Chapter 180-38 WAC

PUPILS—IMMUNIZATION REQUIREMENT AND LIFE-THREATENING HEALTH CONDITION

AMENDATORY SECTION (Amending WSR 90-17-009, filed 8/6/90, effective 9/6/90)

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.

AMENDATORY SECTION (Amending Order 20-85, 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.

(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.

(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.

AMENDATORY SECTION (Amending WSR 90-17-009, filed 8/6/90, effective 9/6/90)

WAC 180-38-045 School attendance conditioned upon presentation of proofs. (1) The initial attendance of every student at every public and private school in the state is conditioned upon proof of immunization as set forth in RCW 28A.210.080.

(2) The chief administrator of each public or private school shall prohibit the further presence at school of each student already in attendance and who has failed to provide proof of immunization in accordance with RCW 28A.210.080, as outlined in subsection (1). Such exclusion shall be preceded by written notice as set forth in WAC 180-38-050. If written notice has not been provided, any exclusion shall be stayed until notice is received by a parent, guardian or other adult in loco parentis.

(3) The initial attendance of every student at every public school who has a life-threatening health condition is conditioned upon presentation of a medication or treatment order addressing any life-threatening health condition the child has that may require medical services to be performed at the school.

(4) The chief administrator of each public school shall prohibit the further attendance of each student already in attendance for whom a medication or treatment order has not been provided if the child has a life-threatening health condition that may require medical services to be performed at the school. Any such exclusion shall be preceded by written notice as set forth in WAC 180-38-050. If written notice has not been provided, any exclusion shall be stayed until notice is received by a parent, guardian or other adult in loco parentis. The school shall continue to prohibit the child's presence until such medication or treatment order has been provided.

(5) Upon receipt of a medication or treatment order, the school shall develop a nursing plan.

(6) The requirements of this chapter shall be applied consistent with the requirements of section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).

AMENDATORY SECTION (Amending 90-17-009, filed 8/6/90, effective 9/6/90)

WAC 180-38-050 Written notice prior to exclusions from school. (1) Schools must provide written notice to parents, guardians or adults in loco parentis prior to excluding students from school for failure to comply with WAC 180-38-045.

(2) The written notice for public school students shall:

(a) Be delivered in person or by certified mail and provided to parents in their native language if feasible.

(b) Inform the appropriate parents of the applicable laws and implementing rules. In addition to notification of the applicable laws and regulations, a copy of the laws and regulations shall be included with the notice.
(c) In cases of exclusion due to lack of proof of immunization, provide information regarding immunization services that are available from or through the local health department and other public agencies.

(d) Order the student excluded from school and state that such order is effective immediately upon receipt of the notice.

(e) Describe the rights of the parents and student to a hearing, describe the hearing process, and explain that the exclusion continues until either the necessary proof of immunization, or medication or treatment plan is received, or until a hearing officer determines that the student is no longer excluded from school.

(3) The written notice for private school students shall:

(a) Inform the appropriate party of the applicable laws and provide copies of such law and implementing rules.

(b) Provide information regarding immunization services that are available from or through the local health department and other public agencies.

(c) Order the exclusion of the student from school and state that such order is effective upon receipt of the notice.

NEW SECTION

WAC 180-38-080 Prehearing and hearing process. (1) If a request for hearing is received by the school district, it shall schedule a hearing. The hearing must be scheduled within 3 school days of receiving the request. The hearing may be continued to a later date if the parent requests a longer period.

(2) The school district shall establish a hearing process consistent with the procedures set forth for disciplinary cases under WAC 180-40.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 180-38-010 Purpose.
WAC 180-38-025 Definition--Chief administrator.
WAC 180-38-030 Definition--Full immunization.
WAC 180-38-035 Definition--Schedule of immunization.
WAC 180-38-040 Definition--Certificate of exemption.
WAC 180-38-055 Public schools--Content of written notice.
WAC 180-38-060 Private schools--Content of written notice.
WAC 180-38-065 Exclusion of students already attending school.
WAC 180-38-070 Supplementing rules of SPI.
ATTACHMENT C

Sample Medication Order Form and Treatment Order Form
MEDICATION ORDER FORM
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: ___________________________ Birth Date: ________________

School: ___________________________ Grade: ___________________________

__________________________
THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)
PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Methods of Administration</th>
<th>Administration Schedule</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
| Diagnosis or reason for medication: ____________________________

If given PRN, specify the length of time between doses: ____________________________

Inhalers: ____________________________

Indicate if student carry on his/her person

Student is capable of self-administration of medication ______ Yes ______ No

Possible side effects of medication: ____________________________

Emergency procedure in case of serious side effects: ____________________________

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from ____________________________ (date) to ____________________________ (date) (not to exceed current school year) as there exists a valid health reason which make administration of the medication advisable during school hours.

Date of Signature ____________________________

Licensed Health Professional ____________________________

Telephone Number ____________________________

Name (Print or type) ____________________________

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

__________________________
THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the LHP’s instructions for the period from ____________________________ to ____________________________ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication is a timely manner.

Permission to carry inhaler ______ Yes ______ No

Permission to self-administer medication ______ Yes ______ No

Permission to carry own medication ______ Yes ______ No

Date of Signature ____________________________

Parent/Guardian Signature ____________________________

Telephone Number: ____________________________ (home) ____________________________ (work)

Adapted with permission from a form developed by the Central Valley School District

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TREATMENT ORDER FORM

HEALTH CARE PROVIDER (HCP) ORDERS

This student has a severe allergy to ____________________, which may result in an anaphylactic reaction.

Student's Name: ___________________________ Student's Birth Date: ___/___/_____

School: ___________________________ Grade: ___________________________

Emergency Number
for Parents: (Phone) ______________ (Cellular) ______________ (Pager) ______________

HCP Name and Phone Number: _______________________________________________________

Asthmatic: Yes ☐* No ☐*  *High risk for severe reaction.

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Symptoms:
Respiratory: repetitive coughing, wheezing, and shortness of breath.
Gastrointestinal: nausea and vomiting. May also have cramps and diarrhea.
Skin: itchy, swelling of face or extremities, hives, red and blotchy skin.
Cardiovascular: irregular, rapid heart beat. May also feel faint.
Throat: itching, sense of tightness, hoarseness.
Mouth: itching and swelling of lips, tongue/mouth, difficulty swallowing.

HCP ORDERS AND SPECIAL INSTRUCTIONS:

1. If exposure to allergen is suspected, give: ____________________________________________

2. If the student exhibits any of the above symptoms, give: ________________________________

3. Call 911________________________________________

4. Other: _____________________________

5. Expiration/review date__________________________

These orders must be renewed at the beginning of each school year or before.

_________________________________________  __________________________
Health Care Provider Signature                  Date

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ATTACHMENT D

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.

[1995 1st sp.s. c 18 § 50; 1994 sp.s. c 9 § 404.]

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.

[2000 c 95 § 3; 1995 1st sp.s. c 18 § 51; 1995 c 295 § 1; 1994 sp.s. c 9 § 426.]
WAC 246-840-010 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, § 246-840-010, filed 2/13/98,
effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-
840-010, filed 6/18/97, effective 7/19/97.]
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 246-840-710 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 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;

(b) Licensed Practical Nurse:

Minimum standards for licensed practical nurses include the following:

(i) Standard I - 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
(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 the 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 II 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 246-840-010(10);

(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 246-840-010(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 246-840-910 through 246-840-980 and WAC 246-841-405;

(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness

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 licensed practical nurse, in 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 II 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 246-840-010(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 III Health Teaching.** The practical nurse assists in health teaching of clients and
for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.

provides routine health information and instruction recognizing individual differences.

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

(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 246-840-710 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;
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 18.79.110, 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]