CHAPTER 9
DELEGATION AND ASSIGNMENT

Section 1. Statement of Purpose.

(a) These Board Rules are adopted to implement the Board’s authority to:

   (i) To establish acceptable standards of safe delegation of nursing tasks.

   (ii) To provide criteria for the Board to evaluate safe and competent delegation of
        nursing tasks.


   (a) All decisions related to delegation and assignments are based on the fundamental
       principles of protection of the health, safety and welfare of the public.

       (i) The RN takes responsibility and accountability for the provision of nursing
           practice.

       (ii) The RN directs care and determines the appropriate utilization of any CNA
           involved in providing direct client care.

       (iii) The RN may delegate components of care but does not delegate the nursing
            process itself. The functions of assessment, planning, evaluation and nursing judgment are
            pervasive to nursing practice and cannot be delegated.

       (iv) The decision of whether or not to delegate or assign is based upon the RN’s
           judgment concerning the condition of the patient, the competence of members of the nursing
           team and the degree of supervision that will be required of the RN if a task is delegated.

       (v) The RN delegates only those tasks for which she or he believes the other health
           care worker has the knowledge and skill to perform, taking into consideration training, cultural
           competence, experience and facility/agency policies and procedures.

       (vi) The RN individualizes communication regarding delegation to the CNA and
            client situation. The communication should be clear, concise, correct and complete. The RN
            verifies comprehension with the CNA and that the CNA accepts the delegation and the
            responsibility that accompanies it.

       (vii) Communication must be a two-way process. CNA must have the opportunity to
            ask questions and/or for clarification of expectations.

       (viii) The RN uses critical thinking and professional judgment when following the Five
            Rights of Delegation:

            (A) Right task;
(B) Right circumstances;
(C) Right person;
(D) Right directions and communication; and
(E) Right supervision and evaluation.

(b) Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.

Section 3. **Accountability.**

(a) The delegating RN or LPN retains accountability for:

(i) Nursing care when delegating nursing tasks or interventions to ensure client safety;

(ii) The decision to delegate;

(iii) Verifying the delegate’s competency to perform the tasks;

(iv) Providing direction or supervision;

(v) The performance of the delegated task;

(vi) Evaluating the effectiveness of the delegated nursing task or interventions performed under direction or supervision.

(b) Certain nursing functions require nursing knowledge, judgment, and skill and may not be delegated.

Section 4. **Standard for Delegation of Basic Nursing Tasks and Skills.**

(a) The licensed nurse delegates tasks based on the needs and condition of the client, potential for harm, stability of the client’s condition, complexity of the task, predictability of the outcomes, ability of the staff to whom the task is delegated, and the context of other client needs.

(b) CNA may complement the APRN, RN, or LPN in the performance of nursing functions but shall not substitute for the APRN, RN, or LPN.

(c) Delegation shall be task-specific, client-specific, and CNA specific.

(d) The CNA role evolves from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.

(e) Delegation shall be directed by a APRN, RN, or LPN.

(i) The delegating APRN, RN, or LPN must delegate only those tasks which:
(A) Are within his/her area of responsibility and scope of practice;

(B) A reasonable, prudent APRN, RN, or LPN would find, within his/her sound nursing judgment, appropriate to delegate;

(C) In the opinion of the APRN, RN, or LPN, shall be properly and safely performed by the CNA without jeopardizing the client's welfare;

(D) Does not require the CNA to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation; and

(E) Are client specific, task specific, and CNA specific and outcomes are predictable.

(ii) When delegating a nursing task, the APRN, RN, or LPN shall:

(A) Make an initial assessment of the client's nursing care needs before delegating the task;

(B) Verify the CNA’s competence to perform any nursing task prior to delegation;

(C) Verify appropriate continuing education for each CNA for each task to be performed;

(D) Communicate with CNA allowing the opportunity to ask questions, provide feedback, or clarification;

(E) Inform the client of the decision to delegate;

(F) Provide appropriate direction or supervision;

(G) Remain accountable for the delegated tasks;

(H) Evaluate client outcomes and make adjustments accordingly; and

(I) Make clear to the CNA that the delegated task cannot be re-delegated.

(iii) Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice or role of the individual who is to perform the activity or task;

(A) An element of assignment exists in all delegation; however, for the purpose of these rules, assignment means that an individual designates another to be responsible for specific clients or selected nursing functions for specifically identified clients;

(B) Both “assignment” and “delegation” decisions must be made by the licensed nurse on the basis of the skill levels of the care givers, the care needs of clients, and
other considerations.

Section 5. **Degree of Direction or Supervision.**

(a) The degree of required direction or supervision for the CNA shall comply with the following criteria:

(i) Direction or supervision means a licensed nurse providing appropriate guidance in the accomplishment of a nursing task, including but not limited to:

   (A) Periodic observation and evaluation of the performance of the task; and
   (B) Validation that the task has been performed according to established standards of practice.

(ii) Delegation will ensue after an evaluation of factors including but not limited to:

   (A) Stability of the client;
   (B) Training and capability of the delegate;
   (C) Nature of the nursing task being delegated; and
   (D) Proximity and availability of the delegator to the delegate.

(iii) The delegating APRN, RN, or LPN or another qualified nurse shall be readily available either in person or by telecommunication.

Section 6. **Basic Nursing Functions, Tasks, and Skills that May Not be Delegated.**

(a) The nursing process requires nursing knowledge, judgment, and skill and may not be delegated. The nursing process includes, but is not limited to:

(i) Assessment;

(ii) Development of the nursing diagnosis;

(iii) Establishment of the nursing care goal;

(iv) Development of the nursing care plan; and

(v) Evaluation of the patient’s progress, or lack of progress, toward goal achievement.