Delegation of School Health Services to Unlicensed Assistive Personnel

Description of the Issue

Delegation (Nursing) is defined in the School Nursing Scope and Standards of Practice book (4th Ed., 2022) as "the assignment of the performance of a nursing activity to unlicensed assistive personnel (UAP) or from a registered nurse to a licensed practical/vocational nurse (LPN). The school nurse, after assessment of the UAP's/LPN's capabilities, makes a prudent decision regarding the advisability of the delegation. Accountability remains with the registered nurse; state laws and regulation and school regulation must be followed; and standards of school nursing practice must be upheld. The registered nurse may decide against delegation for safety, regulatory, and legal issues; school staffing or student health status issues; or UAP/LPN competence or ability." (NASN, 2022, p. 100).

Nursing delegation in the school setting is also defined by the National Association of School Nurses (NASN, 2018) as "the assignment by the school nurse – not a school administrator – to a competent unlicensed individual (also called unlicensed assistive personnel [UAP]) the performance of a selected nursing task in a selected situation for an individual student. The school nurse facilitates the UAP training, evaluation of UAP competence, and provides for ongoing supervision of the UAP and evaluation of the student's health outcomes. The nursing process can never be delegated." To ensure compliance with allowable nursing practice, and safe care for students, school nurses are responsible for understanding their state's Nursing Practice Act (NPA), other applicable state laws, and district policies.

The North Carolina Board of Nursing (NCBON) defines and regulates the process of delegation in this state. The NCBON Position Statement, *Delegation and Assignment of Nursing Activities* (2021), defines delegation as "transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability for the delegation." Unlicensed Assistive Personnel are individuals hired by the school, school district, health department, or a private entity to provide limited elements of care to students in conjunction with, or in the absence of, the school nurse. The position statement further defines UAP as "any unlicensed personnel, regardless of title, who may participate in [student] patient care activities through the delegation process." Nursing accountability includes "the provision of guidance or direction, evaluation, and follow-up for accomplishment of an assigned or delegated nursing activity or set of activities."

Background

As the incidence and complexity of the special health care needs of students grows, so does the legal responsibility of schools to ensure access to a free, appropriate public education (FAPE) for all students as specified under federal laws such as the Individuals with Disabilities Education Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973 (Resha &

Taliaferro, 2017). According to the National Association of School Nurses School Nurse Survey (Mangena & Maughan, 2015), there are wide variations nationwide in staffing patterns that include school nurses serving more than one school or having large nurse-to-student ratios. Staffing patterns, workloads, and number of assigned schools per nurse all influence the nurse's ability to deliver and supervise health services.

Implications for School Nurse Practice

School nurses, as the coordinators of health services programs in their assigned schools, have a responsibility to be knowledgeable of state laws regarding the delegation of nursing activities to UAP. State laws and Nursing Practice Acts vary on the topic of delegation. In the event of care provided out of state, school nurses need an understanding of other state laws that may impact delegation. Examples of such laws include existing education law related to medication administration, diabetes care, and the administration of epinephrine auto-injectors to undiagnosed people on school grounds.

The registered professional school nurse is responsible for determining whether delegation of nursing care is appropriate in each individual situation even if a physician or other health professional states or 'orders' that such care should be provided by a UAP, unless a physician or other professional takes full responsibility for the training and supervision of the UAP. It must be both legally and professionally appropriate for another professional to engage in delegating the specific health care activity to unlicensed individuals.

While parents sometimes believe that they should determine the level of care required for their child, it is critical to note the distinction between parents as caretakers in the home, and employees of the school who function as care providers within their workplace. Among other variables, the school setting is an environment entirely different from the home: school personnel have different responsibilities in their positions and different obligations under the law, school personnel change, and the parent does not have the authority in the school to make administrative decisions or to supervise school staff. While Nursing Practice Acts make exceptions for parents or family members who provide nursing care to a family member in their homes, this exception to the licensure provisions does not empower families to extend that right to other individuals in other settings. The family, the school nurse, and the health care provider are responsible for creating a plan of care that provides the student with competent care in the least-restrictive environment while ensuring safety for all students and staff.

NCBON Decision Process and Tree for Delegation to UAP

The Registered Nurse (RN) must assess client care needs as well as UAP qualifications to determine activities appropriate for delegation, while keeping in mind the context of the practice setting and needs of the population being served. Delegation is a process of decision-making based on assessing, planning, assuring accountability, communicating, monitoring performance, evaluating care provided, and modifying the plan of care as needed. This process must adhere to the principles of delegation which require the RN to be knowledgeable of NC Nursing Practice

Act and NC Rules, agency policies and procedures, job description components, and clinical competence of the UAP.

The North Carolina Board of Nursing *Decision Tree for Delegation to UAP* (2018) is a tool developed to assist nurses as they make delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions. According to the NCBON, delegation is a four-part process that is ongoing. The four essential steps of the process are assessment/implementation, communication, supervision/monitoring, and evaluation/feedback. Delegation requires the RN to use nursing judgment and to understand the applicable nursing law and rules as well as agency policy. Decisions made using the NCBON Delegation Decision Tree involve specific client, caregiver and nursing activities, and follow the process as indicated. If the answer is "no" to any question posed on the tree the task cannot be delegated.

Uses for the Decision Tree for Delegation to UAP:

- nurses making delegation decisions,
- staff education regarding delegation,
- orientation of new staff, both nurses and UAPs,
- nursing education programs providing basic managerial skills for students,
- nursing continuing education,
- supervising nurses responding to questions about delegation,
- orientation of new school board members and school attorneys,
- workshops and presentations regarding delegation issues, and
- evaluation of complaints involving delegation concerns.

The NCBON provides regularly updated resources for nurses regarding many topics, including delegation, at www.ncbon.com. In addition to copies of nursing law and rules, relevant resources available include:

- Decision Tree for Delegation to UAP
- Delegation and Assignment of Nursing Activities
- Delegation of Medication Administration to UAP

The NCBON Decision Tree includes the Five Rights of Delegation as described by the National Council of State Boards of Nursing. Use of the rights assists in making good delegation decisions. They include:

1. ***Right Task*** - Is the activity allowed by law and local policy? Is it in the employee's job description? Does it meet all the NC Board of Nursing criteria for delegation (i.e. frequently recurs in the daily care of a client; can be performed according to an established sequence of steps; involves little to no modification from one situation to another; may be performed with a predictable outcome; does not inherently involve ongoing assessment, judgment or decision-making that cannot be separated from the task itself; does not endanger the life or well-being of the client).

2. ***Right Circumstance*** - Delegation must be appropriate to the client population and practice

setting. Is the student's condition stable? Is the care predictable?

3. ***Right Person -*** Is the UAP willing to complete the task and has competence been validated by an RN? Is the RN competent to perform the task and thus competent to delegate? Does the nurse have the skills needed to make delegation decisions?

4. ***Right Direction/Communication*** - Has the nurse provided clear, concise instructions for performing the task? Has an individualized health care plan or emergency action plan been developed that provides an outline of the care needed by the student? Does the UAP know when to call the nurse with questions? Is there an ongoing opportunity for two-way communication? How will documentation be completed and shared with the nurse?

5. ***Right Supervision/Evaluation*** - The nurse must provide appropriate supervision, monitoring, evaluation, and feedback of UAP performance of the task. Will supervision be direct or indirect? Has the nurse determined the frequency and mode of evaluation? Has all information related to the activity been documented? Oversight frequency for delegated procedures should be consistent with the complexity of the procedure and student condition, but no less often than monthly.

Addressing Safe Practice and Staffing Concerns

School nurses may encounter situations that they consider unsafe or that do not align with their legal scope of practice. If such situations occur, it is the responsibility and ethical obligation of the school nurse to advocate for student and staff safety. Unsafe practices should be addressed in writing, using appropriate organizational channels. More information can be found in chapter seven of *Legal Resource for School Health Services* (Resha & Taliaferro, 2017).

After consultation with the family, student's physicians, other health care providers, other members of the school team, and appropriate consultants, the RN may determine that the level of care required by the student cannot be safely provided under current circumstances in the school. In that event, the school nurse should refer the student back to the initial assessment team and assist the team in reassessing the student's total needs and exploring alternative options for a safe and appropriate plan of care. If such a plan is not designed and the student continues in an unsafe situation, the RN should implement the following process:

- Provide a detailed written summary to the immediate supervisor that includes
    - A concise review of the practice concern, relevant student or situational data, and background information,
    - A professional assessment of the situation with details such as relevant federal, state and local laws, standards of practice, and local policies and procedures, and
    - Recommendations for a resolution of the practice issue.
- Maintain a copy of the written correspondence.
- If no further action is taken by the school administration toward reaching an agreement
    - Forward a copy of the memo to the following, as indicated - District Superintendent, Regional/State School Health Nurse Consultant, Exceptional Children's Division,

Public Schools of North Carolina, and NCBON.

- If the district allows the situation to continue despite the RN's notification of safety issues, the school RN should regularly notify the supervisor, and others as appropriate, that the unsafe situation continues to exist until resolution has been reached.

Based upon the National Association of School Nurses Code of Ethics (2016), school nurses are to "advocate for the rights, health, and safety of the student and school community." Additionally, the American Nurses Association (2015) in its Code of Ethics for Nurses, states that "when practices within the […] organization threaten the welfare of the patient, nurses should express their concern to the responsible manager or administrator or, if indicated, to an appropriate higher authority within the institution or agency or to an appropriate external authority" (p. 12).

Delegating Care for Students During Field Trips

In-State Field Trips

School sponsored field trips within the state of North Carolina are subject to North Carolina regulations and the health needs of students are largely managed in the same manner as during the normal school day. Designated school staff individuals are trained and determined to be competent with care needed. When care has been delegated and a school nurse is not in attendance, one must be readily available for off-site supervision as per NCBON requirements. A method for documentation of care given, including medication administered, should be in place and retained in the student's record upon return from the field trip. Medication administration on field trips is addressed in Section D, Chapter 5.

Out-of-State Field Trips

Resolution of student health care management needs on out-of-state field trips is a complex area of practice without a simple answer. This section has been developed after a thorough discussion of the issue with the NCBON Practice Consultant and in collaboration with national level workgroups also seeking a standardized manner to address student needs while traveling.

NCBON regulates nursing practice in North Carolina and, except for defining the delegation process of care overseen by nurses, the NCBON does not otherwise regulate the activities of unlicensed school staff. Guidance provided is applicable when the school nurse is taking part in the field trip activity and/or planning, including the provision of specific care by school staff that is being performed as a result of previous delegation and oversight by the school nurse in the local school setting. Removal of the school nurse from the process does not remove the need to comply with related requirements in destination states for health care of minors, should they exist. The NCBON Practice Consultant has provided a clarification statement quoted at the end of this guidance. The creation of an independent table outlining individual state nursing practice requirements in the manner often requested by school nurses is discouraged. All registered nurses are individually accountable for compliance with nursing care regulations in destination states and the changing nature of those regulations. This individual accountability means that nurses cannot

rely on the interpretation of another agency, such as the Division of Public Health, but rather must become familiar with the destination states' practice requirements to ensure that they are followed.

Field trip plans should be developed early in the school year with input from the school nurse. Decisions regarding the care of students are guided by the following factors:

All students are included in field trip opportunities. Federal laws protect all students' rights to participate in all school activities, including field trips, under Section 504 of the Rehabilitation Act of 1973, Title II of the American Disabilities Act of 1990, and IDEIA reauthorization in 2004.

Provision of a nurse to travel with the students. Nursing presence on field trips is the most common state response across the nation to care needs on out-of-state field trips. A nurse on a field trip can directly provide care, either through a multi-state license (Enhanced Nurse Licensure Compact) or a direct request for temporary privileges (non-compact state). A list of compact agreement states may be found here.

Nursing regulations of the destination state (requirements for delegation). Delegation of nursing care activities is not an allowed practice component in all states. Individual state regulations can be obtained via internet search for the state nurse practice act rules and regulations. When unable to locate these, the School Health Nurse Consultant may be contacted for assistance.

Safety of the student if the care is delegated and then supervised remotely by the school nurse. While the NCBON defines this activity for NC nurses (see statement at the end of this document), the ability to practice in this manner elsewhere is limited by the requirements of the destination state. The ability to remotely supervise is supported in NC by the ability of the delegating nurse to go to the location if the presenting issue requires direct assistance. Therefore, if remote oversight is planned it must be evident from written destination state regulations that oversight may occur via phone or internet without an ability to travel to the location. In the absence of this documented information, the school nurse should communicate with the destination state BON. The school nurse must specifically ask about the requirements for supervision of delegation to UAPs and whether there is the option for remote distance supervision if not physically present in the requirements of the destination state. In addition, plans should be in place for student care should a situation arise in which it is determined that direct nursing assistance is needed.

Normal school district policy and procedure on managing student health care on field trips. When school nurse oversight of care on field trips is removed from field trip plans, then resulting directives should be considered the responsibility of school district administration. The district should be cautious in making the decision to proceed in this manner since it retains accountability for the safety of the student and for compliance with destination state regulations regarding health care activities provided for minors in the absence of parents. Destination state regulations, outside of nursing, are difficult to identify and often are applicable only to destination state school staff members and may provide no protection for unlicensed school staff from North Carolina. Thus, many schools in other states provide nursing presence for out of state field trips. Student health care previously delegated and taught to school staff in NC by a school nurse is not authorized in other states when the nurse is removed from the process. School policy for care in the absence of

school nurse oversight may include:

- Student self-care when developmentally appropriate and allowed in the destination state.

- Parental attendance and care for own children on trips. Parents cannot be required to attend, but attendance may be incentivized to assist parents with cost and other concerns if they are interested in attending.

NCBON practice consultant clarifying communication (2018):

Clarification of Responsibilities of the School Nurse for Delegation of Care Activities to UAP (School Staff) on School Related Field Trips (NC Board of Nursing Practice Consultant):
Delegation is a decision-making process that requires the nurse to use nursing knowledge and judgment as well as possess an understanding of nursing and other laws and rules that may apply. Delegation is defined in the Administrative Rule 21 NCAC 36.0120 (15) as "transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the delegation." The nurse is accountable for the decision to delegate the activities to unlicensed assistive personnel (UAP) and responsible for ensuring the nursing care is performed appropriately, correctly, and according to policies/procedures. Resources are located on the Board of Nursing (BON) website (www.ncbon.com) to guide the nurse in making appropriate delegation decisions in the delegation process. The resources include: The Decision Tree for Delegation to UAP, and the Position Statements: Delegation and Assignment of Nursing Activities, Delegation of Medication Administration to UAP, and Delegation of Non-nursing Functions.

Licensure requirements and regulations vary from state to state. Field trips that take place outside of North Carolina (NC) require the additional consideration of whether the state is a member or non-member of the Enhanced Nurse Licensure Compact and the laws/regulations of that jurisdiction. The eNLC allows a nurse to have one multistate license in the primary state of residence and to practice in other states that are members of the eNLC. The NC nurse traveling to or remotely delegating care activities to UAP to be performed on a field trip in a compact state may practice nursing on her/his NC multistate license. The nurse would need to contact the compact state to determine the requirements for nursing practice in that state and abide by those laws and rules while providing nursing care in that state. The NC nurse traveling to or remotely delegating care to UAP to be performed on a field trip in a non-compact state would need to contact that state to determine the licensure requirements as well as the laws and rules that govern nursing practice while providing nursing care in that state and abide by those laws and rules. The nurse is accountable for knowing and practicing within the laws and regulations of the state in which the nursing care is being provided, compact or non-compact.

The responsibilities of the school nurse often include meeting the health care needs of individual students on school sponsored field trips, in-state or out-of-state. The delegation criteria established in the Decision Tree for Delegation to UAP would apply to in-state and out-of-state field trips. The school nurse must use the decision tree to determine the appropriateness of the delegation to UAP. Delegation is a student- and situation-specific activity in which the school

nurse must consider all components of the delegation process for each delegation decision. Only the implementation of the activity or task may be delegated to UAP. The nurse can never delegate assessment, interpretation, or decision-making which cannot be logically separated from the task itself.

The nurse maintains responsibility for supervising or monitoring UAP to whom activities have been delegated. Supervision is defined in the Administrative Rule 21 NCAC 36.0120 (42) as "the provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of an assigned or delegated nursing activity or set of activities." Supervision may be direct (physically present on-site), or indirect (not physically present but immediately available by telecommunications and available to go to the site as needed). Given the nature of field trips, whether in-state or out-of-state, the capability for the nurse to travel to the actual location of the student may not be feasible. In these situations, guidelines need to be in place that address circumstances that may occur, contact information, and actions to be implemented by UAP for that individual student. If the nurse anticipates that circumstances are likely to occur with a student during the field trip, then this may not be an appropriate delegation to UAP, and the nurse may be the appropriate person to accompany the student. The nurse may not delegate assessment, interpretation, or decision-making that cannot be logically separated from the procedure itself. It is crucial for the nurse to use the Decision Tree for Delegation to UAP to guide all delegation processes.

References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Nursebooks.org.

Mangena, A. & Maughan, E. (2015). The 2015 NASN school nurse survey: developing and providing leadership to advance school nursing practice. *NASN School Nurse, 30*(06), 328-335. doi: 10.1177/1942602X15608183.

National Association of School Nurses. (2018, September) *Delegation*. *Nursing Delegation in the School Setting.* Silver Spring, MD: Author.

National Association of School Nurses. (2021, June). *Code of ethics.* https://www.nasn.org/nasn-resources/professional-topics/codeofethics

National Association of School Nurses (2022). *School nursing: Scope and standards of practice* (4th ed.). NASN.

National Council of State Boards of Nursing. (2025) *Delegation*.

North Carolina Board of Nursing. (2022, September). *Decision tree for delegation to UAP.* https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-to-uap-decision-tree.pdf

North Carolina Board of Nursing. (2021, September). Position Statement for RN and LPN Practice, *Delegation and Assignment of Nursing Activities.* https://www.ncbon.com/position-statements-decision-trees

Resha, C.A. & Taliaferro, V.L. (2017). *Legal resource for school health services: a resource for school administrators, school attorneys, school nurses, and school boards. Tennessee: SchoolNurse.com.*