensed Personnel](#) to determine if the nursing task should be delegated in conjunction with 201 KAR 20:400, Section 3 Criteria for Delegation, which states in part

- A task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate;
- A task that, in the opinion of the delegating nurse, can be competently and safely performed by the delegatee without compromising the client's welfare;
- The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention; and
- The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Exception to this Opinion

The performance of nursing tasks, such as medication administration, without a nursing license, except when included within the scope of practice of another licensed healthcare professional or otherwise permitted by law, would constitute the unlawful practice of nursing (KRS 314.031 and KRS 314.991). There is, however, one significant exception.

Pursuant to 201 KAR 20:400, Section 1(14), when the performance of what would otherwise constitute a nursing task is directed by the client, the client's family, the client's legal guardian or the client/client family/legal guardian's delegatee, the task is not considered to be the practice of nursing, nor delegation by a nurse. This would occur primarily in venues that are the client's home, or home-like residential settings, whether temporary or permanent.

Patient and family education is a part of nursing practice. As a part of preparing a patient for self-care, nurses may teach and supervise the performance of acts by patients and family members who have demonstrated willingness and an ability to perform the acts.

Supervision

In a supervising capacity, the registered nurse, or licensed practical nurse practicing under the direction, and supervision of a physician, physician assistant, APRN, or RN, should provide clear direction, and assistance to those unlicensed individuals supervised, observe, and monitor the activities of those supervised, and evaluate the effectiveness of tasks performed under supervision.

The nurse should assure that the individual performing the task has the necessary educational preparation and validation of competence in order to perform the act in a safe manner.

201 KAR 20:400 Section 4. Supervision states:

- (1) The nurse shall provide supervision of a delegated nursing task.
- (2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:
 - (a) The stability and acuity of the client's condition;
 - (b) The training and competency of the delegatee;
 - (c) The complexity of the nursing task being delegated; and
 - (d) The proximity and availability of the delegator to the delegatee when the nursing task is performed.

Evaluation and Communication

The licensed nurse is responsible reviewing, evaluating and providing feedback regarding the UAP's performance of the delegated activity. As part of the evaluation process clear communication regarding the delegatee's demonstrated competency, ability to follow directions and the resulting patient outcomes should occur.

Medication Administration

As stated in KRS 314.011(6)(c) and (10)(c), the administration of medication is the practice of nursing. KRS 314.011(6)(c) concerning registered nursing practice states:

“The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses.”

It is the opinion of the Board that following assessment of a client, a nurse utilizing 201 KAR 20:400 may delegate components of the administration of medication.

In the administration of medication, tasks may be delegated to a medication aide which:

- (1) frequently occur in the routine care of a stable client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve no modification in client care;
- (4) may be performed with a predictable outcome; and
- (5) does not inherently involve ongoing assessment, interpretation, or decision-making.

The KBN does not have jurisdiction over medication aides or their training programs. However, the KBN recommends that a medication aide training curriculum include the following topics: medication fundamentals, safety, communication and documentation, medication administration, ethical and legal issues, and a practicum (NCSBN, 2007).

It is the opinion of the Board, that a nurse should not delegate the professional judgement or decision-making responsibility related to the following:

- (1) recognizing side effects, toxic effects, and allergic reactions;
- (2) recognizing immediate desired effects;
- (3) recognizing unusual and unexpected effects;
- (4) recognizing changes in client's condition that contraindicates continued administration of the medication; and
- (5) anticipating those effects which may rapidly endanger a client's life or well-being (NCBON, 2019).

Should an unexpected or untoward event occur as the result of medication administration, the medication aide would be expected to immediately notify the nurse to assess and intervene as necessary.

Assistive Living Communities

In Kentucky, KRS 194A.700 defines assistance with self-administration of medications. The statute allows for assistance with self-administering oral medication and application of topical ointments. “Assistance with medication that is prepared or directed by the resident, the resident's designated representative, or a licensed health care professional who is not the owner, manager, or employee of the assisted living community...”(2022).

Long Term Care

In Kentucky, 902 KAR 20:048 states that unlicensed personnel known as certified medicine aides/technicians, may function by administering oral and topical medication in long-term care facilities only through delegation by and under the supervision of licensed medical or nursing personnel. Unlicensed personnel who administer oral and topical medications must have

successfully completed a state approved training program from a state approved training provider with competency validation/testing through either a state approved or national exam for administration of medication as defined in the administrative regulations issued by the Cabinet for Health and Family Services, Office of the Inspector General.

School Setting

Unlicensed school personnel were given authority (2014) to administer insulin in school settings under the delegation of a physician, advanced practice registered nurse or registered nurse by KRS 158.838. Unlicensed assistive personnel are required to successfully complete an approved course for administration of insulin and validate competency.

Dialysis Technicians

Dialysis technicians may administer only those medications listed in 201 KAR 20:478, "Dialysis technician credentialing requirements and training program standards".

Paramedics

Effective July 15, 2002, KRS 311A.170(5) permits a paramedic to be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to specific conditions. KRS 314.170(5) (b) states: "...A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced practice registered nurse, or as delegated by a registered nurse..." and as per 201 KAR 20:400.

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Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the KBN [RN/LPN Scope of Practice Determination Guidelines](#) may be downloaded from the Board's website.

Decisions Related to Delegation

A registered nurse who makes decisions related to delegation of tasks is governed by [201 KAR 20:400 Delegation of nursing tasks](#).

In addition to this advisory opinion the Kentucky Board of Nursing has published the [Decision Tree for Delegation to Unlicensed Assistive Personnel](#) which provides guidance to the nurse in determining whether a selected act should be delegated.

In summary, delegation should occur only if, in the professional opinion of the delegating nurse, the act may be competently and safely performed by the person to whom the act is delegated.

Applicable Statutes from the Kentucky Nursing Law

KRS 314.011(2) defines "delegation" as:

...Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

KRS 314.011 (3) defines "nurse" as:

...A person who is licensed or holds the privilege to practice under the provisions of this chapter as a registered nurse or as a licensed practical nurse.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured, or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses. Components of medication administration include but are not limited to:
 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications;
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(8) defines "advanced practice registered nursing practice" as:

...The performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited program that prepares the registered nurse for one (1) of four (4) APRN roles; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances described in or as classified pursuant to KRS 218A.020, 218A.060, 218A.080, 218A.100, and 218A.120 under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board; and
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of [Licensed] Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.031(1) states: "It shall be unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter."

201 KAR 20:400 governs delegation of nursing tasks to unlicensed persons as well as to paramedics in a hospital emergency department.

Accountability and Responsibility of Nurses

KRS 314.021(2) imposes individual responsibility and holds nurses accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws (KRS Chapter 314)*, established standards of practice, and be evidence based.

An advisory opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice and who wish to minimize the possibility of being subjected to malpractice litigation.

The legal scope of advanced practice registered nursing is defined by a) post-basic education; b) certification as an advanced practice registered nurse; and c) the national nursing organization's published scope and standards of practice.

Attachments: 201 KAR 20:400
KBN Decision Tree for Delegation to Unlicensed Personnel

201 KAR 20:400. Delegation of nursing tasks.

RELATES TO: KRS 311A.170, 314.011, 314.021(2), 314.091(1)

STATUTORY AUTHORITY: KRS 314.131(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the board to promulgate administrative regulations necessary to implement KRS Chapter 314. KRS 314.091(1)(d) prohibits a person from negligently or willfully acting in a manner inconsistent with the practice of nursing. This administrative regulation establishes requirements that govern the delegation of a nursing task in a safe, effective manner so as to safeguard the health and welfare of the citizens of the Commonwealth.

Section 1. Definitions. (1) "Board" is defined by KRS 314.011(1).

(2) "Client" means a patient, resident, or consumer of nursing care.

(3) "Competence" means performing an act in a safe, effective manner.

(4) "Deelegatee" means a person to whom a task is delegated.

(5) "Delegation" is defined by KRS 314.011(2).

(6) "Delegator" means the nurse delegating a task to another person.

(7) "Direct supervision" means the continuous, direct, onsite supervision by a registered nurse;

(8) "Nurse" is defined by KRS 314.011(3).

(9) "Nurse Extern" means an employee in a healthcare facility who is also actively enrolled as a student in a board-approved prelicensure program of nursing.

(10) "Nursing assistance" is defined by KRS 314.011(13).

(11) "Nursing task" means an act included in the definition of registered nursing practice, advanced practice registered nursing, or licensed practical nursing practice pursuant to KRS 314.011(6), (8), or (10).

(12) "Paramedic" is defined by KRS 311A.010.

(13) "Supervision" means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice.

(14) "Unlicensed person" means an individual, other than a nurse, the client, or the client's family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse.

Section 2. Nurse's Responsibility in Delegation. (1) A registered nurse or a licensed practical nurse may delegate a task to an unlicensed person in accordance with this section and Sections 3, 4, and 5 of this administrative regulation.

(2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation, and assuring documentation.

(4) The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.

(5) A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

(6) A nurse who delegates a nursing task in violation of this administrative regulation or participates in the utilization of an unlicensed person in violation of this administrative regulation shall be considered acting in a manner inconsistent with the practice of nursing.

Section 3. Criteria for Delegation. The delegation of a nursing task shall meet the following criteria:

(1) The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate;

(2) The delegated nursing task shall be a task that, in the opinion of the delegating nurse, may be competently and safely performed by the delegatee without compromising the client's welfare;

(3) The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention; and

(4) The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Section 4. Supervision. (1) The nurse shall provide supervision of a delegated nursing task.

(2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:

- (a) The stability and acuity of the client's condition;
- (b) The training and competency of the delegatee;
- (c) The complexity of the nursing task being delegated; and
- (d) The proximity and availability of the delegator to the delegatee when the nursing task is performed.

Section 5. Nurse Extern. (1) The nurse extern may perform nursing tasks as delegated under the direct supervision of a registered nurse in accordance with this section. Those tasks may include the administration of medication or other tasks that have been taught in the nurse extern's nursing education program. The nurse extern shall be individually educationally prepared and clinically competent to perform the task. At a minimum, this competency shall be verified by an official letter from the nursing program documenting that the nurse extern has successfully completed the task as a student in the program of nursing. The employer shall independently verify and document the competency of the nurse extern to successfully perform the acts that the nurse extern will perform.

(2) A licensed practical nurse may participate with the registered nurse in providing supervision of a nurse extern enrolled in a practical nurse program of nursing.

(3) The nurse extern may provide nursing assistance that is routinely a part of any nursing assistant's job description.

(4) For a nurse extern enrolled in a practical nurse program of nursing, the administration of medications shall be limited by 201 KAR 20:490.

(5) A nurse extern shall not substitute for licensed nursing staff.

(6) A nurse extern shall not be required to independently assume the role, function, or responsibility of licensed personnel. (19 Ky.R. 1242; eff. 1-27-1993; 25 Ky.R. 2189; 2546; eff. 5-19-1999; 29 Ky.R. 2947; eff. 8-13-2003; TAm eff. 7-15-2010; 44 Ky.R. 1382, 1816; eff. 2-15-2018.)

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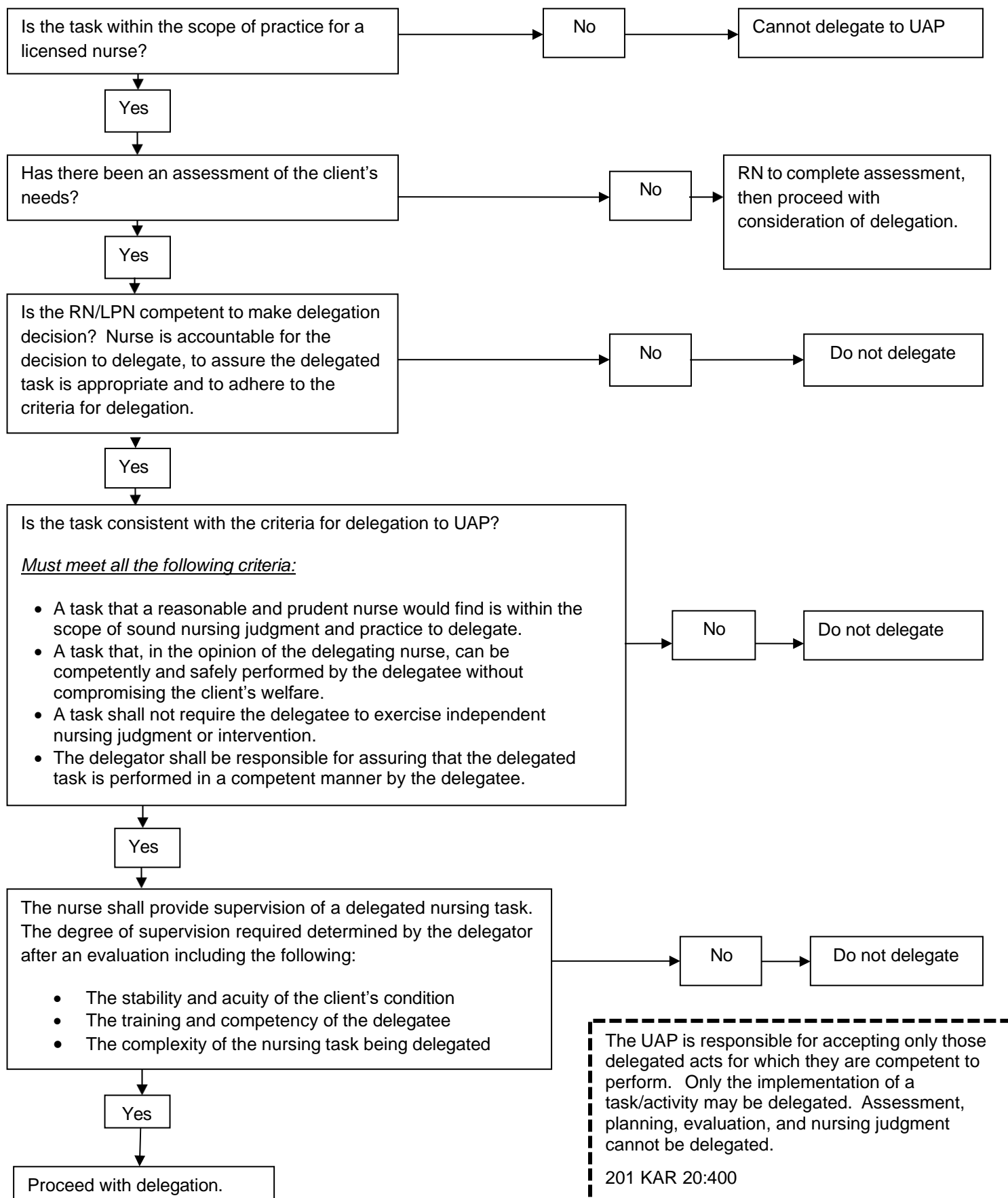
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KBN Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP)



Step Two – Communication

Communication must be a two-way process

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| <p>The nurse:</p> <ul style="list-style-type: none"> • Assesses the assistant’s understanding <ul style="list-style-type: none"> ○ How the task is to be accomplished ○ When and what information is to be reported, including <ul style="list-style-type: none"> ▪ Expected observations to report and record ▪ Specific client concerns that would require prompt reporting. • Individualizes for the nursing assistive personnel and client situation • Addresses any unique client requirements and characteristics, and clear expectations of: • Assesses the assistant’s understanding of expectations, providing clarification if needed. • Communicates his or her willingness and availability to guide and support assistant. • Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility. | <p>The nursing assistive personnel:</p> <ul style="list-style-type: none"> • Ask questions regarding the delegation and seek clarification of expectations if needed • Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently • Ask for additional training or supervision • Affirm understanding of expectations • Determine the communication method between the nurse and the assistive personnel • Determine the communication and plan of action in emergency situations. | <p>Documentation: <i>Timely, complete and accurate documentation of provided care</i></p> <ul style="list-style-type: none"> • Facilitates communication with other members of the healthcare team • Records the nursing care provided. |
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Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

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| <p>The nurse considers the:</p> <ul style="list-style-type: none"> • Client’s health care status and stability of condition • Predictability of responses and risks • Setting where care occurs • Availability of resources and support infrastructure. • Complexity of the task being performed. | <p>The nurse determines:</p> <ul style="list-style-type: none"> • The frequency of onsite supervision and assessment based on: <ul style="list-style-type: none"> ○ Needs of the client ○ Complexity of the delegated function/task/activity ○ Proximity of nurse’s location | <p>The nurse is responsible for:</p> <ul style="list-style-type: none"> • Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include: • Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client’s condition deteriorates significantly). • Awareness of assistant’s difficulties in completing delegated activities. • Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation. |
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Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

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| <p>In considering the effectiveness of delegation, the nurse addresses the following questions:</p> <ul style="list-style-type: none"> • Was the delegation successful? <ul style="list-style-type: none"> ○ Was the task/function/activity performed correctly? ○ Was the client’s desired and/or expected outcome achieved? ○ Was the outcome optimal, satisfactory or unsatisfactory? ○ Was communication timely and effective? ○ What went well; what was challenging? ○ Were there any problems or concerns; if so, how were they addressed? • Is there a better way to meet the client need? • Is there a need to adjust the overall plan of care, or should this approach be continued? • Were there any “learning moments” for the assistant and/or the nurse? • Was appropriate feedback provided to the assistant regarding the performance of the delegation? • Was the assistant acknowledged for accomplishing the task/activity/function? |
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