

DEPARTMENT OF HEALTH, ARKANSAS STATE BOARD OF NURSING

SUBJECT: Chapter Five: Delegation

DESCRIPTION: The following is a summary of the proposed changes made to Chapter Five of the Arkansas State Board of Nursing Rules.

- Editorial changes were made to improve readability by removing each license type and substituting with an all-inclusive term of licensed.
- We changed the word “must” to “shall” to be consistent with preferred language in Arkansas rules and statutes.
- Delegation by a nurse cannot violate statutes or rule by any regulatory agency was clarified.
- An exclusion to delegation restrictions, the administration of seizure rescue medication, and use of a vagus nerve stimulator magnet were added as permitted in Act 286 of 2023.
- The definition of health maintenance activities was clarified.
- The restriction that the competent adult or caretaker had to hire to designated care aide was removed to provide greater access to care for the individual in the home setting.
- The inclusion of oral medication as a task that a designated care aide can provide was added.
- An editorial change was made by adding “registered”.

PUBLIC COMMENT: A public hearing was held on this rule on August 12, 2024. The public comment period expired on August 19, 2024. The agency provided the following public comment summary:

Commenter’s Name: Leonie DeClerk, APRN, on behalf of the ANPA

COMMENT: The Associations appreciates the work the Board has done toward allowing delegation to Medical Assistants (MA), as they are well trained. Delegation to Medical Assistants does not decrease patient safety but will increase access to care.

RESPONSE: Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.

Commenter’s Name: Melinda Rhynes, on behalf of the Arkansas Society of Medical Assistants

COMMENT: Ms. Rhynes read a letter signed by Donald Balasa, JD, CEO and Legal Counsel for the American Association of Medical Assistants, Misty Ross, CPPM, MCA, President of the Arkansas Society of Medical Assistants, and herself in support of the proposed changes allowing delegation by APRNs to Medical Assistants. Included with the letter was additional letters of support from APRNs and MAs. **RESPONSE:** Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.

On August 15, 2024, ASBN received written comments on the proposed changes to Chapter 5. The comments were as follows:

In relation to Chapter Five, the Arkansas Nurse Practitioner Association supports the revisions.

In the future, we encourage the Arkansas State Board of Nursing to allow licensed nurses to delegate the performance of nursing practices to a qualified and properly trained person (commonly known as medical assistants) who is not licensed or otherwise specifically authorized by the Arkansas Code to perform the practice or task, similar to ACA 17-95-208 and Arkansas State Medical Board Rule 31, which authorize physicians to delegate medical practices. Specifically, we would like the Arkansas State Board of Nursing to consider allowing APRNs to delegate nursing tasks to medical assistants.

Currently, APRNs cannot delegate many of the tasks in which medical assistants are trained to them. This decreases access to primary care in areas where there are few LPNs and RNs because the APRN must complete tasks such as immunizations. The current delegation rule effectively limits the number of patient visits, or one nurse must complete these tasks for multiple providers. In some cases, the scarcity of licensed nurses to fill office positions may make it infeasible to maintain an office in a rural or underserved community. Arkansas has numerous medical assistant programs offered through community colleges and other institutions, providing a well-trained, readily available healthcare workforce. Allowing APRNs to delegate to medical assistants would increase access to healthcare without compromising safety. Healthcare is best performed in teams; therefore, allowing each team member to practice to the top of their education will provide better healthcare access and outcomes for Arkansans.

RESPONSE: Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: The Arkansas State Board of Nursing has the power to “promulgate whatever rules it deems necessary for the implementation of” Title 17, Chapter 87 of the Arkansas Code, regarding nurses. Ark. Code Ann. § 17-87-203(1)(A). This rule implements Act 286 of 2023. The Act, sponsored by Representative Denise Jones Ennett, created the Seizure Safe Schools Act.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No N/A

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
 Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
 Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency’s statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total \$0.00 _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

RECEIVED

By kaitlyn.whitlow at 10:39 am, Jul 16, 2024

ARKANSAS REGISTER

Proposed Rule Cover Sheet



Secretary of State
John Thurston
500 Woodlane Street, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov



Name of Department _____

Agency or Division Name _____

Other Subdivision or Department, If Applicable _____

Previous Agency Name, If Applicable _____

Contact Person _____

Contact E-mail _____

Contact Phone _____

Name of Rule _____

Newspaper Name _____

Date of Publishing _____

Final Date for Public Comment _____

Location and Time of Public Meeting _____

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CHAPTER FIVE DELEGATION

A. PURPOSE

~~Registered nurses, licensed practical nurses, and licensed psychiatric technician~~ **Licensed** nurses, within the parameters of their education and experience, are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan, under the direction of a registered professional nurse, are essential components of nursing practice. Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions; but such personnel cannot be used as a substitute for the licensed nurse.

Delegation by **a licensed nurse** ~~registered nurses, licensed practical nurses, and licensed psychiatric technician~~ **nurses must shall** fall within the definitions of Arkansas Code Annotated §17-87-102. Delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures, and must be in compliance with the Arkansas *Nurse Practice Act*. The following sections govern the licensed nurse in delegating and supervising nursing tasks to unlicensed personnel in all settings.

B. CRITERIA FOR DELEGATION

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
 - a. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
 - b. A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task. (Ref. Section C. for exceptions.)
 - c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
 - d. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
 - e. The delegating licensed nurse shall be readily available either in person or by telecommunication **except as prohibited by other statute or rule.**
 - f. The licensed nurse shall be responsible for documentation of delegated tasks.
 - g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
 - h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.
2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
 - a. The stability of the condition of the client;
 - b. The training and capability of the unlicensed person to whom the nursing task is delegated;
 - c. The nature of the nursing task being delegated; and
 - d. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

C. SPECIFIC NURSING TASKS WHICH MAY BE DELEGATED WITHOUT PRIOR NURSING ASSESSMENT

By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with ACA §17-87-102 and the level of supervision required is determined by the nurse.

1. Noninvasive and non-sterile treatments unless otherwise prohibited by Section D. of this Chapter (relating to nursing tasks that may not be routinely delegated);
2. The collecting, reporting, and documentation of data including, but not limited to:

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- a. Vital signs, height, weight, intake and output, urine test, and hematest results;
 - b. Changes from baseline data established by the nurse;
 - c. Environmental and safety situations;
 - d. Client or family comments relating to the client's care; and
 - e. Behaviors related to the plan of care;
3. Ambulation, positioning, and turning;
 4. Transportation of the client within a facility;
 5. Personal hygiene;
 6. Feeding, cutting up of food, or placing of meal trays;
 7. Socialization activities;
 8. Activities of daily living; and
 9. Reinforcement of health teaching planned and/or provided by the registered nurse.

D. NURSING TASKS THAT MAY NOT BE ROUTINELY DELEGATED

1. Nursing tasks not included in Section C. are not usually within the scope of sound nursing judgment to delegate and may be delegated only in accordance with subsection 2. of this section.
2. The nursing tasks of this section may be delegated to an unlicensed person only:
 - a. Under circumstances where a reasonable and prudent licensed nurse would find that the delegation does not jeopardize the client's safety and/or welfare;
 - b. If, in the judgment of the licensed nurse, the unlicensed person has the appropriate knowledge and skills to perform the nursing task(s) in a safe and effective manner;
 - c. If the licensed nurse delegating the task is directly responsible for the nursing care given to the client;
 - d. If the agency, facility, or institution, employing unlicensed personnel, follows a current protocol for the instruction and training of unlicensed personnel performing nursing tasks under this subsection; and that said protocol is developed by and taught under the supervision of registered nurses currently employed in the facility, and includes:
 - (1) The manner in which the instruction addresses the complexity of the delegated task;
 - (2) The manner in which the unlicensed person demonstrates competency of the delegated task;
 - (3) The mechanism for reevaluation of the competency; and
 - (4) An established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and
 - e. If the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the nurse's professional judgment.

E. NURSING TASKS THAT SHALL NOT BE DELEGATED

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention;
4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
5. Administration of any medications or intravenous therapy, including blood or blood products except as allowed by ASBN *Rules* Chapter 8 for Medication Assistant-Certified and by ASBN School Nurse Roles and Responsibilities Practice Guidelines.
6. Receiving or transmitting verbal or telephone orders;
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

F. TRANSFERENCE OF DELEGATED NURSING TASKS

It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

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1. The licensed nurse shall not transfer delegated tasks to other clients under the care of the unlicensed person.
2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

G. EXCLUSIONS

These sections shall not be construed to apply to:

1. The gratuitous nursing care of the sick by family or friends;
2. The furnishing of nursing care where treatment is by prayer or spiritual means alone;
3. Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes;
4. Nursing tasks performed by nursing students enrolled in Board approved nursing programs while practicing under the direct supervision of qualified faculty or preceptors;
5. The instruction and/or supervision of licensed nurses by registered professional nurses in the proper performance of tasks as a part of a state approved training/education course designed to prepare persons to obtain certification;
6. Nursing tasks performed by paramedic/emergency medical technician students enrolled in State approved programs while practicing under the direct supervision of qualified faculty or preceptors;
7. The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting.
8. The acts of unlicensed persons responding to an emergency. This exclusion shall not be construed as permitting licensed nurses to delegate routinely to unlicensed persons.
9. Health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005, ACA §17-87-103 (11).
10. The drawing and measuring of glucagon or insulin by a trained employee of a city or county detention center as defined in ACA 17-87-103(14).
11. The administration of an emergency dose of medication to a public-school student who is diagnosed with an adrenal insufficiency by trained volunteer public school personnel.
12. The administration of a seizure rescue medication, medication prescribed to treat seizure disorder symptoms or a manual dose of a prescribed electrical stimulation using a vagus nerve stimulator magnet.

H. CONSUMER DIRECTED CARE

1. Health maintenance activities which are routinely performed by the family in the home setting may be provided by a designated care aide for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
2. Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.
3. Designated care aide means the person hired ~~by the competent adult or caretaker~~ to provide care for the competent adult, minor child, or incompetent adult.
4. Health maintenance activities mean activities that the minor child or adult is unable to perform for himself or herself including oral medications.
5. The attending physician, advanced practice registered nurse, or registered nurse must determine a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the minor child's or adult's home.
6. Home shall not include nursing home, assisted living facility, residential care facility, an intermediate care facility, or hospice care facility.
7. Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 include:
 - a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
 - b. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
 - c. Tasks that require nursing judgment or intervention;
 - d. Teaching and health counseling;

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- e. Administration of any injectable medications (intradermal, subcutaneous, intramuscular, intravenous, intraosseous, or any other form of injection) or intravenous therapy.
- f. Receiving or transmitting verbal or telephone orders.
- 8. The designated care aide must demonstrate the ability to safely perform the health maintenance activity.

Effective: December 1, 2008

Amended: February 15, 2022

Amended: ??

CHAPTER FIVE DELEGATION

A. PURPOSE

Licensed nurses, within the parameters of their education and experience, are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan, under the direction of a registered professional nurse, are essential components of nursing practice. Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions; but such personnel cannot be used as a substitute for the licensed nurse.

Delegation by a licensed nurse shall fall within the definitions of Arkansas Code Annotated §17-87-102. Delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures, and must be in compliance with the Arkansas *Nurse Practice Act*. The following sections govern the licensed nurse in delegating and supervising nursing tasks to unlicensed personnel in all settings.

B. CRITERIA FOR DELEGATION

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
 - a. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
 - b. A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task. (Ref. Section C. for exceptions.)
 - c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
 - d. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
 - e. The delegating licensed nurse shall be readily available either in person or by telecommunication except as prohibited by other statute or rule.
 - f. The licensed nurse shall be responsible for documentation of delegated tasks.
 - g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
 - h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.
2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
 - a. The stability of the condition of the client;
 - b. The training and capability of the unlicensed person to whom the nursing task is delegated;
 - c. The nature of the nursing task being delegated; and
 - d. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

C. SPECIFIC NURSING TASKS WHICH MAY BE DELEGATED WITHOUT PRIOR NURSING ASSESSMENT

By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with ACA §17-87-102 and the level of supervision required is determined by the nurse.

1. Noninvasive and non-sterile treatments unless otherwise prohibited by Section D. of this Chapter (relating to nursing tasks that may not be routinely delegated);
2. The collecting, reporting, and documentation of data including, but not limited to:
 - a. Vital signs, height, weight, intake and output, urine test, and hematest results;
 - b. Changes from baseline data established by the nurse;

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- c. Environmental and safety situations;
- d. Client or family comments relating to the client's care; and
- e. Behaviors related to the plan of care;
3. Ambulation, positioning, and turning;
4. Transportation of the client within a facility;
5. Personal hygiene;
6. Feeding, cutting up of food, or placing of meal trays;
7. Socialization activities;
8. Activities of daily living; and
9. Reinforcement of health teaching planned and/or provided by the registered nurse.

D. NURSING TASKS THAT MAY NOT BE ROUTINELY DELEGATED

1. Nursing tasks not included in Section C. are not usually within the scope of sound nursing judgment to delegate and may be delegated only in accordance with subsection 2. of this section.
2. The nursing tasks of this section may be delegated to an unlicensed person only:
 - a. Under circumstances where a reasonable and prudent licensed nurse would find that the delegation does not jeopardize the client's safety and/or welfare;
 - b. If, in the judgment of the licensed nurse, the unlicensed person has the appropriate knowledge and skills to perform the nursing task(s) in a safe and effective manner;
 - c. If the licensed nurse delegating the task is directly responsible for the nursing care given to the client;
 - d. If the agency, facility, or institution, employing unlicensed personnel, follows a current protocol for the instruction and training of unlicensed personnel performing nursing tasks under this subsection; and that said protocol is developed by and taught under the supervision of registered nurses currently employed in the facility, and includes:
 - (1) The manner in which the instruction addresses the complexity of the delegated task;
 - (2) The manner in which the unlicensed person demonstrates competency of the delegated task;
 - (3) The mechanism for reevaluation of the competency; and
 - (4) An established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and
 - e. If the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the nurse's professional judgment.

E. NURSING TASKS THAT SHALL NOT BE DELEGATED

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention;
4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
5. Administration of any medications or intravenous therapy, including blood or blood products except as allowed by ASBN *Rules* Chapter 8 for Medication Assistant-Certified and by ASBN School Nurse Roles and Responsibilities Practice Guidelines.
6. Receiving or transmitting verbal or telephone orders;
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

F. TRANSFERENCE OF DELEGATED NURSING TASKS

It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

1. The licensed nurse shall not transfer delegated tasks to other clients under the care of the unlicensed person.
2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

G. EXCLUSIONS

These sections shall not be construed to apply to:

1. The gratuitous nursing care of the sick by family or friends;
2. The furnishing of nursing care where treatment is by prayer or spiritual means alone;
3. Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes;
4. Nursing tasks performed by nursing students enrolled in Board approved nursing programs while practicing under the direct supervision of qualified faculty or preceptors;
5. The instruction and/or supervision of licensed nurses by registered professional nurses in the proper performance of tasks as a part of a state approved training/education course designed to prepare persons to obtain certification;
6. Nursing tasks performed by paramedic/emergency medical technician students enrolled in State approved programs while practicing under the direct supervision of qualified faculty or preceptors;
7. The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting.
8. The acts of unlicensed persons responding to an emergency. This exclusion shall not be construed as permitting licensed nurses to delegate routinely to unlicensed persons.
9. Health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005, ACA §17-87-103 (11).
10. The drawing and measuring of glucagon or insulin by a trained employee of a city or county detention center as defined in ACA 17-87-103(14).
11. The administration of an emergency dose of medication to a public-school student who is diagnosed with an adrenal insufficiency by trained volunteer public school personnel.
12. The administration of a seizure rescue medication, medication prescribed to treat seizure disorder symptoms or a manual dose of a prescribed electrical stimulation using a vagus nerve stimulator magnet.

H. CONSUMER DIRECTED CARE

1. Health maintenance activities which are routinely performed by the family in the home setting may be provided by a designated care aide for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
2. Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.
3. Designated care aide means the person hired to provide care for the competent adult, minor child, or incompetent adult.
4. Health maintenance activities mean activities that the minor child or adult is unable to perform for himself or herself including oral medications.
5. The attending physician, advanced practice registered nurse, or registered nurse must determine a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the minor child's or adult's home.
6. Home shall not include nursing home, assisted living facility, residential care facility, an intermediate care facility, or hospice care facility.
7. Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 include:
 - a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
 - b. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
 - c. Tasks that require nursing judgment or intervention;
 - d. Teaching and health counseling;
 - e. Administration of any injectable medications (intra dermal, subcutaneous, intramuscular, intravenous, intraosseous, or any other form of injection) or intravenous therapy.
 - f. Receiving or transmitting verbal or telephone orders.

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8. The designated care aide must demonstrate the ability to safely perform the health maintenance activity.

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