

# **A.M.E.S. Manual**

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## AMES Manual –Legal Resources Appendix

### **Nursing Opinions:**

**The Washington State Nursing Care Quality Assurance Commission, Practice Committee in a September 8<sup>th</sup>, 2000 advisory opinion:**

**Online at <http://www.k12.wa.us/HealthServices/default.aspx>**

**OSPI Medication Bulletin**

The opinion provides the following guidance regarding inhaled medications:

Question: May an RN in a school setting delegate to an unlicensed school employee, the following task related to the care of children with asthma?

- Assist a student who uses a mask of Aerochamber-style spacer for inhaled medication for asthma if the medication is ordered “by mouth” but the device also covers the nose.

Response: Yes. If the medication is ordered for oral inhalation, it falls within the category of “po” or “by mouth” whether or not the mask or spacer covers the mouth or the mouth and the nose. Medications ordered to be administered intranasally are not included within this category. The administration of medications by routes other than by mouth cannot be delegated to unlicensed school staff except in an emergency situation.

### **Student Self-Administration of Medication OSPI Medication Bulletin no.34.01:**

There are instances in which a LHP and parent may request that a student be permitted to carry his/her own medication and/or to self-administer the medication. Self-administration of medication is not within the purview of the statute which addresses no-nurse school district staff administering oral medications to students. Given no statutory or regulatory guidance on this issue, the issue falls under school district policy. In developing policy on the self-administration of medication, the WSSDA policy is very useful. We suggest school districts may want to consider several adaptations to the WSSDA model policy that would address who approves the student self-administration and consideration of the developmental/grade level of students permitted to self-administer medications. The district may want to consider developing two different lists of individuals who must approve of students carrying their own medications: an approval list for prescription medications and a second approval list for OTC medications. For OTC medications, you may require building principal, parent, and school nurse approval for self-administration.

The district may want to consider permitting students at certain grade levels or developmental level to carry their own medication, prescription and/or OTC, e.g. high school students only. These determinations are within the purview of school boards and district administration because no statute governs self-administration of medication. We

strongly recommend that the school nurse be involved in the development of all district policies on medication administration.

### Emergency Medications

Emergency medications administered by injection are addressed in the rules and regulations governing the practice of the registered nurse. WAC 246-840-010(10)(b) states: “ Nursing acts delegated by the licensed registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed practical nurse or registered nurse, except in an emergency situation (RCW 8.79.240[1][b] and [2][b]. “ We recommend training and supervision by an RN of non-nurse school staff in the administration of epinephrine to prevent anaphylactic shock in students with known sensitivity to bee stings, foods, latex, etc. WSSDA policy 3416, Students, Medication at School states: “No medication shall be administered by injection except when a student is susceptible to a predetermined, life-endangering situation. In such an instance, the parent shall submit a written and signed permission statement. Such an authorization shall be supported by signed and dated written orders accompanied by supporting directions from the LHP. A staff member shall be trained prior to injecting a medication.”

We recommend that the LHP provide specific orders and protocols for the student that include a description of expected symptoms or indicators of when to administer the epinephrine or other drugs and any other first aid measures that might be indicated. In any situation, if a student who has a history of severe reaction to insect bites, stings, latex, food, etc. is exposed to the known allergen and/or develops symptoms of anaphylaxis, call 911 and implement the emergency plan for the student. We recommend that the care plan include:

- a. Written, signed, current permission from parent or guardian.
- b. Identification of who may administer the medication and inservice requirements for doing so.

Note: Training material may be available from the manufacturer of automatic injectable medication administration systems.

### **Life Threatening Bulletin no.61-01 Lats September 2002**

Life-threatening conditioning is defined as a health condition that will put a child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. The medication or treatment order must be presented prior to the student’s attendance or continued attendance already in school.

## **AMES Manual – Definitions**

### **HIPAA**

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects the security and privacy of protected health information (PHI). It covers written, oral, and electronic material. It sets security standards for transmission and storage of PHI. More information is available at: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

### **FERPA**

Family Rights and Privacy Act (FERPA) sets standards of confidentiality for education records. Education records are any records containing personally identifiable information about a student that is maintained by the school, its staff members, or contracted employees. Districts must notify parents annually about FERPA restrictions. More FERPA information is available at: [www.ed.gov/offices/OM/fplco](http://www.ed.gov/offices/OM/fplco)

### **Home/Hospital Instruction WAC 392-172-218**

Home or hospital instruction shall be provided to both special education students and other students who are unable to attend school for an estimated period of four weeks or more due to physical disability or illness. As a condition to such services, the parents of a student or the adult student shall request the services and provide written documentation to the district or other public agency from a qualified medical practitioner that states the student will not be able to attend school for an estimated period of at least four weeks. Home/Hospital Instruction Program Procedures for School Districts – August 2003  
<http://www.k12.wa.us/HealthServices/homehospital.aspx>

### **House Bill 2821 Biodiesel Bill, July 2004**

This is an act relating to protecting student health by providing incentives for the use of clean-burning alternative fuels in school buses.

### **Integrated Pest Management Bill (IPM) RCW 17.21.415, 2001**

State Law that schools will provide written notification annually or upon enrollment to parents, students, and employees describing the school's pest control policies. The law also specifies that all parents, students, and staff will be notified at least 48 hours before and after pesticides or herbicides are applied. This law requires a general posting, and a written notice must be sent home to parents that have requested notification.

### **IDEA Individuals with Disabilities Act**

The five principles of the law are:

- 1.) Free appropriate public education
- 2.) Appropriate evaluation Individualized Education Program
- 3.) Least restrictive environment
- 4.) Parent and student participation in decision making
- 5.) Procedural due process

This includes the right to appropriate services such as special education, speech and language pathology, audiology, psychological services, PT and OT, therapeutic recreation and social services, school health services, and assistive technology devices that are used to increase, maintain, or improve functional capabilities.

For more info, go to OSPI Special Ed Website at:  
<http://www.k12.wa.us/SpecialEd/regulations.aspx>

## **504**

Section 504 of the Rehabilitation Act, 1973, amended, guarantees non-discrimination of handicapped individuals and entitles those individuals to services if they have one or more impediments in activities of living such as breathing, walking, talking, hearing, seeing, caring for oneself, working, eating or learning.

**AMES Manual –Emergency Rules**

**Chapter 180-38 WAC  
PUPILS -- IMMUNIZATION REQUIREMENT AND LIFE-THREATENING  
HEALTH CONDITION**

**WAC 180-38-005 Purpose and authority**

(1) The purpose of this chapter is to establish the procedural and substantive due process requirements governing the exclusion of students from public and private schools for failure to comply with the immunization requirement of the state of Washington or, in the case of public schools only, failure to present a medication or treatment order for a life-threatening health condition.

(2) The authority for this chapter is RCW 28A.210.160 and 28A.210.xxx.

[Statutory Authority: RCW 28A.210.160. 02-24-019, § 180-38-005, filed 11/26/02, effective 12/27/02. Statutory Authority: 1990 c 33. 90-17-009, § 180-38-005, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-005, filed 9/25/85.]

**WAC 180-38-020 Definitions**

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Student" shall mean the same as defined for "child" in RCW 28A.210.070(6).

(2) "Chief administrator" shall mean the same as defined in RCW 28A.210.070(1).

(3) "Full immunization" shall mean the same as defined in RCW 28A.210.070(2).

(4) "Schedule of immunization" shall mean the beginning or continuing of a course of immunization, including the conditions for school attendance when a child is not fully immunized, as prescribed by the state board of health (WAC 246-100-166(5)).

(5) "Certificate of exemption" shall mean the filing of a statement exempting the child from immunizations with the chief administrator of the school, on a form prescribed by the department of health, which complies with RCW 28A.210.090.

(6) "Life-threatening condition" shall mean a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(7) "Medication or treatment order" shall mean the authority a registered nurse obtains under RCW 18.79.260(2). The order shall be signed by a licensed health care practitioner listed under RCW 18.79.260(2).

**(8)** "Nursing plan" shall mean a plan of care developed for the student consistent with the standards of nursing conduct or practice set out in department of health regulations, WAC 246-840-700 et seq. The nursing plan implements the medication or treatment order.

**(9)** "Exclusion" shall mean the case or instance when the student is denied initial or continued attendance:

(a) Due to failure to submit a schedule of immunization, or a certificate of exemption;  
or

(b) In the case of a life-threatening health condition, due to failure to submit a medication or treatment order and any medication or equipment identified in the order, unless the school district is required to provide the medication or equipment as a related service under federal law.

**(10)** "School day" shall mean the same as in RCW 28A.150.030 and shall be inclusive of school or district sponsored field trip experiences and extracurricular activities and summer school.

**(11)** "Parent" shall mean parent, legal guardian, or other adult *in loco parentis*.

[Statutory Authority: RCW 28A.210.160. 02-24-019, § 180-38-020, filed 11/26/02, effective 12/27/02.  
Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-020, filed 9/25/85.]

## AMES Manual –Related Nurse Practice Act RCWs and WACs

### **RCW 18.79.040**

#### **"Registered nursing practice" defined -- Exceptions.**

(1) "Registered nursing practice" means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences in either:

(a) The observation, assessment, diagnosis, care or counsel, and health teaching of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others;

(b) The performance of such additional acts requiring education and training and that are recognized by the medical and nursing professions as proper and recognized by the commission to be performed by registered nurses licensed under this chapter and that are authorized by the commission through its rules;

(c) The administration, supervision, delegation, and evaluation of nursing practice. However, nothing in this subsection affects the authority of a hospital, hospital district, medical clinic, or office, concerning its administration and supervision;

(d) The teaching of nursing;

(e) The executing of medical regimen as prescribed by a licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner.

(2) Nothing in this section prohibits a person from practicing a profession for which a license has been issued under the laws of this state or specifically authorized by any other law of the state of Washington.

(3) This section does not prohibit

(a) the nursing care of the sick, without compensation, by an unlicensed person who does not hold himself or herself out to be a registered nurse,

(b) the practice of licensed practical nursing by a licensed practical nurse, or

(c) the practice of a nursing assistant, providing delegated nursing tasks under chapter 18.88A RCW.

#### **NOTES:**

**Conflict with federal requirements -- Severability -- Effective date -- 1995**

**1st sp.s. c 18:** See notes following RCW 74.39A.030.

**RCW 18.79.260**

**Registered nurse -- Activities allowed -- Delegation of tasks.**

(1) A registered nurse under his or her license may perform for compensation nursing care, as that term is usually understood, of the ill, injured, or infirm.

(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.

(3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient.

(a) The delegating nurse shall:

- (i) Determine the competency of the individual to perform the tasks;
- (ii) Evaluate the appropriateness of the delegation;
- (iii) Supervise the actions of the person performing the delegated task; and
- (iv) Delegate only those tasks that are within the registered nurse's scope of practice.

(b) A registered nurse may not delegate acts requiring substantial skill, the administration of medications, or piercing or severing of tissues except to registered or certified nursing assistants who provide care to individuals in community-based care settings as authorized under (d) of this subsection. Acts that require nursing judgment shall not be delegated.

(c) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(d) For delegation in community-based care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants. Simple care tasks such as blood pressure monitoring, personal care service or other tasks as defined by the nursing care quality assurance commission are exempted from this requirement. "Community-based care settings" includes: Community residential programs for the developmentally disabled, certified by

the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community based care settings do not include acute care or skilled nursing facilities.

(i) Delegation of nursing care tasks in community-based care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.

(ii) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. However, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.

(iii) The registered nurse shall verify that the nursing assistant has completed the required core nurse delegation training required in chapter 18.88A RCW prior to authorizing delegation.

(iv) The nurse is accountable for his or her own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties.

(v) On or before June 30, 2001, the nursing care quality assurance commission, in conjunction with the professional nursing organizations and the department of social and health services, shall make any needed revisions or additions to nurse delegation protocols by rule, including standards for nurses to obtain informed consent prior to the delegation of nursing care tasks. Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.

(e) The nursing care quality assurance commission may adopt rules to implement this section.

(4) Only a person licensed as a registered nurse may instruct nurses in technical subjects pertaining to nursing.

(5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nurse.

#### **WAC 246-840-01 Definitions.**

(1) "Auxiliary services" are all nursing services provided to patients by persons other than the licensed practical nurse, the registered nurse and the nursing student.

(2) "Beginning practitioner" means a newly licensed nurse beginning to function in the nurse role.

(3) "Behavioral objectives" means the measurable outcomes of specific content.

(4) "Client" means the person who receives the services of the practical nurse or registered nurse.

(5) "Client advocate" means a supporter of client rights and choices.

(6) "Commission" means the Washington state nursing care quality assurance commission.

(7) "Competencies" means the tasks necessary to perform the standards.

(8) "Conceptual framework" means the theoretical base around which the curriculum is developed.

(9) "Conditional approval" of a school of nursing is the approval given a school of nursing that has failed to meet the requirements of the law and the rules and regulations of the commission, and it specifies conditions that must be met within a designated time to rectify the failure.

(10) "Delegation" means the licensed practical nurse or registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed practical nurse or registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client. The licensed practical nurse or registered nurse delegating the task supervises the performance of the unlicensed person;

(a) Nursing acts delegated by the licensed practical nurse or registered nurse shall:

- (i) Be within the area of responsibility of the licensed practical nurse or registered nurse delegating the act;
- (ii) Be such that, in the opinion of the licensed practical nurse or registered nurse, it can be properly and safely performed by the person without jeopardizing the patient welfare;
- (iii) Be acts that a reasonable and prudent licensed practical nurse or registered nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed practical nurse or registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed practical nurse or registered

nurse, except in an emergency situation (RCW 18.79.240 (1)(b) and (2)(b)).

(c) When delegating a nursing act to an unlicensed person it is the registered nurse who shall:

- (i) Make an assessment of the patient's nursing care need before delegating the task;
- (ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;
- (iii) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

**(11) Direction and Supervision:**

(a) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(b) "Consulting capacity" shall mean the recommendations to a professional entity, employed at that facility, which may be accepted, rejected, or modified. These recommendations shall not be held out as providing nursing services by the consulting nurse to the patient or public.

(c) "Direct supervision" shall mean the licensed registered nurse is on the premises, is quickly and easily available and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver.

(d) "Immediate supervision" shall mean the registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties to any caregiver.

(e) "Indirect supervision" shall mean the registered nurse is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties to any caregiver.

**(12) "Extended learning sites"** refers to any area external to the parent organization selected by faculty for student learning experiences.

**(13) "Faculty"** means persons who are responsible for the educational

program of the school of nursing and who hold faculty appointment in the school.

**(14)** "Full approval" of a school of nursing is the approval given a school of nursing that meets the requirements of the law and the rules and regulations of the commission.

**(15)** "Minor nursing services." The techniques and procedures used by the nursing profession are extremely difficult to categorize as major or minor nursing services. The important factor with which this law is concerned is the determination of which nursing person and at what level of preparation that person may perform said technique or procedure in relation to the condition of a given patient, and this kind of determination rests with the registered nurse.

**(16)** "Minimum standards of competency" means the functions that are expected of the beginning level nurse.

**(17)** "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-840-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

**(18)** The phrase "nursing aide" used in RCW 18.79.240 (1)(c) shall mean a "nursing technician." "Nursing technician" is a nursing student currently enrolled in a commission or state board of nursing approved nursing education program and employed for the purpose of giving help, assistance and support in the performance of those services which constitute the practice of registered nursing. The nursing student shall use the title "nursing technician" while employed.

**(19)** "Nursing student" is a person currently enrolled in an approved school of nursing.

**(20)** "Philosophy" means the beliefs and principles upon which the curriculum is based.

**(21)** "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

**(22)** "Provisional approval" of schools of nursing is the approval given a new school of nursing based on its proposed program prior to the admission of its first class.

**(23)** "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.79.030(1).

**(24)** "School" means an educational unit charged with the responsibility of

preparing persons to practice as practical nurses or registered nurses. Three types of basic schools of nursing are distinguished by the certificate awarded to the graduate. Schools of nursing within colleges and universities award the associate degree or baccalaureate degree. Schools of nursing sponsored by a hospital award a diploma.

(25) "Standards" means the overall behavior which is the desired outcome.

(26) "Terminal objectives" means the statements of goals which reflect the philosophy and are the measurable outcomes of the total curriculum.

(27) An "unapproved school of nursing" is a school of nursing that has been removed from the list of approved schools for failure to meet the requirements of the law and the rules and regulations of the commission or a school that has never been approved by the commission.

[Statutory Authority: RCW 43.70.280. 98-05-060, 5 246-840-01 0, filed 211 3/98, effective 311 6/98. Statutory Authority: Chapter 18.79 RCW. 97-1 3-1 00, 5 246-840-01 0, filed 611 8/97, effective 711 9/97.]

### **WAC 246-840-700 Standards of nursing conduct or practice.**

(1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-7 10 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

**(a) Registered Nurse:**

Minimum standards for registered nurses include the following:

**(i) Standard I Initiating the**

**(b) Licensed Practical Nurse:**

Minimum standards for licensed practical nurses include the following:

**(i) Standard I -**

## **Nursing Process:**

### **(A) Assessment and**

**Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;

### **(B) Nursing Diagnosis/Problem**

**Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;

**(C) Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;

**D) Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and

**(E) Evaluation:** The registered nurse evaluates

## **Implementing the Nursing Process:**

The practical nurse assists in implementing the nursing process;

**(A) Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;

### **B) Nursing Diagnosis/Problem**

**Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;

**(C) Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;

**D) Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and

**(E) Evaluation:** The the licensed practical nurse, in

responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;

**(ii) Standard I1 Delegation and Supervision:**

The registered nurse is accountable for the safety of clients receiving nursing service by:

(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-OIO(10);

(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 246-840-OIO(10);

(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff; and

(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care settings as provided by WAC 246-840-9 10 Through 246-840-980 and WAC 246-84 1-405;

**(iii) Standard I11 Health Teaching.**

The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.

collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;

**(ii) Standard I1 Delegation and Supervision:**

Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:

(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-OIO(10);

(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated.

(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and

(D) In community based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;

**(iii) Standard I11 Health Teaching.**

The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

**(3)** The following standards apply to registered nurses and licensed practical

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

**(4)** Other responsibilities:

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.110. 02-06- 117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97- 13- 100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

**WAC 246-840-71 Violations of standards of nursing conduct or practice.**

The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards enumerated in WAC 246-840-700 which may include, but are not limited to:

- (a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;
- (b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or legibly;
- (c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;
- (d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with nursing standards;
- (e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;
- (f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;
- (g) Willfully causing or contributing to physical or emotional abuse to the client;
- (h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or -
- (i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards enumerated in WAC 246-840-700(2) which may include:

- (a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting

delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240 ; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

**(4)**

(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

**(5) Other violations:**

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

**Other:**

**(6)** The nurse shall only practice nursing in the state of Washington with a current Washington license;

**(7)** The licensed nurse shall not permit his or her license to be used by another person;

**(8)** The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

**(9)** The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

**(10)** The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW 18.79.1 10. 02-06-1 17, 5 246-840-71 0, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 1 8.79 RCW. 97-1 3-1 00, 5 246-840-71 0, filed 6/11 8/97, effective 7/11 9/97.]

## AMES Manual – Levels of Nursing Care for Student Diseases and Conditions: Severity Coding

Students attend school with a broad range of health conditions, from potentially life threatening acute and chronic conditions to correctable vision problems and everything in between which could impede the student's ability to fully participate in the educational process. Severity coding is a method for planning adequate staffing to meet the varying needs of students.

Severity of condition does not always translate directly into nursing time with the students. Many students with significant chronic conditions **predictably** require daily nursing time. For example, a student with spina bifida who is not yet independent with urinary bladder management requires 40 minutes every day of the nurse's time for catheterizations at the same time every school day. Other students such as those with severe asthma may experience an acute asthma attack and require nursing assessment and care **at any time** during a school day.

Examples of treatments/intervention that may be performed in schools at all levels of severity are (these are only a few examples and not meant to be an exclusive list):

Blood glucose test	Monitor illness
Continuous oxygen administration	Monitor weight
Dressing change	Nebulizer treatments
Gastric tube feeding	Peak flow monitoring
Intermittent oxygen administration	Sterile bladder catheterization
Laboratory tests	Suctioning
Medication management	Toileting
Monitor blood pressure	Tracheostomy care
Monitor disability	Unsterile bladder catheterization

In order to plan, care for, and monitor the students with special health care needs, the school nurse will assign each qualifying student to a level of care based on the following categories: nursing dependent, medically fragile, medically complex, and health concerns. In addition to children being considered for assignment to these levels of severity, there are many other students not requiring care on a daily basis. Therefore, the School District Model for the Delivery of Health Services (pages 12–14) has been recommended for this larger population of students. This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building.

### **Level A: Nursing Dependent**

Nursing dependent students require 24 hours/day, frequently one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, for example, a child on a respirator, and/or for continuous nursing assessment and

intervention. Without effective use of medical technology and availability of nursing care, the student will experience irreversible damage or death. Before a student enters school, a registered nurse will complete a nursing assessment of the student and determine an appropriate plan of care/individual health care plan.

**Staffing requirements:** Immediate availability of the nurse (registered nurse or licensed practical nurse as determined by the R.N.) “on the premises and is within audible and visual range of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any care giver” (WAC 246-840-010[11][d]).

### **Statutory Authority**

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

### **Level B: Medically Fragile**

Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. An individual health care plan or plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children. This includes bus drivers for daily transportation and special events, sports coaches and school personnel assigned to extracurricular activities. Every child in this category requires a full-time nurse in the building. Children in this category may be transported to school. Someone must be trained and available on the bus to provide care during transport to the school. This training must include the primary bus driver, the child, and back-up personnel. The registered nurse makes the decision of who will be trained and what level of preparation is required, and uses the nurse delegation principles described on pages 4–5.

Examples may include, but are not limited to:

- Severe seizure disorder, requiring medications that can be administered only by a nurse.
- Severe asthma with potential for status asthmatics.
- Sterile procedures.
- Tracheostomy with frequent and/or unpredictable suctioning.
- Unstable and/or newly diagnosed diabetic with unscheduled blood sugar monitoring and insulin injections.

**Staffing requirements:** Every child in the medically fragile category requires a fulltime nurse in the building. The nurse “is on the premises, is quickly and easily available and the patient [student] has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver” (WAC 246-840-010[11][c]).

The child may need to transfer to a school where full-time nursing staff is provided if not available at the local school. If the child needs a high level of nursing service, but is not willing to move or the parents object to the move to the school where the service is provided, the parents, school administrators, and school nurse should meet and discuss options. Options **may** include a waiver signed by the parent in compliance with school district policy for the student to remain in the local school. In these cases, a move toward students attending their neighborhood schools works against the provision of adequate care if there is not a full-time nurse in the neighborhood school. Parents need to be fully aware of the services that are offered by a school. Placement of their children in schools where services are not available to the degree required, could present undue stress on the child, the nursing staff, parents, and school staff. If a waiver has been signed, the professional registered nurse in the school the child is attending must be aware of the child’s condition and needs and develop emergency care plans for these children. Reasonable accommodation and provision of education and health services under Section 504 or under IDEA must be considered and addressed in each child’s individual health care plan.

#### **Statutory Authority**

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

#### **Level C: Medically Complex**

The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life-threatening events are unpredictable. Treatments, medications, and reporting of current signs and symptoms can be delegated, but delegation requires a trained, willing, and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the R.N. but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health

care provider(s).

Examples include, but are not limited to:

ADHD and on medications	Moderate to severe asthma; inhaler at school and peak flow meter
Anaphylactic event	Oxygen, continuous or intermittent
Cancer	Preteen or teenage pregnancy
Complex mental or emotional disorders	Taking carefully timed medications
Immune disorders	Taking medications with major side effects
	Unstable metabolic conditions

Emotional disorders and homicidal and/or suicidal behaviors may be assessed and categorized at this level. These conditions require collaboration with school counselors. The registered nurse's role must be identified and defined and mutually agreed to in these cases. Pregnancy may also be classified at this level. Pregnancy issues must be assessed and may require weekly evaluation.

**Staffing requirements:** Children placed in this category require a professional registered nurse in the building a full day a week who is available on a daily basis when not in the school building. The registered nurse prioritizes issues weekly and provides a face-to-face assessment of these children at least one day a week. If children in this category become more fragile and meet the definition of Level A or Level B care, they may need to transfer to a school that meets the staffing requirements of the higher categories. This is dependent on the registered nurse's judgment and district policy. At Level C, the registered nurse "is not on the premises but has given either written or oral instructions for the care and treatment of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any caregiver" (WAC 246-840-010[11][e]). If any alteration of the written care plan is required, it must be done by the registered nurse and must be documented. Licensed practical nurses can revise the care plans and consult with the registered nurse.

#### **Statutory Authority**

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
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- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

#### **Level D: Health Concerns**

The student’s physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring is required. Required monitoring varies from biweekly to annually.

Examples include, but are not limited to:

Dental disease	Headaches, migraines
Diabetes self-managed by the student	Sensory impairments
Dietary restrictions	Orthopedic conditions requiring accommodations
Eating disorders	Uncomplicated Pregnancy
Encopresis	

**Staffing Requirements:** Children placed in this category should have their health needs assessed at least once a school year by the registered nurse at the beginning of the school year or at the time of diagnosis. Reassessment occurs as the condition requires and the nurse’s judgment determines.

### **Statutory Authority**

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
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- WAC 246-840-715 Standards/competencies.

### **Social/Emotional Factors, Comorbidity**

Classification of students by the severity of their condition(s) remains the responsibility of the registered nurse. The registered nurse may factor into his/her decision any of the following or other significant factors that increase health care need:

Chronic illness stressors	Homeless
Drug/alcohol stressors	Poverty/low income
English-as-second language	Reentry
High mobility/turnover	Special education, enrolled

The student’s diagnosis may place him or her at Level D, but if the student has more than one diagnosis (comorbidity) or any of the above risk factors, the nurse may place the student in a higher level of severity and increase monitoring, at least initially.

### **Transportation**

A student may need transportation as a related service, as determined under

procedures provided under IDEA and chapter 392-172 WAC, because of student characteristics which could require nursing care, or intervention, or require the use of adaptive or assistive equipment. In these situations, the pupil transportation staff should be invited to participate in the nursing assessment and care planning process as a resource person and potential provider of care.

Time allotted for training by the registered nurse and for the pupil transportation personnel need to be considered in the staffing model. Informing and training transportation staff prior to the first transport is essential to ensure safe transport. The degree of ongoing nursing supervision must also be addressed and provided. Appropriate substitutes for the transportation personnel must be trained as well. Liability questions associated with the provision of nursing care and supervision need to be addressed. The registered nurse will assess the student and secure answers to the following questions prior to transportation arrangements being made:

1. Can the student be safely transported?
2. Can the student's medical equipment be transported?
3. What inservice training is necessary to safely transport this student, e.g., use of medical equipment, signs and symptoms of illness or disease progression, universal precautions, etc.?
4. Is an additional staff person necessary in the vehicle to observe and care for the student during transport?
5. What level and degree of nursing supervision is required by the transportation staff for the student?

Level C or D students may require some adaptations but not require nursing staff to be on the bus. If a student in Level C or D experiences deterioration in condition or an acute episode requiring increased nursing care, the nurse will reassess the student. If the student is then categorized as Level A or B, the student may be transported to a school with full-time nursing services depending on district policy and/or additional or licensed personnel resources may be added to the bus.