

Technical Assistance Guidelines

The Role of the Professional School Nurse in the Delegation of Care in Florida Schools



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Table of Contents

Purpose..... 1
 Issue Summary 1
 Introduction2
 Background.....2
 Delegation Issues.....2
 Conclusion4
 Recommendations4
 References.....4

Appendices

A. Florida Laws and Codes Regarding Nursing Delegation in the
 School Setting (2005) A-1
 B. Comparison Chart: Authority to Delegate and Related Activities B-1
 C. Questions and Answers C-1
 D. Sample Delegation Check List..... D-1
 E. Sample Delegation Decision Tree E-1
 F. School Health Nursing Sample Delegation PolicyF-1
 G. Tools for Documenting Skills and Supervision G-1
 H. Plan for Supervision and Evaluation of Unlicensed Assistive
 Personnel/Paraprofessional (Delegate) H-1
 I. Glossary of TermsI-1

**Technical Assistance Guideline
For
Role of the Professional School Nurse in the Delegation of Care
in Florida Schools**

Purpose

The purpose of this guideline is twofold: (1) to clarify the nursing practice standards for the delegation of health care within the school setting, and (2) to ensure student safety by promoting the provision of school health services that meet appropriate standards of care and Florida Statutes.

Issue Summary

Schools provide a unique opportunity for the educational and public health systems, with their specific mandates and missions, to unite with the common goal of assuring that Florida's children become healthy adults who are academically prepared to contribute to their communities. The success of this partnership is influenced by legislative mandates, agency hiring policies, staffing deficits related to inflationary shrinkage and actual cuts in funding, changing student demographics and increasing complexity of nursing management of students with chronic and complex conditions.

Within the framework of school health, the educational and public health systems work cooperatively, each within specific statutes that define the required services necessary to provide education and health services in schools. Sometimes caught in the confusing juxtaposition created by these statutes is the professional school nurse providing health services. School nurses must provide safe, consistent care in the face of large workloads, nursing shortages, increasing complexity of care related to advancing medical technology and statutory interpretations and role expectations that conflict with the Nurse Practice Act.

Approximately 450,000 of Florida's 2.5 million school children have a chronic condition that can adversely affect their ability to stay in school and be physically and emotionally prepared to learn. All children, with or without chronic conditions, are susceptible to injuries, episodic illnesses or problems that require nursing assessment, intervention, or management during the school day. As the number and complexity of student health needs have intensified, many local programs are attempting to meet these needs through the use of professional and practical nurses, as well as unlicensed assistive personnel (UAP).

In a year long process, a statewide workgroup consisting of state level nurse consultants as well as nurses from local school districts and county health departments examined the role of the school nurse and the positive and negative factors surrounding the use of an UAP. They also examined state and national model practices, as well as local interpretation and implementation of statutes, finding that some local hiring practices may result in staffing patterns that can jeopardize student safety and increase liability to the nurses through the errors of others working under their nursing license.

The purpose of this document is to provide clearer guidelines and technical assistance for addressing staffing, reducing the potential liabilities in the implementation of and increasing the potential for the provision of high quality, safe school health services in Florida Schools.

Introduction

Florida professional school nurses recognize that healthy students are successful learners and that children and adolescents deserve an educational environment that enables and motivates them to achieve learning success. However, meeting student's individual health needs within the educational system is particularly challenging, due to the increased number and complexity of health conditions, high student-to-nurse ratios, shortages of professional nurses, and the challenges of working within the dual missions of education and health. As the health-related needs of students intensify, many local school health programs are adopting staffing models that include the delegation of health care duties to the UAP. Student safety is the primary concern in determining whether or how the UAP should be used to help the professional school nurse deliver increasingly complex health services to students.

Background

The provision of health care in Florida's schools is mandated by several Florida laws (see Appendix A):

- The Florida Nurse Practice Act (Chapter 464, F.S.) determines the scope of practice for licensed nurses. The act specifies that "professional nursing" means the performance of those acts that require substantial specialized knowledge, judgment, and nursing skill; including the supervision and teaching of other personnel in the performance of these acts. The practice of "practical nursing" means the performance of selected acts under the direction of a registered nurse or other specified licensed professionals. As used in the Nurse Practice Act, "professional nursing" means RN (registered nurse) and "practical nursing" means LPN (licensed practical nurse).
- Section 1006.062, F.S., Administration of medication and provision of medical services by district school board personnel, permits school personnel designated by the school principal to assist in the administration of prescribed medication. Additionally, certain health-related services may be performed by the UAP in the school setting upon successful completion of child-specific training as provided by a registered nurse or other specified licensed health professional.
- Chapter 64B9-14, F.A.C., Delegation to unlicensed assistive personnel, provides definitions and specific requirements in the delegation of tasks and activities to UAPs. Delegation is defined as the transference to a competent individual the authority to perform selected tasks or activities by a nurse qualified by licensure or experience. Only the supervising professional nurse can determine if an LPN possesses the training and experience necessary to assist in the training, monitoring and evaluation of UAPs.

The unique challenge for Florida school nurses is to incorporate these laws, which may be interpreted differently by agencies, into practice standards that ensure the safety and well being of students. A discussion of these issues is presented in the following section.

Delegation Issues

Delegation of health care services for children in school has become increasingly complex as the need for procedures such as carbohydrate counting, administration of insulin, and emergency medications increase. These needs must be addressed in order to assure that a child has access to education in the least restrictive environment. Several issues complicate the delegation of health care:

- The Nurse Practice Act (NPA) establishes the standards, which govern the professional conduct and performance of nursing activities. It clearly defines the role of the professional nurse (RN) as one who delegates, provides supervision and training, and performs acts requiring specialized knowledge. This authority is not extended to LPNs.

- Section 1006.062, F.S., allows certain services to be provided by designated staff whose primary role is education and educational support. Based upon knowledge, training, the complexity of care and time commitment, it is preferable that school health services be provided by a person whose role is primarily school health support.
- Section 1006.062(1), F.S., requires medication training by a licensed practical nurse, a registered nurse, or a physician in accordance with medication administration policy in the approved school health services plan. Although this section of Florida law allows a licensed practical nurse to provide training of UAPs regarding the approved medication policy, child specific training and delegation to paraprofessionals is addressed differently in Section 1006.0062(4), F.S.
- Section 1006.062(4), F.S., requires UAPs to successfully complete child-specific training by a registered nurse, advanced nurse practitioner, or physician in order to perform health-related services. Only the professional registered nurse may delegate the authority based upon nursing judgment and suitability of the individual to perform the task or activity to be delegated.
- The principal provides administrative supervision for the school but only the professional nurse can provide the nursing supervision necessary for the delegation of health tasks. Recognition of the difference between designation and delegation is critical to the provision of safe care in the schools.

The UAP may have partial or total responsibility for providing direct services under the supervision of the professional school nurse. Delegation to the UAP by the registered nurse must occur only with:

1. Appropriate basic health training. Chapter 64F-6.004, F.A.C., requires that health room staff have current certification in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency. It is also recommended that training for all UAPs include but are not limited to: confidentiality, infection control, district specific policies and procedures, and medication administration;
2. Child specific training by statutorily designated health professionals; and
3. Monitoring and evaluation of the UAP's performance and the student's medical progress.

Key factors for the appropriate use of UAPs and LPNs are:

- Clear role definition;
- Adequate training;
- Appropriate delegation, supervision, monitoring and evaluation; and
- District policies that support safe delegation.

Professional school nurses, in collaboration with the health department and school district administration, should develop clear, limited, written practice descriptions that ensure adequate training and competency to perform identified tasks. The UAP shall not make clinical assessments, nursing judgments or implement nursing tasks requiring licensure. There should be written protocols for handling specific student health issues, with directions for particular signs and symptoms that must be reported to the school nurse or require engagement of emergency services. When the professional nurse delegates responsibilities, the nurse must be available to provide direction, supervision, and immediate intervention in a situation as needed. Such availability may be facilitated by use of a telephone, cell phone, pager, or other electronic device.

Many counties have staffed their schools with LPNs rather than UAPs. This has proven to be effective with adequate professional supervision and provides students with an enhanced level of health services. However, schools are an independent practice setting where complex

nursing judgments are frequently necessary; requiring that LPNs work under the supervision of RNs. The staffing of professional nurses in school health programs ensures compliance with Florida law, the safety of students, the availability of specialized nursing skills and knowledge, and the delegation and training of UAPs where they are necessary to assist in the provision of basic services in schools.

Conclusion

Staffing or budgetary reasons may make the use of unlicensed assistive personnel a necessary adjunct to many school health services programs. If properly trained and supervised, they can help ensure that basic health services are available to students and increase the cost-effectiveness of the program. Staffing decisions must be based on the complexity of the services needed, the stability of the student's health condition, staff competencies and the amount of direct and indirect supervision required. While the use of assistive personnel may be an alternative to extend health staffing, their improper use will compromise student's quality of care, and create additional liability for the district and/or the professional nurse who delegates health care responsibilities under their license.

The registered professional school nurse takes the lead in helping school districts appropriately determine whether and how to use unlicensed assistive personnel to extend the delivery of health services. However, lack of an adequate professional nursing presence leads to unsafe care for students and increased district liability. The professional school nurse is the only member of the education team who is legally qualified, trained and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to UAPs. Adequate professional nurse to LPN and UAP ratios and continuing supervision are essential to ensure the safe delivery of nursing services to students.

Recommendations

1. School districts and county health departments must ensure there is adequate RN coverage to support school health services for the school population. This includes:
 - the provision of professional supervision for LPNs
 - the provision of nursing consultation, assessments, etc. that require specialized knowledge, judgment and experience
 - the delegation, supervision and training of UAPs
2. Local programs should minimize their liability by ensuring that only RNs are responsible for the delegation, training, and supervision of UAPs.

References

Adapted from the National Association of School Nurses Position Statement, Using Assistive Personnel in School Health Services Programs (adopted 2002)

Appendix A

Florida Laws and Codes Regarding Nursing Delegation in the School Setting (2010)

Nurse Practice Act, Part 1 of Chapter 464, F.S.

Section 464.003(3)(a) F.S. "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

Section 464.003(3)(b) F.S. "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

Chapter 64B9-14.002, F.A.C., Delegation of Tasks or Activities.

In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

- (1) Factors to weigh in selecting the task or activity include:
 - (a) Potential for patient harm.
 - (b) Complexity of the task.
 - (c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.
 - (d) Level of interaction required or communication available with the patient.
 - (e) Resources both in equipment and personnel available in the patient setting.
- (2) Factors to weigh in selecting and delegating to a specific delegate include:
 - (a) Normal assignments of the UAP.
 - (b) Validation or verification of the education and training of the delegate.
- (3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.
- (4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Chapter 64B9-14.003, F.A.C., Delegation of Tasks Prohibited.

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in section 464.003(3)(b), F.S. shall not delegate:

- (1) Those activities not within the delegating or supervising nurse's scope of practice.
- (2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:
 - (a) The initial nursing assessment or any subsequent assessments;
 - (b) The determination of the nursing diagnosis or interpretations of nursing assessments;
 - (c) Establishment of the nursing care goals and development of the plan of care; and
 - (d) Evaluation of progress in relationship to the plan of care.
- (3) Those activities for which the UAP has not demonstrated competence.

Section 1006.062, F.S., Administration of medication and provision of medical services by district school board personnel.

- (1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:
 - (a) Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459, to the school personnel designated by the school principal to assist students in the administration of prescribed medication. Such training may be provided in collaboration with other school districts, through contract with an education consortium, or by any other arrangement consistent with the intent of this subsection.
 - (b) Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel. The policies and procedures shall include, but not be limited to, the following provisions:
 1. For each prescribed medication, the student's parent shall provide to the school principal a written statement which grants to the school principal or the principal's designee permission to assist in the administration of such medication and which explains the necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or the principal's trained designee shall assist the student in the administration of the medication.
 2. Each prescribed medication to be administered by district school board personnel shall be received, counted, and stored in its original container. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the school principal.
- (2) There shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

- (3) Nonmedical district school board personnel shall not be allowed to perform invasive medical services that require special medical knowledge, nursing judgment, and nursing assessment, including, but not limited to:
 - (a) Sterile catheterization.
 - (b) Nasogastric tube feeding.
 - (c) Cleaning and maintaining a tracheostomy and deep suctioning of a tracheostomy.

- (4) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse or advanced registered nurse practitioner licensed under chapter 464, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459.

All procedures shall be monitored periodically by a nurse, advanced registered nurse practitioner, physician assistant, or physician, including, but not limited to:

 - (a) Intermittent clean catheterization.
 - (b) Gastrostomy tube feeding.
 - (c) Monitoring blood glucose.
 - (d) Administering emergency injectable medication.

- (5) For all other invasive medical services not listed in this subsection, a registered nurse or advanced registered nurse practitioner licensed under chapter 464, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

- (6) Each district school board shall establish emergency procedures in accordance with s. 381.0056(5), F.S. for life-threatening emergencies.

- (7) District school board personnel shall not refer students to or offer students at school facilities contraceptive services without the consent of a parent or legal guardian. To the extent that this subsection conflicts with any provision of chapter 381, the provisions of chapter 381 control.

Chapter 64F-6.002, F.A.C., School Health Services Plan

1. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. These shall be kept on file at the local school district and the county health department (CHD).

2. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician.

Chapter 64F-6.004, F.A.C., Meeting Emergency Health Needs

- (4) The school nurse, in cooperation with the school principal or the person designated by the principal or the acting principal, shall assist in the planning for the training of those persons who provide care on a day-to-day basis to students who are ill or injured while on school grounds during school hours.

Appendix B

COMPARISON CHART: AUTHORITY TO DELEGATE AND RELATED ACTIVITIES

Florida Law and Activity	Professional Nurse (RN)	Practical Nurse (LPN)
<i>Nurse Practice Act (Ch. 464, F.S.)</i>		
• Delegate	Y	N
• Supervise	Y	N
• Provide Training	Y	N
<i>Administration of medication and provision of medical services by district school board personnel (s. 1006.062, F.S.)</i>		
1. Medication Administration		
• Delegate	N/A	N/A
• Supervise	N/A	N/A
• Provide General Training	Y	Y
• Provide Child-Specific Training and Delegation of Care	Y	N
2. Provision of health-related services		
• Delegate	Y	N/A
• Supervise	Y	N/A
• Provide Child-Specific Training	Y	N
o Conduct Periodic monitoring	Y	N
o Delegate other invasive procedures	Y	N
Authority to perform indicated nursing activities: Y = Yes; N = No; N/A = Not addressed		

Appendix C

Questions and Answers

1. Who can delegate?

In the school setting, only the professional school nurse (RN) can delegate nursing activities. The practical nurse (LPN) functions under the direction of a registered nurse. The professional nurse must work collaboratively with the school principal to identify appropriate staff to receive training and delegation of care.

2. What tasks cannot be delegated by the RN?

- Nursing assessments;
- Nursing diagnoses;
- Establishment of nursing care goals and development of care plans;
- Evaluation of progress in relation to the plan of care; and
- Tasks that do not fall in the RN scope of practice according to the Florida Nurse Practice Act.

3. What is the difference between training and delegating as related to accountability?

Training is a prerequisite to all delegation. After completion of training, the registered nurse must document UAP competency through testing, skill verification, and continued monitoring.

4. What actions should the nurse take when nursing judgment does not permit delegation of a task under current circumstances?

- Establish a local protocol for communicating and addressing these events;
- Use delegation decision tree to verify the decision not to delegate (see Appendix E);
- Articulate nursing judgment concerns to principal and nursing supervisor; and
- Consult with parents, principals, and nursing supervisors to explore other solutions that provide services and protect the health and safety of students. Potential solutions may include:
 - ✓ Identify and train another UAP from existing school staff
 - ✓ Seek a licensed provider/volunteer from a community partner
 - ✓ Allow parent, on request to enroll student permanently or temporarily in a school where a licensed care provider is available
 - ✓ Allow parents to have the child assigned to a school close to their work place to accommodate parent's willingness to provide services for their child
 - ✓ Change staffing patterns temporarily to place RN/LPN in the school until the UAP is able to perform task competently
 - ✓ Recommend that parent/guardian/relative/friend provide care while school-based solution is prepared for implementation

5. Can health tasks be delegated to volunteers?

The use of volunteers in school health services must be consistent with local school district policy. The Public School Volunteer Health Care Practitioner Program (s. 381.00593, F.S.) sets forth the requirements for a professional health volunteer. The volunteer should limit services to those within their professional scope of practice. The law stipulates that:

- Volunteers must have valid, active Florida license and complete background screening in accordance with s. 381.0059, F.S.;
- School district must assume liability protection for volunteer health care practitioners; and
- Health department must supervise the program and perform periodic reviews per s. 381.0056(4), F.S.

6. What is the LPN's role in delegation?

Despite the value of the LPN to the school health team, practice limitations and the highly independent nature of school health services makes delegation by the practical nurse to the UAP inappropriate. The practical nurse is encouraged to assist the supervising RN in delegating to the UAP by gathering pertinent health information, reporting student's response to care, and assisting in monitoring UAP's skills and competencies.

The Florida Nurse Practice Act defines the scope of practice for the RN and LPN as defined in the chart below.

SCOPE OF PRACTICE Florida Nurse Practice Act, Chapter 464	
RN (Professional Nurse)	LPN (Practical Nursing)
Performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences	Performance of selected acts
Observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm	
Promotion of wellness, maintenance of health, and prevention of illness of others	Promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist
Administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments	Administration of treatments and medications, in the care of the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist
Supervision and teaching of other personnel in the theory and performance of any of the above acts	
Responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing	Responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing

7. What is the UAP's role in delegation?

The UAP cannot provide training or delegation. The UAP must be willing to receive child-specific training and demonstrate proficiency in performing the delegated task. The UAP must function within the defined parameters of delegation and notify the professional nurse when a situation exceeds their delegated authority. The role of the UAP is defined by Florida Statute as delineated in the following chart.

UAP ROLE IN SCHOOL HEALTH SERVICES s. 1006.062(3)-(5), F.S.	
Allowed	Not Allowed
Must successfully complete child-specific training by registered nurse, advanced registered nurse practitioner, physician, or physician assistant. All procedures must be monitored periodically by RN, ARNP, Physician, or PA	Invasive medical services that require special medical knowledge, nursing judgment, and nursing assessment
Examples of tasks allowed: <ul style="list-style-type: none"> • Intermittent clean catheterization • Gastrostomy tube feeding • Monitoring blood glucose • Administering emergency injectable medication 	Examples of tasks not allowed: <ul style="list-style-type: none"> • Sterile catheterization • Nasogastric tube feeding • Cleaning and maintaining a tracheostomy and deep suctioning of a tracheostomy
For all other invasive medical services, a RN, ARNP, Physician, or PA shall determine if non-medical school district personnel shall be allowed to perform such service	

8. Can the school nurse follow parent orders?

No, the Nurse Practice Act defines the practice of professional nursing to include "The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments." (s. 464.003(3)(a)2. F.S.). Therefore, a school nurse can only take orders from a duly licensed practitioner.

9. What health services may be provided by staff or volunteers under the direction of the professional school nurse?

Local policy must be used in conjunction with the table below.

PROVISION OF HEALTH SERVICES					
Tasks P = Provide; A = Assist; * Not applicable	LPN	UAP	Non-medical SD staff	Volunteer	
				RN	Other
Case management	P	A		P	
Child-specific training and delegation of tasks	A			P	
Data collection (i.e. health problem list, surveys, monthly statistics)	P	P	P	P	A
Determine nursing diagnosis and develop	A	A	A	P	

PROVISION OF HEALTH SERVICES					
Tasks P = Provide; A = Assist; * Not applicable	LPN	UAP	Non-medical SD staff	Volunteer	
				RN	Other
health care plan					
Develop health education curriculum				A	
Develop health policy and procedure	A			A	
First aid	P	P	P	P	P
IEP staffing/504 Plan	A			A	
Initial screenings (vision, hearing, BMI)	P	P	P	P	P
Managing communicable disease	P	A		A	
Medication administration	P	P	P	P	
Nursing assessment	A	A		P	
Perform delegated treatments as prescribed	P	P	P	P	
Provide health education	P	A		P	A
Record review (immunizations & physical exams)	P	P	P	P	P
Scoliosis initial screening, recheck, and referral	P	A	A	P	A
Screening follow-up (vision, hearing, BMI, scoliosis)	P	A	A	A	
Screening recheck (vision, hearing, BMI)	P	*	*	P	
Screening referral (vision, hearing, BMI)	P			P	
Staff wellness programs	A	A	A	A	A
Taking verbal/phone order from medical provider	P			P	

Note: "Assist" means assisting the professional nurse

Appendix D

Sample Delegation Check List

If one or more items are checked as “no”, it is recommended that more in-depth preparation is needed before delegation to unlicensed assistive personnel will be safe.

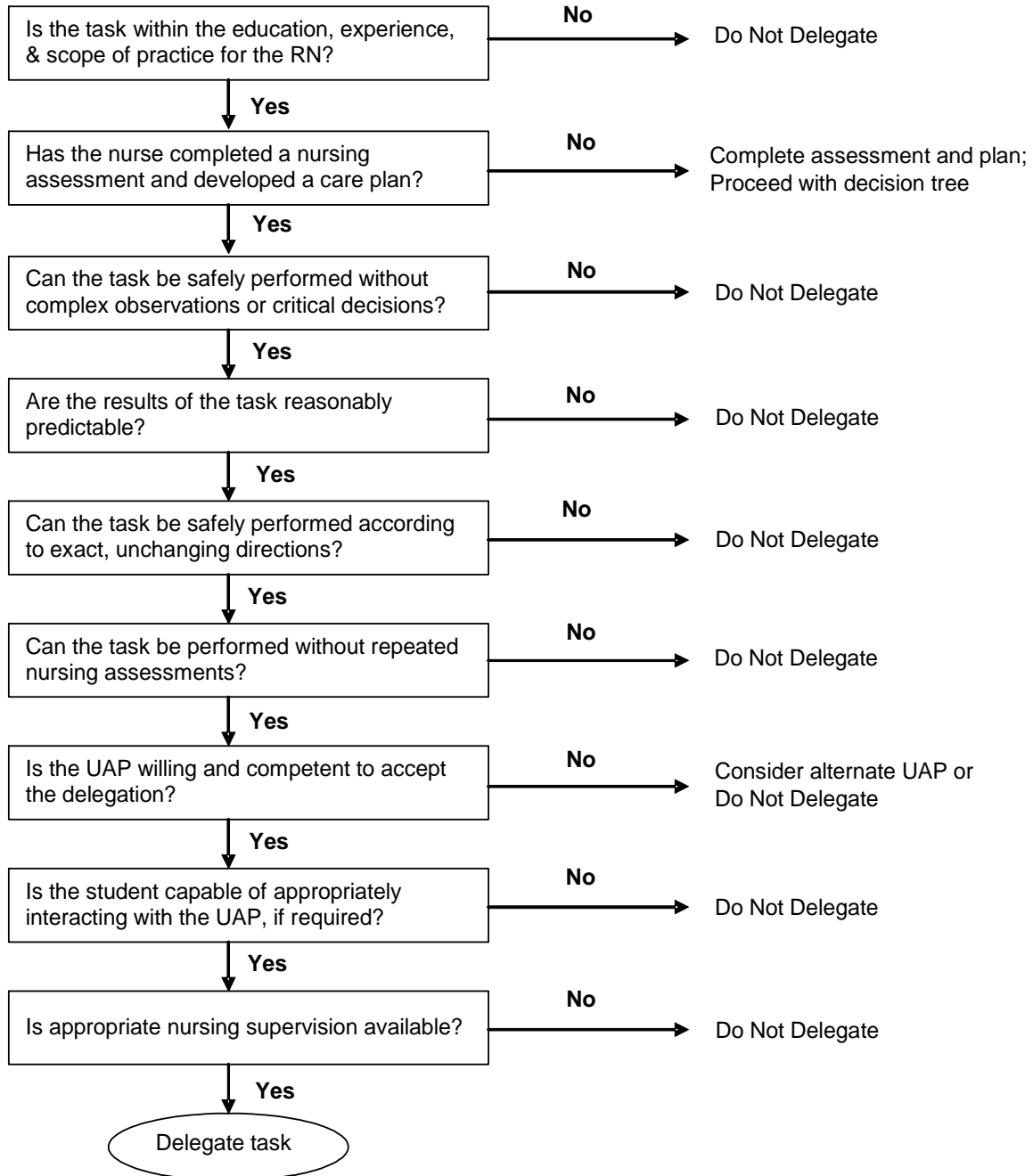
Criteria for Delegation	Yes	No
School Registered Nurse		
Has developed an Individualized Health Care Plan (IHCP) approved by parent/guardian		
Has established communication links between RN & parent/guardian, health care provider, and delegated unlicensed assistive person (UAP) for supervision, monitoring, and consultation		
Unlicensed Assistive Personnel		
Has completed all necessary training		
Has demonstrated skill competence		
Parent/Guardian		
Has signed an agreement or approved the IHCP and the use of the selected UAP		
Has signed any required written authorizations		
Has provided all necessary equipment and supplies		
Has completed health history information forms		
Has provided all required emergency information		
Student		
Is medically stable		
If able, has completed initial self care education		
If capable of performing tasks, has demonstrated skill competence		
Agrees to follow local policies & procedures		
Health Care Provider		
Has provided required health/medical history, information and authorization forms		
Has signed a statement indicating students level of independent functioning		
Has been sent a copy of IHCP and notice of selected services being provided by UAP		
Has provided specific written orders related to treatment or medications		

Developed from recommendations of the Florida Department of Health Nursing Guidelines for the Delegation of Care of Students with Diabetes in Florida Schools (2003)

Appendix E

Sample Delegation Decision Tree

(Diastat, Insulin, Epi pen, etc. or other complex emergency procedures requiring delegation)



Adapted from Ohio Board of Nursing Delegation Tree

Appendix F

**School Health Nursing
Sample Delegation Policy**

Adapted from the Escambia County School Health Services Programs (August 2001)

TITLE: DELEGATION OF NURSING FUNCTIONS IN THE SCHOOL HEALTH SETTING

PURPOSE: To provide guidelines to the professional school nursing staff regarding delegation of nursing responsibilities

REQUIREMENTS: The professional nurse is responsible and accountable for the quality of nursing care provided to each student receiving care in school, and to his/her family, whether the nurse provides the care directly or through delegation.

The training and supervision of personnel providing nursing tasks is included in the legal definition of the practice of professional nursing.

Any nursing task delegated by the professional school nurse (delegator) shall be:

- Within the area of responsibility of the nurse delegating the task;
- Within the knowledge, skills and ability of the nurse delegating the task;
- Of a routine, repetitive nature that does not require the delegate to exercise nursing judgment;
- A task that a reasonable and prudent nurse would find to be generally accepted nursing practice;
- An act consistent with the health and safety of the student or family; and
- Limited to a specific paraprofessional (delegate), for a specific student and within a specific time frame.

The paraprofessional (delegate) shall not further delegate the tasks delegated by the professional school nurse to another individual nor may the tasks be expanded without the express permission of the delegating professional school health nurse.

The professional nurse shall assure that the delegate can competently perform the task and that the delegate is willing to assume the responsibility of performing the task.

PROCEDURE:

RESPONSIBILITIES OF THE DELEGATE (i.e. school nurse, RN)

1. The decision to delegate shall be based on the school nurse's assessment of the following:
 - a. Student's nursing care needs including, but not limited to, complexity and frequency of the nursing care, stability of the student's health concern and degree of immediate risk if task is not carried out;
 - b. Observation of school health paraprofessional's knowledge, skills, and abilities;

- c. Nature of tasks being delegated including, but not limited to, degree of invasiveness, complexity, irreversibility, predictability of outcome, and potential for harm given student-specific characteristics
 - d. Available and accessible resources such as necessary equipment, adequate supplies and other appropriate healthcare related personnel (e.g. school psychologist, school social worker, school counselor, health education, EMS system) to meet the student's/family's nursing care needs; and
 - e. The availability of the school nurse to appropriately supervise the paraprofessional.
2. The school nurse shall instruct the paraprofessional in the delegated task and verify the delegate's competence to perform the nursing task for a particular student. The nurse shall also instruct the delegate how to intervene in the event of any foreseeable risks that might be associated with the task for that particular student.
 3. The school nurse shall provide ongoing evaluation of the following:
 - a. The degree to which the nursing care needs of the student are being met;
 - b. The performance of the delegated task by the paraprofessional;
 - c. The paraprofessional's need for further general or student-specific instruction; and
 - d. The need to withdraw the delegation.
 4. The school health nurse is responsible for:
 - a. Making a decision to delegate;
 - b. Monitoring the skills of the delegated provider;
 - c. Evaluating the student's health and academic outcomes; and
 - d. Following-up as needed.

DOCUMENTATION:

Documentation of training by school nurse includes:

- Summary of training techniques employed (e.g. demonstration, lecture, written instructions);
- Date of nurse evaluation of paraprofessional's readiness to perform; and
- Signatures of the nurse and paraprofessional verifying training.

A plan for and documentation of supervision (e.g. methods used to supervise such as direct observation, conference, record review, and telephone consultation) shall be maintained on the training record.

REFERENCES:

- Florida Nurse Practice Act: Part 1 of Chapter 464, F.S.
- Delegation to Unlicensed Assistive Personnel: Chapter 64B9-14, F.A.C.
- Individuals with Disabilities Education Act (IDEA)
- Section 504 of Rehabilitation Act of 1973
- School Health Services Program: Section 381.0056, F.S.
- Administration of Medication and Provision of Medical Services by District School Board Personnel: Section 1006.062. F.S.

Appendix G

Tools for Documenting Skills and Supervision

SAMPLE SKILLS CHECKLIST – GLUCAGON INJECTION

Student's Name: _____

Instructor: _____

Trainee's Name: _____

Explanation/Return Demonstration	Demo Date	Date	Date	Date	Date
1. Observes student for signs of unresponsiveness					
2. Places student on his side					
3. Obtains Glucagon from the health room					
4. Prepares injections according to package directions					
5. Checks expiration date on Glucagon					
6. Withdraws Glucagon from vial					
7. Cleanses area of skin with alcohol swab					
8. Gives injection. Applies light pressure when withdrawing needle					
9. States that student should be placed on side after injection due to possible vomiting					
10. States when snack should be given to student					
11. Documents procedure on appropriate form					

Adapted from the Escambia County School Health Services Programs (August 2001)

Appendix H

Plan for Supervision and Evaluation of Unlicensed Assistive Personnel/Paraprofessional (Delegate)

Method of Supervision	
<input type="checkbox"/> Direct observation of Delegate	<input type="checkbox"/> Conference with Delegate
<input type="checkbox"/> Record Review (Review of Student's Procedure Record) Nurse or Nursing Supervisor **	<input type="checkbox"/> Telephone Consultation by School
** Unlicensed Assistive Personnel (UAP)/Paraprofessional has been informed of the signs, symptoms, and/or complications that require an immediate call to the school nurse or nursing supervisor.	
Evaluation	
Evaluation of UAP/Paraprofessional will be performed once every:	
<input type="checkbox"/> month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> semester <input type="checkbox"/> 6 months <input type="checkbox"/> school year	
Specified Health Procedure Needs are Being Met by Delegate	
Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____ <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
**UAP/Paraprofessional performs delegated task competently as evidenced by performing task according to the procedure skills checklist.	
<input type="checkbox"/> Additional training performed	Date: _____
<input type="checkbox"/> Delegation withdrawn	Date: _____

Comments: _____

Plan implemented on: _____

Date

Signature of School Nurse

Pull at the end of the school year and store with Student Treatment Record.

Adapted from the Escambia County School Health Services Programs (July 2003)

Appendix I

Glossary of Terms

Accountability: Being responsible and answerable for actions or inactions of self or others in the context of delegation. (*Delegation: Concepts and Decision-Making Process*, National Conference of School Board Nurses (NCSBN))

Assignment:

1. Normal daily functions of the UAP's based on institutional or agency job duties which do not involve delegation of nursing functions or nursing judgment. (Ch. 64B9-14.001, F.A.C.)
2. Designating nursing activities to be performed by an individual consistent with his/her licensed scope of practice. (*A Conceptual Framework for Continued Competence*, NCSBN)
3. The downward or lateral transfer of both the responsibility and accountability of an activity from one individual to another. The lateral or downward transfer must be made to an individual of skill, knowledge, and judgment. The activity must be within the individual's scope of practice. (Excellence in School Nursing (ESN) Workshop, 10/2004)

Authority: The source of the power to act. (*Delegation: Concepts and Decision-Making Process*, NCSBN)

Competency: Demonstrated ability to carry out specified tasks or activities with reasonable skill and safety that adheres to the prevailing standard of practice in the nursing community. (Ch. 64B9-14.001, F.A.C.)

Complex Observations: Watching and monitoring simultaneous elements of complicated client situations, which may involve intricate measurements, require immediate analysis and which may result in changes in the planned intervention. (*Merriam Webster's Collegiate Dictionary*)

Critical Decisions: Those determinations that are important junctures or turning points, which have significant impact on the outcome of a situation. (*Merriam Webster's Collegiate Dictionary*)

Delegation:

1. Transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity. (Ch. 64B9-14.001, F.A.C.)
2. The transfer of responsibility for the performance of an activity from one individual to another, with the former retaining the accountability for the outcome. (American Nurses' Association, 1994, p.11)
3. Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. (*Delegation: Concepts and Decision-Making Process*, NCSBN)

Delegatee/Delegate:

1. UAP receiving the authority from the delegator. (F.A.C. 64B9-14.001)
2. The person receiving the delegation. (*Delegation: Concepts and Decision-Making Process*)
3. The individual to whom a nurse delegates authority to perform a selected nursing activity in a selected situation. (Schwab & Gelfman: *Legal Issues in School Health Services*, p. 611)

Delegator:

1. Registered nurse or licensed practical nurse delegating authority to the UAP. (Ch. 64B9-14.001, F.A.C.)
2. The person making the delegation. (*Delegation: Concepts and Decision-Making Process*, NCSBN)

Nursing Assessment: The establishment of a database through the gathering of objective and subjective information relative to a client, confirmation of the data, and communication of the information. (*NCLEX-RN Test Plan, NCSBN*)

Nursing Judgment:

1. Intellectual process that a nurse exercises in forming an opinion and researching a conclusion by analyzing data. (*F.A.C. 64B9-14.001*)
2. Process by which nurses come to understand the problems, issues or concerns of clients, to attend to salient information and to respond to client problems in concerned and involved ways. Includes both conscious decision-making and intuitive response. (Benner: *Expertise in Nursing Practice: Caring, Clinical Judgment and Ethics*)

Supervision:

1. Provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such task or activity. The supervisor may be the delegator or a person of equal or greater licensure to the delegator. (Ch. *64B9-14.001, F.A.C.*)
2. Provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel. (*Delegation: Concepts and Decision-Making Process, NCSBN*)
3. Active process of directing, guiding and influencing the outcome of an individual's performance of an activity. Supervision is generally categorized as on-site (the nurse being physically present or immediately available while the activity is being performed) or off-site (the nurse has the ability to provide direction through various means of written and verbal communication. (ESN Workshop, 10/04)

Supervision, Direct: Supervisor is on the premises but not necessarily immediately physically present where the tasks and activities are being performed. (Ch. *64B9-14.001, F.A.C.*)

Supervision, Immediate: Supervisor is on the premises and is physically present where the task or activity is being performed. (Ch. *64B9-14.001, F.A.C.*)

Supervision, Indirect: Supervisor is not on the premises but is accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation. (Ch. *64B9-14.001, F.A.C.*)

Training: Learning of tasks by the UAP through on the job experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated. (Ch. *64B9-14.001, F.A.C.*)

Unlicensed Assistive Personnel (UAP):

1. Persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse. (Ch. *64B9-14.001, F.A.C.*)
2. Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated. (*Delegation: Concepts and Decision-Making Process, NCSBN*)

UAP Competence: The ability to use effective communication; to collect basic objective and subjective data; to perform selected non-complex nursing activities safely, accurately, and according to standard procedures; and to seek guidance and direction when appropriate. (*Nebraska Board of Nursing Rules, NCSBN*)

Validation: Ascertain the competency including psychomotor skills of the UAP, verification of education or training of the UAP by the qualified individual delegating or supervising the task based on pre-established standards. Validation may be by direct verification of the delegator or assurance that the institution or agency has established and periodically reviews performance protocols, education or training for UAP's. (Ch. 64B9-14.001, F.A.C.)