SUPERVISION OF NON-LICENSED PERSONNEL WHILE PERFORMING NURSING FUNCTIONS

1. **Purpose**: To achieve compliance with the Florida Nurse Practice Act (Florida Statutes [F.S.] 464), Florida Board of Nursing Rules 64B9, Children and Families Operating Procedure (CFOP) 95-6, CFOP 155-5, and to assure the safe and competent delivery of nursing functions performed by non-licensed personnel.

2. **Policy**: All non-licensed personnel, when required to perform functions traditionally considered nursing functions, will perform those functions while under the supervision of a registered nurse.

3. **Scope**: This operating procedure applies to all nurses and direct care staff at Florida State Hospital (FSH).

4. **Training Requirements**: Nurses and direct care staff will be trained on this operating procedure by a Nurse Manager before performing nursing functions.

5. **References**:
   b. Florida Statutes Chapter 464, and Florida Board of Nursing Rules 64B9.
   c. CFOP 155-1 (formerly HRS Regulation 95-6), Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities.
   d. Florida Department of Children and Families Personnel Rules and Regulations.
   e. Florida State Hospital Operating Procedure (FSHOP) 152-5.11, Documentation for Activities of Daily Living.
   f. FSHOP 151-16, Diet Orders/Snacks.
   g. FSHOP 152-5.8, Observation and Documentation of Residents’ Weights and Vital Signs.
   i. CFOP 155-5, Supervision of Unlicensed Assistive Personnel Performing Nursing Delegated Assignments in Mental Health Treatment Facilities.

This Operating Procedure supersedes: Operating Procedure 152-1.1, dated July 8, 2004
Office of Primary Responsibility: Nursing Management Team
Distribution: FSH Computer Network Users
6. **Procedure:**

   a. **Supervision of Non-Licensed Personnel:** Non-licensed personnel shall be supervised daily by a line supervisor established by the position description. The supervisor may or may not be a registered nurse. Under any circumstances where non-licensed personnel are to perform nursing functions, they shall perform them under the supervision of an assigned registered nurse who either has line authority established by the position description, or who has been delegated this supervisory authority. Registered nurses with delegated authority shall extend that authority only to those times and activities covered by this procedure. Otherwise, non-nursing supervision remains with the line supervisor.

   b. **Registered Nurse Supervision:** The supervising registered nurse of non-licensed personnel performing nursing functions shall have the following responsibilities:

      (1) Ensure that specified nursing skills are assessed at the time of employment and at the time of each performance evaluation, and documented on Florida State Hospital (FSH) Form 556, Assessment of Nursing Skills for Non-Licensed Personnel (Attachment 1). The Unit Nurse Manager or Immediate Supervisor shall ensure that a copy of page 1 of Form 556 is sent to Staff Development.

      (2) Prior to performing nursing functions, the nurse shall provide instructions.

      (3) Establish initial competency using competency skills checklists for each of the skills listed in section 4 and 5 of Form 556.

      (4) Monitor competencies in the performance of nursing functions and correct performance as necessary.

      (5) Participate in performance evaluations relative to performance of nursing functions (see Attachment 2).

      (6) Assign appropriate nursing functions to only qualified employees. The Unit Nurse Manager shall maintain a current list of employees who are not qualified to perform specific nursing functions. The list shall be kept in a place designated by the Unit Nurse Manager and available to any registered nurse who may be providing coverage.

      (7) Ensure that persons covered under this policy have knowledge of, and access to, applicable policies and procedures and competency skills checklists.

      (8) Ensure that the legal requirements for delegation have been met as required by Florida Board of Nursing Rules 64B9:

         (a) In the delegation process, the licensed nurse must use clinical judgment when considering the suitability of the task and the delegate. Factors to be considered in making the decision to delegate a specific task include the potential for resident harm, the complexity of the task, the predictability of the outcome including the reasonable potential for a rapid change in the medical status of a resident, the level of interaction required or communication available with the resident, and the resources available, equipment and personnel. Factors to be considered as to the nurse’s choice of delegate are the normal assignments of the non-licensed personnel, and the validation of the competency of the individual. The delegation process must include specific communication to the non-licensed personnel that identifies the task or activity, the expected or desired outcome, the limits of the authority, the time frame for accomplishment of the task, the nature of the supervision required,
verification of the non-licensed personnel’s understanding of the assignment and instructions, and verification of monitoring and supervision.

(c) The total nursing care responsibility remains with the qualified registered nurse delegating the task or activity or assuming the responsibility for the supervision.

(9) Ensure that assignments are performed in a timely and appropriate manner consistent with the policies of the institution.

c. **Medication Administration:** All non-licensed personnel who have successfully completed the State approved Medication Administration and Training Course and have current certification may administer oral, topical, ophthalmic, otic, nasal medication under the direct supervision of a registered nurse, in accordance with course criteria and the Attorney General’s opinions on this subject. The unit nurse manager is responsible for notifying the re-certification instructor if a certified medication giver is removed from the unit list of certified medication givers.

d. **Medication Administration Monitoring:** Quarterly monitoring of each non-licensed personnel’s medication administration activities shall be conducted by an assigned registered nurse. A monitoring checklist system shall be used to collect data, and the checklist shall be kept on file by the Unit Nurse Manager. Should the monitoring show a need for corrective actions, the assigned registered nurse shall develop corrective action measures and oversee their implementation. Every employee maintaining current certification shall be monitored quarterly while administering medication during a regular scheduled medication time.

e. **Nursing Functions:** Nursing functions performed by non-licensed personnel that require registered nurse supervision, at a minimum, include:

1. unit dose medication administration including application of topical medications, preparation of medicated soaks;

2. therapeutically prescribed treatments such as sitz baths, medicated shampoos, medicated body baths and application of medicated powders;

3. application of support hose;

4. observation and documentation of blood pressure, temperature, pulse, and respiratory rate;

5. performance of height and weight checks and documenting results;

6. specimen collection: stool, sputum, urine;

7. application of non-sterile dressings;

8. performance of delegated post-mortem care activities; refer to Nursing Clinical Skills Book, Smith, Duel and Martin;

9. recording care activities provided for residents in progress notes and documentation on the Medication Administration Record (MAR), Treatment Record (Form 622), and Nourishment Record (Form 350). If a treatment involves a medication, it shall be documented on both the MAR and Treatment Record;
(10) performance of periodic re-positioning of non-ambulatory residents to prevent skin breakdown and to provide comfort;

(11) observing and recording intake and output of fluids; documentation of special diets;

(12) serving, assisting with and/or feeding prescribed diets, supplements, and snacks as indicated, and recording consumption of all special diets, supplements, and snacks in accordance with FSHOP 151-16, Diet Orders/Snacks;

(13) unless otherwise directed by a nurse, performance of vital signs anytime a resident complains of a physical problem, reporting the complaint and vital signs immediately to the appropriate nurse and documenting same on the progress notes, including the name of nurse and time of notification. Vital signs should also be recorded on Form 35, Weight and Vital Signs Flow Sheet;

(14) telephone nurse for authorization to administer a PRN medication, report resident complaint, resident condition and vital signs to the nurse and document same on progress notes. This Progress Note shall be co-signed by the authorizing registered nurse. Follow up within one hour (or sooner if resident continues to complain or has additional complaints), question resident about response to PRN medication, monitor vital signs, report to nurse and document on progress notes. This Progress Note shall be co-signed by the supervising registered nurse.

NOTE: The performance of the above nursing functions may occur only after each non-licensed employee’s competency has been established by the assigned supervising registered nurse. These functions may only be performed in compliance with applicable standards, policies and procedures.

f. Documentation of Training and Competence:

(1) Records: A training file shall be established for each non-licensed employee performing nursing functions under this policy. The file shall be kept in the employee’s unit. A duplicate of this file shall be placed in the employee’s personnel file in the Human Resources.

(2) Training: Each non-licensed employee expected to perform nursing functions under this policy shall have been appropriately trained by the Staff Development Department in the functions described in e. above. A record of this training shall be established and signed by the registered nurse responsible for the training.

(3) Competency: The registered nurse(s), responsible for the supervision of a non-licensed employee trained in nursing functions under this policy, shall assess the person’s competency in the functions to be performed. This assessment shall include skills and abilities, knowledge of policies and procedures, and technical performance. Staff Development shall develop competency checklists for each nursing skill performed by non-licensed personnel. The competency checklists shall be available from the print shop for registered nurses to use in establishing competency in the units. Completed competency checklists shall be filed in the employee’s training file.

g. Communication, Consultation and Evaluation: The registered nurse and the appropriate UTR Supervisor shall maintain open communication and consultation regarding the performance of nursing functions by non-licensed personnel including:
(1) notification when a new direct care staff person is hired.

(2) the determination of the nursing related activities that are applicable in the individual treatment setting and for each individual class of direct care staff.

(3) a “Notification for Input” when performance appraisals are due by the appropriate supervisor to the registered nurse responsible (see Attachment 2).

(a) During the time of re-negotiation of performance standards, each direct care staff member shall meet with the assigned registered nurse and shall review and discuss the nursing related activities determined applicable for unit/class. The employee shall sign the assessment form (to be used as input to the direct care supervisor) for the next appraisal period.

(b) At the time of the employee’s appraisal the assigned registered nurse as well as the supervisor shall receive notification that the appraisal is due. At this time, the nurse shall complete the assessment form and meet with supervisor to discuss recommendations. The supervisor shall add any desired comments and sign in the designated area. At the time the supervisor meets with employee for the performance appraisal, the employee shall have the opportunity to review the nursing skills assessment and shall be requested to sign the assessment in the designated area along with any desired comments.

(c) Copies of the completed assessment shall be given to the employee and forwarded to Staff Development if needed (for the purpose of establishing the appropriate in-service needs of the staff). The Assessment of Nursing Skills, Form 556 (Attachment 1), shall be filed in the unit personnel file per FSHOP 60-27, Employee Personnel Records.

h. In accordance with CFOP 155-5, the written delegation of authority from the Hospital Administrator is established in Delegation of Authority for Non-Licensed Personnel Performing Nursing Functions (Attachment 3).

(Signed original on file in Central Health Information Services)

DIANE R. JAMES
Hospital Administrator

3 Attachments
1. Assessment of Nursing Skills for Non-Licensed Personnel (Form 556)
2. Notification for Input (Memo)
3. Delegation of Authority for Non-Licensed Personnel Performing Nursing Functions

SUMMARY OF REVISED, ADDED OR DELETED MATERIAL
This revision updates clinical skills text to the 6th edition, replaces CFOP 95-6 with CFOP 155-1, and updates the DCF letterhead as well as current names of state officials.
FLORIDA STATE HOSPITAL
ASSESSMENT OF NURSING SKILLS
(Non-Licensed Personnel)

Instructions: To be completed by assigned Registered Nurse at the time of employment and each performance appraisal and reviewed and signed by Direct Care Supervisor and employee. To be filed in the unit personnel file per FSHOP 60-27, Employee Personnel Records. Copy Page 1 to Staff Development if in-service needed.
(Reference: FSHOP 152-1.1)

Employee Name: (Last, First, MI)  
Unit:  
Shift:  

Class Title: I acknowledge that my competency in the skills listed below as they are relevant to my job have been assessed by a registered nurse.

Appraisal Period  
From: To:  

Date Next Appraisal Due: __/__/__  
Employee Signature  
Date  

<table>
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<tr>
<th>N/A to Job</th>
<th>Instruction Needed</th>
<th>Performs Competently</th>
<th>Date In-service Provided</th>
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1. Medication Administration:
   A. Unit Dose Oral Solids/Liquids
   B. Ophthalmic/Otic/Nasal

2. Therapeutically Prescribed Treatment:
   A. Sitz Baths
   B. Medicated Shampoos
   C. Medicated Body Baths/Soaks
   D. Application of Medicated Powders

3. Application of Support Hose

4. Performance and Documentation of:
   A. Blood Pressure
   B. Temperature
   C. Pulse
   D. Respiratory Rate

5. Performance and Documentation of:
   A. Resident’s Height
   B. Resident’s Weight

6. Specimen Collections:
   A. Stool
   B. Sputum
   C. Urine

7. Application of Non-Sterile Dressings

8. Recording Resident Care Activities

9. Performance of Periodic Repositioning of Non-Ambulatory Residents

10. Observing and Recording:
   A. Intake
   B. Output
   C. Documentation of Special Diets
   D. Resident Response to PRN Medication
   E. Resident Comments & Complaints

11. Serving/Feeding/Supplements

12. Standard (Universal) Precautions

13. Transmission Based Medical Isolation
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<th>Employee Name</th>
<th>Class Title:</th>
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<tr>
<th>Date of Last Medication Re-certification: <em><strong>/</strong></em>/___</th>
<th>Quarterly Monitoring: Yes No</th>
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<th>Has Completed FSH AIDS/HIV/OSHA Annual In-Service: Yes No Date <em><strong>/</strong></em>/___</th>
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<th>Has Completed Movement Disorder Training (155-1): Yes No Date <em><strong>/</strong></em>/___</th>
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<th>Has Completed Dysphagia Training: Yes No Date <em><strong>/</strong></em>/___</th>
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<tr>
<th>Copy of Current CPR Competency on File in Unit: Yes No Expiration Date <em><strong>/</strong></em>/___</th>
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<tr>
<th>Oriented/In-serviced on appropriate Nursing Procedures: Yes No N/A Date <em><strong>/</strong></em>/___</th>
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Knowledgeable of location, function and required role in unit emergency equipment, procedures and emergency evacuation plan.

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<tr>
<th>Signature of Nurse providing Orientation/In-service: __________________________</th>
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Comments of Nurse responsible for establishing and monitoring competency of nursing skills according to 95-4 Regulation and recommended training needed:

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<th>Registered Nurse’s Signature: __________________________ Date: <em><strong>/</strong></em>/___</th>
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Comments by Immediate Supervisor:

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Employee’s Comments:

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Employee’s Signature: __________________________ Date: ___/___/___

(This certifies the employee had the opportunity to review and discuss this assessment with immediate supervisor and Registered Nurse, but does not mean the employee agrees with this assessment.)
DATE:

TO:       Unit Nurse Manager

FROM:     Appropriate Supervisor

SUBJECT: Notification for Input

The following performance appraisals are due:

Please submit an evaluation of performance on standards related to nursing functions.

Attachment
Delegation of Authority for Non-Licensed Personnel Performing Nursing Functions

- HOSPITAL ADMINISTRATOR
- ASSISTANT HOSPITAL ADMINISTRATOR
- UNIT DIRECTOR
- UNIT NURSE MANAGER IN UTR MODEL UNIT
- REGISTERED NURSE
- DIRECT CARE STAFF

Functional Supervision for Nursing Skills

Attachment 3