

complaints are not public records and shall remain privileged and confidential pursuant to applicable statutes. Complaints can come from any source, including but not limited to the general public, board members and governmental agencies or their contractors.

B. - D. ...

E. The subject of the complaint will be provided with a copy of the complaint no later than the date on which the complaint is provided to the DOC unless the board president, in his discretion, determines that:

1. providing the complaint to the subject would jeopardize a board investigation, in which case a copy of the complaint will be provided once the board president determines that providing the complaint would no longer jeopardize any investigation, but in any event, no later than the date of any informal hearing on the matter; or

2. the board president, in his discretion feels that there is good cause to keep the identity of the complainant confidential, in which case a detailed summary of the facts of the complaint shall be provided, withholding any information that might reveal the identity of the complainant.

F. - G ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:56 (January 2016), amended LR 42:872 (June 2016).

Arthur Hickham, Jr.
Executive Director

1606#005

RULE

Department of Health Board of Nursing

Nursing Practice (LAC 46:XLVII.Chapter 37)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 37:918, the Louisiana State Board of Nursing (LSBN) has amended LAC 46:XLVII.3703.A.a.iv.c and adopted LAC 46:XLVII.3709. The Nurse Practice Act provides that the registered nurse and APRN may delegate selected nursing functions approved by the board; however medication administration has previously been considered a complex task that has not been deemed delegable to unlicensed personnel in any circumstances. The Rule changes provide for such delegation in limited and specific circumstances. The Act and rules assign to the registered nurse and APRN the responsibility of providing the same quality of patient care as provided by the registered nurse when tasks are delegated. The administrative rules also address specific criteria that must be met in order for the registered nurse to delegate tasks.

Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses: Practical Nurses and Registered Nurses

Chapter 37. Nursing Practice

§3703. Definition of Terms Applying to Nursing Practice

A. Terms applying to legal definitions of nursing practice, R.S. 37:913(13) and (14).

Delegating Nursing Interventions—entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. The registered nurse retains the accountability for the total nursing care of the individual. The registered nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she receives, regardless of whether the care is provided solely by the registered nurse or by the registered nurse in conjunction with other licensed or unlicensed assistive personnel.

a. - a.iv.(b). ...

(c) The administration of medications is a complex task when it requires the consideration of a number of factors and the formulation of judgments according to those factors. Delegation of medication administration to unlicensed assistive personnel is prohibited except as authorized and provided for in LAC 46:XLVII.3709.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:911, R.S. 37:913 and R.S. 37:935.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing LR 7:79 (March 1981), amended LR 10:598 (August 1984), LR 12:677 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 32:245 (February 2006), amended by the Department of Health, Board of Nursing, LR 42:873 (June 2016).

§3709. Delegation of Medication Administration to Unlicensed Assistive Personnel in Outpatient Clinic Settings

A. Introduction. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings for patients with stable and predictable health conditions under specific provisos as provided for in this Subpart. When delegating to unlicensed assistive personnel, the registered nurse or advanced practice registered nurse is authorizing the unlicensed assistive personnel to perform a task that is normally within the registered nurse's or advanced practice registered nurse's scope of practice. Prior to agreeing to delegate tasks including medication administration, the registered nurse or advanced practice registered nurse is responsible for understanding rules relative to delegating nursing care and for achieving the competence to delegate and supervise.

B. Definitions

Administration of Medication—removal of an individual dose from a previously dispensed or distributed, properly labeled container, verifying the dose and medication with the prescriber's order, giving the individual dose to the proper patient at the proper time by the proper route and promptly recording the time and dose given.

Delegation—entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. The registered nurse or advanced practice registered nurse retains the accountability for the total nursing care of the individual. The registered nurse and advanced practice registered nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she receives, regardless of whether the care is provided solely by the registered nurse/advanced practice registered nurse or by the registered nurse/advanced practice registered nurse in conjunction with other licensed or unlicensed assistive personnel.

Direct Supervision—the registered nurse or advanced practice registered nurse is physically present in the office or suite where the procedure, including medication administration, is being performed at all times that the unlicensed assistive personnel is on duty providing services. Direct supervision also includes ongoing oversight, follow-up and evaluation of the individual patient and the ongoing oversight, follow-up and evaluation of competency of the unlicensed assistive personnel.

Outpatient Clinic Setting—nonresidential facilities, that provides treatment for health conditions that is obtained on an outpatient basis which allows patients to return to and function in their usual environment. Outpatient clinic settings for the purpose of this subpart do not include facilities such as hospitals, emergency rooms, and ambulatory surgical centers.

Person-Specific—health care needs and related factors in order to meet the unique needs of the specific person receiving care.

Stable and Predictable—a situation in which the person's clinical and behavioral status is determined by a licensed registered nurse or advanced practice registered nurse to be non-fluctuating and consistent. A stable and predictable condition involves long term health care needs which are recuperative in nature, do not require the regular scheduled presence or reassessment of a licensed nurse, and is not characterized by rapid changes.

Unlicensed Assistive Personnel—an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient activities as delegated by the nurse. Unlicensed assistive personnel have no authority to provide nursing care, despite any education or training, without the delegation of such care and tasks from registered nurses or advanced practice registered nurses.

C. Responsibilities. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings provided the following conditions are met.

1. The registered nurse or advanced practice registered nurse has assessed the health status of the individual

immediately prior to the delegation, and the patient's health condition is determined to be stable and predictable.

2. The registered nurse or advanced practice registered nurse provides direct supervision and retains the accountability for the total nursing and advanced practice nursing care of the individual and retains the responsibility to:

- i. assess the patient;
- ii. develop and implement the plan of care;
- iii. determine that the medication administration can be safely and legally delegated;
- iv. ensure the medication administration is properly documented in the patient's record;
- v. ascertain the training and competency of the unlicensed assistive personnel to whom the registered nurse or advanced practice registered nurse delegates the administration of medication;
- vi. rescind the delegation if the patient's condition changes, it is determined that the unlicensed assistive personnel is not safe or competent to administer the medication, or as otherwise determined by the registered nurse or advanced practice registered nurse.

3. The delegation of medication administration to unlicensed assistive personnel must be person-specific, and the unlicensed assistive personnel must:

- i. be adequately trained for the task;
- ii. have demonstrated that the task has been learned;
- iii. be able to perform the task safely in the given nursing situation;
- iv. be safe for the person to carry out the task;
- v. have appropriate supervision available during the task implementation.

4. The delegation of medication administration by the unlicensed assistive personnel must be an established policy of the practice setting and include all aspects of LAC 46:XLVII.3709.G at a minimum. The policy must be written, recorded, and available to all.

5. The registered nurse or advanced practice registered nurse and the unlicensed assistive personnel must be employed by the same organization or otherwise be formally accountable to the same institution or organization.

D. Prohibitions and Exceptions

1. Under no circumstances shall a registered nurse or advanced practice registered nurse delegate the administration of:

- i. drugs given by the intravenous route;
- ii. blood and blood products;
- iii. investigational drugs;
- iv. cancer therapeutic agents;
- v. total parenteral nutrition solutions;
- vi. drugs given through accessing an implanted device;
- vii. insulin;
- viii. oxygen;
- ix. controlled substances;
- x. anesthetic agents;
- xi. any agents used in the provision of cosmetic and aesthetic dermatological procedures.

2. The delegation of medication administration is person-specific and is in no way considered a certification or skill that authorizes the unlicensed assistive personnel to

utilize the title or credentials of other professionals including licensed persons.

3. These rules do not apply to inpatient facilities, licensed emergency departments of a hospital, long term care facilities, any residential facilities, or any other facility in which a registered nurse is required to be present by statute or administrative rule.

4. This Subpart, LAC 46:XLVII.3709, does not apply to nursing students enrolled in board approved nursing programs while practicing under the direct supervision of qualified faculty and preceptors.

5. The registered nurse or advanced practice registered nurse shall not delegate medication administration or any other task if the intervention requires the registered nurse's or advanced practice registered nurse's judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next.

6. The reconstitution of and the calculation of any medication doses except for measuring a prescribed amount of a liquid medication for oral administration or breaking a tablet for administration as instructed by the registered nurse or advanced practice registered nurse shall not be delegated to unlicensed assistive personnel.

7. The registered nurse or advanced practice registered nurse shall not delegate any responsibilities of delegating including but not limited to all provisions in LAC 46:XLVII.3709.C.

E. Training. In order for a registered nurse or advanced practice registered nurse to be authorized by the board to delegate medication administration under LAC 46:XLVII.3709, there must be documented, formal training performed by a registered nurse or advanced practice registered nurse of the unlicensed assistive personnel.

1. The formal training must include, at a minimum, didactic and demonstrated competency in:

- i. legal aspects of administering medication;
- ii. medical terminology;
- iii. proper documentation;
- iv. principles and rights of medication administration;
- v. administration techniques; and
- vi. patient consent.

F. Organizational Policy. Registered nurses or advanced practice registered nurses and facilities that allow for delegating medication administration to unlicensed assistive personnel are responsible for ensuring that there is an approved organizational policy in place that:

1. addresses and allows delegation of medication administration to unlicensed assistive personnel;
2. establishes and provides for formal processes for documenting and reporting medication errors as committed by the unlicensed assistive personnel. Such provisions must provide for remediation of the unlicensed assistive personnel, registered nurse or advanced practice registered nurse, and system as appropriate;
3. provides mechanisms for documenting in writing the training and ongoing competency of the unlicensed assistive personnel and ensures that the delegating registered

nurse or advanced practice registered nurse has access to such competence information;

4. provides for a formally documented, written annual review and re-assessment of competency of the unlicensed assistive personnel on no less than an annual basis and ensures that the delegating registered nurse or advanced practice registered nurse has access to such competence information;

5. provides for and recognizes that the decision to delegate tasks including delegation of medication administration in any specific situation is at the final discretion of the registered nurse or advanced practice registered nurse who is providing direct and immediate care to the patient;

6. provides for documentation and review of other pertinent procedures such as needle stick injuries, universal precautions, and infection control.

G. Limitations

1. All unlicensed assistive personnel who have been trained or otherwise recognized or authorized to administer medication in another jurisdiction or under the provisions of another code, rule, statute or other law body in Louisiana must meet the provisions of LAC 46:XLVII.3709 in order to administer medication in outpatient clinic settings through the delegation from registered nurses and advanced practice registered nurses.

H. Failure to abide by any provision of this Part may result in formal disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Nursing, LR 42:873 (June 2016).

Karen C. Lyon
Executive Director

1606#010

RULE

Department of Health and Hospitals Board of Nursing

Undergraduate and Graduate Nursing Education Degree Programs (LAC 46:XLVII.Chapter 35 and 4509)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 37:918, the Louisiana State Board of Nursing (LSBN) has amended Chapter 35 and Chapter 45. The Rule changes allow the Louisiana State Board of Nursing to combine Chapter 35, which focuses on undergraduate nursing programs, and Chapter 45, Section 4509, which focuses on graduate nursing programs. In addition, Chapter 35 has been revised to align with current national nursing trends and practices. Chapter 35 provides guidelines regarding the following for undergraduate and graduate nursing education programs: (1) program approval; (2) program closure; and (3) day-to-day operating requirements. These changes provide clarity to expectations of the Louisiana State Board of Nursing for in-state and out-of-state undergraduate and graduate nursing education programs.