

**Rule 225.1-225.14**

**RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions**

**QUICK REFERENCE GUIDE**

<b>225.1</b>	<b>Three Gate Keeping Criteria:</b> All must be met to use Rule 225
<b>225.1(c)</b>	One acute condition does not preclude using 225 for tasks unrelated to the acute condition.
<b>225.2</b>	<b>Exclusions: Rule 225 does not</b> apply to listed conditions (4)(D) - Tasks assigned to LVN or other licensed practitioners. (RN is not accountable for tasks when they are assigned to other licensed practitioners)
<b>225.3</b>	<b>Purpose: To maintain client in least restrictive environment and promote client independence to the extent possible.</b> <ul style="list-style-type: none"> <li>What may be a “nursing task” in an acute environment/acute condition may be a supportive task in an Independent Living Environment (ILE).</li> </ul>
<b>225.4</b>	<b>Definitions</b> <ul style="list-style-type: none"> <li>ADL’s (Activities of Daily Living)</li> <li>Administration vs Assistance with self-administered medications</li> <li>Assistance (#3) ° includes UAP assisting with calling in pre-authorized prescription refills</li> <li>Client’s Responsible Adult(CRA) - may or may not be a “paid” person (However, must comply with state and federal regulations, which may preclude designating agency employee as CRA)</li> <li>HMA (Health Maintenance Activity)</li> <li>“Not Requiring Delegation” (new concept)</li> <li>Stable and Predictable (one of the “gate-keeping” criteria)</li> <li>Unlicensed Person (in BNE rule, may be paid or volunteer, but application of Rule 225 will vary in different practice settings as regulations beyond BNE rule may be stricter)</li> </ul>
<b>225.5</b>	<b>RN Accountability</b> (b) RN is not accountable for UAP’s actual performance of ADL’s or HMA’s that the RN determines meet criteria for <u>not requiring delegation</u> .
<b>225.6</b>	<b>RN Assessment of Client</b> <ul style="list-style-type: none"> <li>- RN not required to assess UAP</li> <li>- Strength in one assessment criterion may compensate for weakness in another assessment criterion</li> </ul>
<b>225.7</b>	<b>ADL’s Exempt from Delegation</b> ADL’s are not considered “nursing task” when related to: <ol style="list-style-type: none"> <li>Functional disability (see definition in 225.4)</li> <li>RN determines any UAP could do task(s) without supervision (remember Gate Keeping Criteria)</li> </ol>

<p><b>225.8</b></p>	<p><b>HMA Exemption (does “not require delegation”)</b></p> <ol style="list-style-type: none"> <li>1. Related to functional disability.</li> <li>2. Client or CRA capable of directing UAP.</li> <li>3. Client/CRA has agreed in writing to participate in directing UAP.</li> <li>4. Either             <ol style="list-style-type: none"> <li>(a) Client willing/able to train...</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>(b) CRA willing/able to train...</li> </ol> <p style="text-align: center;">and will be</p> <ol style="list-style-type: none"> <li>(1) present</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>(2) available via telecommunications</li> </ol> </li> </ol>
<p><b>225.9</b></p>	<p><b>Delegation Criteria</b> (for tasks that cannot or do not qualify for specific client as “not requiring delegation”)</p> <p>In Addition to 225.6, RN °</p> <ol style="list-style-type: none"> <li>1. Determines task does not require nursing judgment.</li> <li>2. Verifies UAP’s competency to perform the task.</li> <li>3. Determines with client or CRA level of RN supervision according to <b>five</b> factors:             <ul style="list-style-type: none"> <li>• stability of client</li> <li>• training, experience, &amp; capability of UAP</li> <li>• nature of nursing task</li> <li>• proximity and availability of RN to UAP</li> <li>• level of participation of client or CRA</li> </ul> </li> <li>4. "5 Rights" of delegation must be met.</li> </ol>
<p><b>225.9 (c)</b></p>	<p>Employer must have written policy acknowledging that final decision to delegate (or not) is made by the RN - delegation <b>cannot</b> be mandated by facility policy.</p>
<p><b>225.10</b></p>	<p><b>Tasks that may be delegated:</b></p> <ol style="list-style-type: none"> <li>(1) ADL's Ū             <ul style="list-style-type: none"> <li>↳ That RN determines require delegation</li> </ul> </li> <li>(2) HMA'sŪ</li> <li>(3) ÷ (12) = these items are typically nursing tasks, but there can be exceptions (ie, some tasks may qualify as “not requiring delegation” for a specific client. For example:             <ol style="list-style-type: none"> <li>(6)(A) Inserting tubes - “(A) Irrigation and/or insertion of intermittent caths” (Straight catheters only, <u>Not</u> Foleys) Ÿ {Intermittent caths can be HMA if meets criteria}</li> </ol> </li> <li>(7) Trach Care</li> <li>(10) Med. Administration             <ul style="list-style-type: none"> <li>- Not related to functional disability</li> <li>- May have to be delegated because of lack of ability of client or CRA to participate</li> </ul> </li> <li>(11) Daily Pill Reminder Container ÷ see 225.11</li> <li>(12) Insulin (various routes) ÷ see 225.11</li> </ol>

<p><b>225.11</b></p>	<p><b>Pill Boxes and Insulin</b></p> <p>(a) Pill Reminders ÷ supervisory visits @ RN discretion</p> <p>(b) Insulin - some same and some new requirements:</p> <ul style="list-style-type: none"> <li>• A RN must be on call for consultation/intervention 24 hours</li> <li>• Supervising visits to clients location three (3) times in 60 days (new), but after that, frequency of supervisory visits decided by RN in consultation with client or CRA.</li> </ul>
<p><b>225.12</b></p>	<p><b>Tasks Prohibited from Delegation</b></p> <ul style="list-style-type: none"> <li>• Any task that requires professional nursing judgement</li> <li>• No exhaustive list, but examples provide guidance; RN must use good professional judgement</li> <li>• Includes specific medication-related tasks (calculating doses, administering any drug with the exception of Insulin via injectable route, etc.</li> <li>• (5)(E) Initial Dose of a medication: A RN can delegate if document rationale in client's medical record. Ex: OTC medication, such as MOM, or prescription laxative.</li> </ul>
<p><b>225.13</b></p>	<p><b>Supervising UAP Performing Tasks Delegated by Other Practitioners</b></p> <ul style="list-style-type: none"> <li>• <b>As with previous rule (218), RN must assure client safety [Rule 217.11(5)] through gadequate supervision and gassuring adequate training to perform the task, and greport to delegating practitioner if UAP is performing task incorrectly.</b></li> </ul>
<p><b>225.14</b></p>	<p><b>Application of Other Laws and Regulations (new)</b></p> <ul style="list-style-type: none"> <li>• If laws are inconsistent, "most restrictive" standard is applied</li> </ul>