The New Hampshire School Nurses Association has prepared this guide as the standard of nursing delegation in the school setting. The purpose is to deliver the safest health care for each and every student during the school day.
What is Delegation?

Delegation involves “the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. Example: the RN, in delegating a task to an assistive individual, transfers the responsibility for the performance of the task but retains professional accountability for the overall care.”

ANA. (2010). Nursing: Scope and Standards of Practice, 2nd Ed. p. 64

Delegation involves the assignment of activities or tasks related to patient care to unlicensed assistive personnel while retaining accountability for the outcome. The registered nurse cannot delegate responsibilities related to making nursing judgments except to another qualified registered nurse. Examples of nursing activities that cannot be delegated to unlicensed assistive personnel include but are not limited to assessment and evaluation of the impact of interventions on care provided to the patient.


Can the School Nurse Delegate?

Yes, however school nurses are accountable to the NH Nurse Practice Act, the NH State Department of Education and the NH Board of Pharmacy and must follow all applicable laws. This includes the delegation of routine and/or emergency medication.

Can a parent delegate in the school setting?

Per NH Department of Education Technical Advisory re: Ed 311.02 (February 4, 2009): A school nurse alone has the authority to delegate medication administration and may delegate only if appropriate under the Nurse Practice Act. Parents may not delegate medication administration directly in the public school setting. See “NH Medication Administration during the School Day” below.

What if the school nurse feels that delegation is not safe?

If the school nurse care cannot be safely delegated, a licensed nurse will need to accompany the student on a field trip and/or to a school sponsored activity.
New Hampshire Board of Nursing Rules on Delegation:

**Nur 404.01** Purpose.

1. The purpose of Nur 404.01 to Nur 404.07 is to regulate the delegation of tasks of client care by licensed nurses to licensed and unlicensed persons, pursuant to RSA 326-B:28 and RSA 326-B:29.

(b) The purpose of Nur 404.08 to Nur 404.11 is to regulate the delegation of tasks of administration of medication tasks by licensed nurses to MNA, pursuant to RSA 326-B:28 and RSA 326-B:29.  

**Nur 404** Before delegating, the school nurse must review the NH Board of Nursing rules for delegating to licensed and unlicensed personnel.

**Nur 101.08** “Delegation” means the transfer, at the discretion of the nurse, of authority for the performance of a task of client care from the licensed nurse with authority to perform the task to someone who does not otherwise have such authority.  

**Nur 101.07** “Delegatee” means the person to whom a licensed nurse delegates a task of client care.

The Department of Education makes the following provision:

When a Licensed Practical Nurse (LPN) or LNA works in the public school setting, she or he must work under the supervision of the School Registered Nurse (RN) as per RSA 200:31. Per New Hampshire Board of Nursing, Nur 404.01 Purpose. (a) The purpose of Nur 404.01 to Nur 404.07 is to regulate the delegation of tasks of client care by licensed nurses to licensed and unlicensed persons, pursuant to RSA 326-B:28 and RSA 326-B:29.NUR 404.07 (c) A delegating licensee shall: (1) Introduce the delegatee to the client; and (2) Supervise the delegatee’s performance of the delegated task on either a continual or an intermittent basis, as warranted by the following:

a. The complexity of the delegated task of client care;
b. The condition of the client;
c. The degree of the competency of the delegatee; and

d. The familiarity of the delegatee with the environment in which the task is to be performed.

A school nurse and LPN/LNA can work as a team in the same health office. The school nurse has a multi-faceted role in the school setting by supporting physical, mental, emotional, and social health of all students in order to maximize success in the learning process. The school
nurse has the health expertise essential to school educational teams, reducing the health related barriers to learning, as well as, ensuring a safe environment for the school community. It is the breadth of the nursing activities contained in the school nurse role in the unique nonmedical setting of a school that differentiates the professional registered nurse. The school nurse assigns specific tasks. An LPN/LNA cannot work alone to run the health office. A school health office is a walk-in clinic for unpredictable emergencies and illnesses and the assessment required and evaluation of implemented health care is at the RN level. LPN’s are, per scope of practice under RSA 326-B:13, “(b) planning nursing care for clients with stable conditions”. For example, the school nurse has written a health care plan for a student with diabetes and delegates which aspect of the plan is appropriate for the LPN to implement. If the school nurse determines the student with diabetes is stable, then an LPN could provide the nursing services on a field trip with the student’s written health care plan. The LPN would plan the nursing care for the field trip from the written health care plan. The School Nurse must keep in mind the younger the student, the more difficult the student’s ability to communicate their health care problem.

“School Activities” are field trips, school sports events and other such gatherings that are planned for students. Medication Administration is detailed in the Ed 311.02 Medication During School Day Advisory.

When an RN or LPN is not available to a school, at least one other person who has a current first aid and CPR certification shall be available. For clarification, the LPN scope of practice does not allow independent practice. If an LPN is working in the school, the school nurse provides supervision in the same health office or assigns LPN specific health care task of individual student based on the care plan. In order to ensure that one trained person is indeed available to students during school hours and during scheduled school activities, it may necessitate training a variety of personnel. Being available means they must be on school grounds during school hours or present at scheduled school activities so that they can provide emergency care immediately.

(From Technical Advisory 306:12 Depart of Education)

Ed 311.02 (d) the school nurse may delegate the administration of medications, if appropriate, to others pursuant to RSA 326-B and NUR 404.

Ed 311.02 (f) if the school Nurse is not available the building principal or designee is permitted to assist the student in taking required medications by
1. Making such medications available to the student; and
2. Observing the student as he/she takes or does not take his/her medication;
3. Recording whether the student did or did not take his/her medication.

How is “a school day” defined when it comes to medication administration during the school day?

In New Hampshire, a school day includes any and all school sponsored activities in which students participate. All students, including students with special healthcare needs, have the right to participate in all school sponsored activities including field trips and events scheduled
outside of regular school hours such as sports, clubs, social activities. References in Department of Education rules include:

**306.12** School Activities are field trips, school sports events, and other such gatherings that are planned for students.

**311.02** For the purpose of this rule School Day means any time during the day, afternoon, or evening when a child is attending school or other school related activity.

**NH Medication Administration during the School Day**

**NH Department of Education Technical Advisory re: Ed 311.02 (February 4, 2009)**


Any prescription medication to be taken by a public school student during the school day requires the involvement of a school nurse regardless of the route of administration. The school nurse must verify the prescription, parental authorization, and accuracy of emergency contact information. The school nurse must also have in place a system to document adverse reactions to the medication and to safely store the medication. After the above requirements are met, the principal or designee **may assist** students with their prescriptions if the nurse is unavailable. This assistance consists of providing the medication to the student then observing and documenting that the student took the medication. However, if the medication requires **administration**, that is, the student cannot take the medication by themselves with the assistance described; only the school nurse or an appropriate delegate may administer the prescription. A **school nurse alone has the authority to delegate medication administration** and may delegate only if appropriate under the Nurse Practice Act. **Parents may not delegate medication administration** directly in the public school setting. Ideally, the school nurse will work with the parent and/or guardian to identify appropriate delegates since parental approval and authorization is required.

If, in conjunction with medication administration, the student requires a comprehensive nursing assessment and/or evaluation, **this must be done by an RN and cannot be delegated**. Supervision will be provided on a continual or intermittent basis as per the Board of Nursing Administrative Rules. The nurse shall develop a system to ensure the delegatee will follow a care plan or an emergency care plan, especially if the school nurse will not be available for consultation or assistance at the time the medication will be administered. The established plan must take into consideration the individual student needs and the context when the medication may be needed (e.g., location, activities, availability of EMS, availability of parent or guardian). It may include instructions for calling 911 and/or the parent as appropriate as well as ensuring immediate and adequate first aid if needed.

**What about Emergency Medications?**

The administration of medications to treat an emergent health crisis requires the school nurse to prepare a student-specific Individual Emergency Health Care Plan. This must include a complete and thorough review of the student health history, determination of the potential
need for emergency medication, and development of a very specific plan for the administration of necessary medication. Consideration must include the student, family, school administration, and school staff as well as the stability of the student health status.

The language of the NH Board of Nursing rules has been changed to include the necessary assessment of the stability of the patient by the Licensed Nurse. In the school setting this would be the School Nurse.

**Nur 101.21** “Stable client” means a client whose overall health status, as assessed by a licensed nurse, is at the expected baseline or with predictable or expected responses that can occur with known chronic or long term medical conditions.

**How Do I Delegate?**

**DESCRIPTION OF ISSUE**

Nursing tasks commonly performed in the home setting by a parent/guardian or caregiver take on a more complex dimension in the school setting. Often parents and school administrators are confused about why what appears to be a simple task is held to a much different and higher standard at school (NASN, 2005). The school nurse practices in the educational setting where nurses support the primary purpose of providing education and must consider meeting federal mandates, nursing licensure standards and parental expectations when working to ensure the health and safety of all students.

Delegation of nursing care is a legal term and a complex skill requiring sophisticated clinical judgment and final accountability for care of the client (NCBSN, 2005). Effective delegation in school nursing practice requires a registered nurse who has the requisite skill, expertise and authority to practice in the state in which the delegation occurs.

ANA defines nursing delegation as **transferring the responsibility of performing a nursing activity to another person while retaining accountability for the outcome** (ANA/NCSBN, 2006); National Association of State School Nurse Consultants [NASSNC], 2010). Nurses are accountable to: (1) state laws, rules, and regulations; (2) employer/agency regulations, and (3) standards of professional school nursing practice, including those pertaining to delegation. The decision to delegate is a serious responsibility that the registered nurse determines on a case-by-case basis based on the needs and condition of the student, stability and acuity of the student’s condition, potential for harm, complexity of the task, and predictability of the outcome (ANA, 2005) Prior to delegation, a student assessment is required to guide the school nurse in determining the level of training and supervision required for safe delegation for this specific student and assignment.

Supervision of delegated nursing tasks means the delegating registered nurse must periodically monitor and assess the capabilities and competencies of the licensed practical nurse or unlicensed personnel to safely perform delegated tasks. Only the registered nurse determines how closely and often an unlicensed individual must be supervised and reassessed. If an individual who has been assigned by a school administrator is not suitable for the task, whether
it is due to lack of education, attentiveness, availability or proximity, the registered nurse must work with administration to locate a better suited individual. The registered nurse adheres to the state nurse practice act and standards of nursing practice, even if it is conflicts with an administrator’s directives. The school nurse alone makes the decision to delegate for the safe delivery of health care in the school setting.

RATIONALE
The appropriate professional to delegate nursing tasks is the registered professional nurse. Delegation is not appropriate for all students, all nursing tasks, or all school nurse practices. The American Nurses Association (2005) does not support nurses delegating steps in the nursing process, including nursing assessment or the use of nursing judgment (ANA/NCBSN, 2006). Key factors guiding determination for delegation include the following: state laws, rules, and regulations; safety issues; medical needs of students; school practice characteristics; and unlicensed assistive (UAP) competence.

To provide for safe care, nurses can utilize the Five Rights of Delegation (ANA/NCSBN, 2006) to guide their assessment of whether delegation is appropriate for the student and the situation.

2. The Right Task
3. The Right Person
4. The Right Direction
5. The Right Supervision
6. The Right Circumstance

When a review of the Five Rights of Delegation indicates that delegation is appropriate, the school nurse must develop an individualized healthcare plan (IHP) outlining the level of care and health care interventions needed by the student and indicating which tasks can and cannot be delegated. Further, the continuous process of evaluation should be based on outcomes of care, ensuring that the delegated task is completed properly and produces the desired outcome.

American Nurses Association • Principles for Delegation

Overarching Principles:
- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct patient care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN accepts aid from nursing assistive personnel in providing direct patient care.

Nurse-related Principles:
- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
Recommended Criteria for Selection of Emergency Medication Delegatees

In choosing a delegate, it is recommended that the school nurse consider this person’s experience in emergency events/medications.

Before delegating to unlicensed school personnel the following criteria must be met:

1. The individual must be CPR and First Aid hold current CPR and First Aid certification.
2. The individual must be willing to learn how to perform the task of administering the emergency medication during an emergent event.
3. The individual must sign a designated form stating they are competent and willing (not coerced) to assume responsibility to administer emergency medication.
4. The individual must participate in initial training by the School Registered Nurse, demonstrate skill required, followed by quarterly review of said task.
5. The individual must be an employee of the School District.

Delegation of Glucagon

1. The student must be competent in self-management of his/her diabetes.
2. The student must have a current Individual Health Care Plan and Emergency Health Action Plan that indicates the student self-manages his/her diabetes, signed by parent, student and health care provider.
3. Delegatee is identified in the Individual Health Plan.
4. Delegatee is an individual known to the student.

Delegation of Diastat/midazolam

1. The student must have chronic seizure activity in a predictable pattern.
2. Parent, student, and health care provider document agreement of the delegation of emergency Diastat/midazolam to be given by an unlicensed school personnel.
3. The student must have a current Individual Health Care Plan and Emergency Health Action Plan that provides detailed description of this student’s seizures and protocol.
4. Delegatee is identified in the Individual Health Care Plan.
   1. Delegatee is an individual known to the student.

Helpful Guidance regarding Delegation:
Make sure that the person you delegate to understand that they cannot delegate this task to another person

When you educate those who will be delegated to be sure that they both hear and understand the training.

When delegating a task be sure that you know the following—recent changes in medication, recent 911 calls and recent hospitalizations. If any of these have occurred or you do not know the answer to any of these questions you would not want to delegate a task.

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

Epinephrine auto injectors and asthma inhalers are part of First Aid training. The school nurse will review the appropriate use of said device as prescribed in the student Emergency Action Plan.
Frequently Asked Questions about Delegation

These questions were generated for an Evening of Discussion that was hosted by the New Hampshire Board of Nursing and the New Hampshire School Nurses Association on August 26th, 2014.

Is it within the NH BON NUR 404 rules to:

1. Delegate emergency Intramuscular medications to unlicensed school personnel (lay person)?
   Yes, providing that the person to whom the task is delegated has been trained/educated, accepts the responsibility and their competency is periodically evaluated.

2. Delegate administration of rectal valium for seizure to unlicensed school personnel (lay person)?
   Yes, providing the person to whom the task is being delegated has been trained/educated, accepts the responsibility, and their competency is periodically evaluated.

3. Delegate emergency medications, other than the medications that follow under standard first aid program for layperson (rescue inhalers and epi-pens), to the unlicensed school personnel on a field trip?
   Yes, providing the person to whom the task is being delegated has been trained/educated, accepts the responsibility, and their competency is periodically evaluated. The nurse must confirm that the unlicensed person accepts the responsibility and understands that they cannot delegate this task to another person.

4. Can a School Nurse delegate emergency medications when he/she is unavailable to provide supervision, such as after-school activities, evening and weekend programs?
   Yes, under education law, the child in the public school setting is entitled to attend any school sponsored event and the parent/guardian is not required to attend. It is the school’s responsibility to provide the necessary health care needs of the child so as to allow access to attend the school sponsored event. The person to whom this task is delegated must be trained/educated by the school nurse and their competency is evaluated periodically. The nurse must confirm that the unlicensed person accepts the responsibility and understands that they cannot delegate this task to another.

Is it within the scope of practice of the school nurse to:

5. Administer over-the-counter medications with a parent/guardian permission and no health care provider medication order?
   Yes. However, the first dose of any medication should not be given in school because you do not how the individual will react to the medication.

Other questions relating to NUR 404 rules:
In the event a non-nurse school administrator who is the school nurse’s superior, directs the school nurse to train an unlicensed employee on emergency medication administration and the school nurse feels this is inappropriate and unsafe delegation, what should the school nurse do when being coerced into delegation?

The School Nurse should educate the School Administration and School Board, if appropriate regarding the all state regulations pertaining to delegation. The nurse must document her actions and meeting and keep this documentation in her personal (not personnel) files. The New Hampshire School Nurses Association provides support to its members. Nurses needing support regarding this issue should contact the current NHSNA President at nhschoolnurses.org

What recommendations would you have for a glucagon training program for lay people working in the school setting?

The delegate must be currently certified in CPR and First Aid. The minimum basic training must include:

- The basics of diabetes: the disease process, management of symptoms, the effect of exercise and illness on blood sugars, why care is required at school, the basics of diabetes care at school, short and long term consequences of diabetes.
- How to manage mild to moderate hypoglycemia, as well as severe hypoglycemia

Glucagon- what is glucagon? When would it be used?, side effects, administration technique. Review and successfully demonstrate proper administration using checklist provided with this document

- Legal considerations
- Review and document an understanding of the implementation of the student’s Emergency Action Plan.

What is the NH BON position on using a decision tree for delegation by Registered Nurses, such as, the 2012 ANA decision tree?

Both the ANA and the National Council of State Boards of Nursing have adopted papers on delegation. These may provide helpful guidance on this issue.

Can an LNA who is hired by a school district for a specific student to administer medication to this student?

Medication administration can be done by the School Nurse or by someone the school nurse has delegated to and trained/educated to meet the necessary health care needs of the student. LNA must follow current NH Board of Nursing scope of LNA practice for the school setting.

RESOURCES

American Nurses Association Document—Delegation in the School Setting: Is it a Safe Practice?
Criteria for Delegation

Delegation Algorithm for Licensed Assistive Personnel

See sample skill checklists:
## Glucagon Administration Checklist

**Employee Name:** ________________________  **School:** ________________________

**Instructor:** ________________________________________________________________

**Date of Initial Training/Demo** _________________  **Date of Review:** ______________

**Direction:**  **Trained**  **Demonstrate Review**  **Review**  **Review**  **Review**

1. Put on Gloves

2. Remove the flip-off seal from the bottle of glucagon. Wipe rubber stopper on the bottle with an alcohol wipe.

3. Remove the needle protector from the syringe and inject the entire contents of the syringe into the bottle of glucagon. (held upright) DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE. Remove the syringe from the bottle.

4. Swirl the bottle gently until the glucagon dissolves completely. Glucagon should not be used unless the solution is clear and of a water-like consistency.

5. Using the same syringe, hold the bottle upside down and, making sure the needle tip remains in the solution, gently withdraw all of the solution (1 mg mark on the syringe) from the bottle. (Children who weigh less than 44 lbs will get half of the solution)

6. Remove the needle from the vial, hold the syringe upright, and remove the bubbles from the syringe. To remove the bubbles, flick or tap the syringe until all bubbles move to the top of the syringe and expel the air until only medication is left.

7. Expose the injection site (upper, outer area of arm or thigh). Use the other hand to clean the injection site with alcohol.

8. Insert the needle into the loose tissue under the cleansed injection site and inject all (or ½ for children under 44 lbs) of the solution by pushing the plunger.
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<td><strong>9.</strong></td>
<td>Turn the patient on his/her side. When the unconscious person awakes, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.</td>
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<td><strong>10.</strong></td>
<td>Call 911 and tell them the glucagon has been used.</td>
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<td><strong>11.</strong></td>
<td>Feed the patient as soon as he/she awakens and is able to swallow by giving them a fast acting source of sugar (soft drink or juice) and a long acting source of sugar (crackers &amp; cheese or a meat sandwich)</td>
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# Diastat Administration Checklist

Employee Name: ________________________  School: __________________________
Instructor: _______________________________________________________________
Date of Initial Training/Demo _________________  Date of Review: ________________

**Direction:**

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<th>Trained</th>
<th>Demonstrate</th>
<th>Review</th>
<th>Review</th>
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<tbody>
<tr>
<td>1.</td>
<td>Put on Gloves</td>
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<tr>
<td>2.</td>
<td>Put person on their side where they can’t fall</td>
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<td>3.</td>
<td>Get the medicine, open the package, and pull out the syringe of Diazepam.</td>
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<td>4.</td>
<td>Verify the dose which is noted right above the red arrow that says dose on the side of the syringe.</td>
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<td>5.</td>
<td>Push up with your thumb and pull to remove the cap from the syringe. Be sure you see the seal pin is removed with the cap.</td>
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<td>6.</td>
<td>Lubricate the rectal tip with lubricating jelly</td>
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<td>7.</td>
<td>Turn the person on their side facing you</td>
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<td>8.</td>
<td>Bend upper leg forward to expose the rectum</td>
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<td>9.</td>
<td>Separate the buttocks and gently insert the syringe tip into the rectum.</td>
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<td>10.</td>
<td>Slowly count to 3 while gently pushing the plunger in until it stops</td>
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<td>11.</td>
<td>Slowly count to 3 before removing the syringe from the rectum</td>
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<td>12.</td>
<td>Slowly count to 3 while holding the buttocks together to prevent leakage.</td>
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<td>13.</td>
<td>Keep the person on their side facing you, note the time given and call 911.</td>
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<td>14.</td>
<td>Continue to observe until EMS arrives.</td>
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# Epi-Pen Administration Checklist

Employee Name: ________________________    School: ________________________

Instructor: ______________________________________________________________

Date of Initial Training/Demo _______________ Date of Review: _________________

**Direction:**

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<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Grasp auto-injector firmly in your fist</td>
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<td>2.</td>
<td>Have the orange tip pointing down</td>
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<td>3.</td>
<td>Pull off the blue safety release</td>
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<td>4.</td>
<td>Place the Epi-Pen near the outer thigh, with the orange tip pointing directly at the thigh</td>
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<td>5.</td>
<td>Swing and firmly push against outer thigh, keeping it pointed perpendicular (at a 90% angle) to thigh</td>
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<td>6.</td>
<td>After the “click”, hold firmly for 10 seconds. Must document time/date of epi pen administration.</td>
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<td>7.</td>
<td>Call 911 and give the Epi-Pen to the paramedics when they arrive</td>
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Resources

Department of Education


New Hampshire Board of Nursing


Professional Association

http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/21/Delegation-Revised-2010-


NASN
Nursing Delegation to Unlicensed Assistive Personnel in the School Setting
file:///C:/Users/Pam/Downloads/position%20statement%20NASN%20delegation_14.pdf

Unlicensed Assistive Personnel- The Role of the School Nurse
file:///C:/Users/Pam/Downloads/position%20statement%20nasnuap.pdf

School-Sponsored Trips, Role of the School Nurse
file:///C:/Users/Pam/Downloads/positionstatement%20nasn%20trips%2013.pdf

Recommended Qualifications for the Unlicensed Assistive Personnel (UAP)
file:///C:/Users/Pam/Downloads/delegation_UAP_qualifications.pdf

The contents of this document were approved by the NHSNA Executive Board on September 16, 2014
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