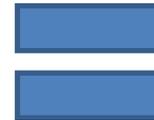


# Delegation of Nursing Tasks in the School Setting





*But in both (hospitals and private houses), let whoever is in charge keep this simple question in her head, (not how can I always do this right thing myself, but) how can I provide for this right thing to be always done?*

*Florence Nightingale*

Delegation has also been described as a knowledgeable process of building and sustaining trust in connections among students, school nurses and UAP's. (JSN Oct 2009)



What would you, OR should you DO?



## *To delegate, or not to delegate? That is the question!*

The SN delegates only those tasks for which she believes the UAP has the knowledge and skill to perform, taking into consideration training, cultural competence, experience, and facility policies and procedures. This involves a comprehensive knowledge or broad understanding of school nursing situations. It also involves the use of training, supervision and support to help the UAP develop a comfort level with the child and SN.

The SN individualizes communication regarding the delegation to the UAP. The communication should be clear, concise, correct, and complete. The RN verifies care and situational comprehension with the UAP. This process of empowerment, helping the UAP understand the health conditions and concerns allows the UAP to more knowledgably respond to student's needs within specified guidelines

*To delegate, or not to delegate? That is the question!*

The UAP accepts the delegation and the responsibility that accompanies it. In this process a level of trust is established. It also acknowledges the UAP's important ability to contribute to a student's care, recognizing significant issues and knowing that the school nurse and parent should be notified.

Communication must be a 2 way process. UAP's should have the opportunity to ask questions and/or for clarification of expectations. RN verifies comprehension of the task with the UAP and also the acceptance to perform the task. (JSN October 2009)

## **UAP (Unlicensed Assistive Personnel)**

NASN takes the position that the UAP's can positively support the provision of student health care, but only when the school nurse determines its appropriateness and conducts the proper training and supervision, and when the school staff, parents and primary health care providers are apprised of the role parameters of UAP's and the legal responsibilities of delegation.

The delegating SN and the UAP receiving delegation, should be prepared to enter the **Nursing Delegation Process.**

- ✓ An understanding of the delegation process
- ✓ An understanding of the role, and scope of functions, of the UAP
- ✓ The SN will need to establish a line of authority that allows the nurse to enforce the delegation.
- ✓ The SN needs to have the necessary knowledge, skill, and professional judgment, to perform the nursing tasks/functions/activities that need to be delegated.
- ✓ The nurse will need access to pertinent student information.
- ✓ The nurse will need access to and knowledge of pertinent district policies, procedures, and guidelines.
- ✓ There must be opportunities to provide communication, surveillance, and supervision of UAP and student.
- ✓ The nurse must establish a consistent route of availability to the UAP for consultation and procedural direction.

# Principles of Delegation

The SN may delegate elements of care but does not delegate the nursing process!

The SN decides if the task can be delegated.

The SN can delegate only those tasks for which she believes the UAP has the knowledge and skill to perform.

The SN uses critical thinking, professional judgment, and the “5 Rights of Delegation”.

Education of the UAP /staff member is a key piece....delegation requires training ,supervision, & support. You, the SN have to know what the students need and what your UAP’s are capable of. (JSN Oct 2009)

The SN monitors the care provided. (NSBN Joint Statement on Delegation)

**Steps of delegation:**



# Five Rights of Delegation

1. The right **task**
2. Under the right **circumstances**
3. To the right **person**
4. **With the right directions and communication;**  
and
5. Under the right **supervision and evaluation**

## Assess and Plan

- What type of care is needed?
- Has the student received this care before?
- For how long?
- Who provided it?
- Is there a **predictable response on the part of the student to this care or procedure?**
- Have the care and response to care been fairly static?
- What is the likelihood of an emergency or risk in providing this care?



## Communicate

How is the task to be accomplished?

When and what information is to be reported?

What concerns do the staff have?

Does the UAP want to learn how to do this?

What concerns do the parents/student have?

Do I have assurance that this UAP will contact me in the event that  ?

How will the UAP's communicate with me (cell phone, email, in person, etc.)?

Will documentation of the task be completed in a timely and accurate manner-does the UAP understand the need for documentation?

## Surveillance and Supervision



- I am ultimately responsible for the care provided to the student and as such the UAP's need to understand that I will "stop by" to observe.
- They will not be able to provide care on their own until I am comfortable with what they are doing and they are comfortable with what they are doing!
- I will "stop by" to view the records and logs.
- I will "stop by" to check on the health and condition of the student.
- I will "stop by" to check on the cleanliness of the area where care is provided.

**Care provided by staff is reassessed in an ongoing manner throughout the school year!**

## **Intervention**

Is necessary if problems arise or concerns develop!

### ***Examples of a “need” for a timely interventions:***

- Task not completed in a timely manner-repetitively.
- An unexpected change in the student’s condition.
- Changing tasks or functions to meet expectations if they aren’t “working out”.
- Does the UAP have difficulty performing the task?

## A Strategy to Reduce the Risks of Delegation

*The use of “procedural skills checklists” can reduce the risks of delegation by:*

- **Demonstrating accountability and competence** of both school nurses and UAP’s.
- Reflects a student’s specific health care needs while simultaneously **promoting reliable and uniform execution of skills** by different staff members.
- Providing an **outline of step-by-step instructions** or actions for reference and reinforcement of proper techniques.

# A Strategy to Reduce the Risks of Delegation

- **Reflects that the school nurse has demonstrated the procedure and that the delegated personnel can correctly return the demonstration.**
- **Documenting that the UAP accepts responsibility for assuming the task.**
- **Provides a format for regular documentation of monitoring, evaluation, reinforcement and remediation of UAP skills.**

(NASN School Nurse July & Sept 2013)



It is important that a family member of the student has an opportunity to demonstrate the procedure for the school nurse. Family demonstration of procedures may identify differences from best practice and provide teaching opportunities for the school nurse to correct or improve the techniques applied in the home. Reciprocally the school nurse should return the demonstration of skills to the family member to instill confidence in the school staffs ability to competently meet the student's health and safety needs at school.

# REMEMBER:

YOU ARE NOT ASKING THEM TO “ASSESS”, YOU ARE ASKING THEM TO RECOGNIZE AND REPORT BASED ON THE TRAINING YOU HAVE PROVIDED!





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Feel free to contact us at any time!

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- Shannon, Robin Adair and Kubelka, Suzanne. Reducing Risks of Delegation: Use of Procedural Skills Checklists. NASN School Nurse, Vol. 28, Mo.4, July 2013 and Vol.28, No.5, Sept 2013.
- **Procedural Skills Checklists can be found on WISHeS –web site, and DPI web site for some procedures. Feel free to contact us for others.**