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March 16, 2004

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To: All Licensed Assisted Living Facilities

RE: Provider Letter #03-35- **Delegation of Insulin Injections in Assisted Living Facilities**

The purpose of this letter is to provide clarification for the delegation of insulin injections in assisted living facilities (ALF). The Licensing Standards for Assisted Living Facilities, 40 Texas Administrative Code (TAC), Section 92.41(j), specify who may administer medications in a facility.

**BACKGROUND:**

**Who may administer medications in assisted living facilities?**

Medications must be administered by a person who:

- Holds a current license under state law that authorizes the licensee to administer medication;
- Holds a current medication aide permit; acts under authority of a person with a current nursing license under state law authorizing the licensee to administer medication. A medication aide must function under the direct supervision of a licensed nurse on duty or on call by the facility; or
- Is an employee of the facility to whom the administration of medication has been delegated by a registered nurse, who has trained them to administer medications or verified their training. Delegation of administration of medication is governed by 22 TAC Chapter 225 (concerning Delegation of Selected Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel), which implements the Nursing Practice Act. This regulation applies to delegation to unlicensed attendants.

Medication aides may not administer insulin injections. Texas Department of Human Services rules governing medication aides, 40 TAC Chapter 95, detail program requirements for permitted medication aides. Chapter 95, Section 95.105(a) and (b), outlines what permit-holders may and may not do. Administering medication by injection routes, including the subcutaneous route, is prohibited. A nursing task is prohibited when not listed as allowable under §95.105(a), even if that task is not listed as a prohibited task under §95.105(b).

Nurses employed by an assisted living facility may administer insulin injections. Licensing Standards for Assisted Living Facilities, §92.41(e)(1)(B), state: "A facility must not admit or retain: an individual who requires the services of facility employees who are licensed nurses on a daily or regular basis. Individuals with a terminal condition or experiencing a short-term, acute episode are excluded from this requirement." This section does not apply to medication administration by facility nurses.

**Is delegation of insulin injections allowed in assisted living facilities?**

Delegation of insulin injections is allowed in assisted living facilities when specific criteria are met.

**What are the procedures for delegation of insulin injections?**

The Board of Nurse Examiners (BNE) rules (22 TAC §225.1 - §225.14 -- RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Residents with Stable and Predictable Conditions) address the specific procedures a registered nurse (RN) must follow when delegating insulin administration.

The following three criteria must be met:

1. The resident resides in an independent living environment (includes assisted living facilities);
2. The resident, if 16 or older, or the resident's responsible adult is willing and able to participate in decisions about the overall management of the resident's health care; and
3. The task is for a stable, predictable condition as defined by §225.4 of the BNE rules. Stable and predictable means that the resident's clinical and behavioral status is determined to be non-fluctuating and consistent. The resident's condition is not recuperative and does not require the regularly scheduled presence or continual reassessment by the nurse.

The RN assesses the resident according to §225.6 of the BNE rules to determine whether or not to delegate administration of insulin to an unlicensed person. The RN determines whether the Delegation Criteria under §225.9 of these rules are met. Not all nursing tasks can be delegated to medication aides. Permitted medication aides must follow the rules outlined in 40 TAC Chapter 95. In addition to the assessment required under §225.6, when determining whether to delegate a nursing task or those activities of daily living (ADLs) or health maintenance activities (HMAs) requiring delegation, the RN must also:

1. Determine that the task does not require the unlicensed person to exercise nursing judgment;
2. Verify the experience and competency of the unlicensed person to perform the task, including the unlicensed person's ability to recognize and inform the RN of resident changes related to the task. The RN must have either:
  - A. instructed the unlicensed person in the delegated task; or
  - B. verified the unlicensed person's competency to perform the nursing task based on personal knowledge of the training, education, experience and/or certification/permit of the unlicensed person.
3. Determine, in consultation with the resident or the resident's responsible adult, the level of supervision and frequency of supervisory visits required, taking into account:
  - A. the stability of the resident's status;
  - B. the training, experience and capability of the unlicensed person to whom the nursing task is delegated;
  - C. the nature of the nursing task being delegated;
  - D. the proximity and availability of the RN to the unlicensed person when the nursing task will be performed; and
  - E. the level of participation of the resident or resident's responsible adult.

4. Consider whether the five rights of delegation can be met: the right task; the right person to whom the delegation is made; the right circumstances; the right direction and communication by the RN; and the right supervision.

The RN or another RN qualified to supervise the unlicensed person must be available, in person or by telecommunications, when the unlicensed person is performing the task.

If the RN is employed, the employing entity must have a written policy acknowledging that the final decision to delegate is made by the RN in consultation with the resident or the resident's responsible adult.

**Are there additional criteria that must be met?**

Additional criteria that must be met for the delegation of insulin administration are listed under 22 TAC §225.11, "Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin."

1. The RN must arrange for an RN to be available on call for consultation/intervention 24 hours each day.
2. The RN must provide teaching of all aspects of insulin administration to the resident and the unlicensed person. This includes proper technique for determining the resident's blood sugar prior to each administration of insulin, proper injection technique, risks, side effects and the correct responses. The RN must leave written instructions for the performance of the administration of insulin and a copy of the physician's instructions for the unlicensed person, resident, or resident's responsible adult to use as a reference.
3. The RN must delegate the administration of insulin to an unlicensed person, specific to one resident. The RN must teach that the administration of insulin is to be performed only for the resident for whom the instructions are provided. The RN must instruct the unlicensed person that the task is resident specific and not transferable to other residents or providers.
4. The RN must limit the number of unlicensed persons to whom insulin administration will be delegated to the number who will remain proficient in performing the task and can be safely supervised by the registered nurse.
5. The RN must make supervisory visits to the resident's location at least three times within the first 60 days. One visit must be made within the first two weeks; one within the second two weeks; and one in the last 30 days. The RN will evaluate proper medication administration of insulin by the unlicensed person(s). The RN will then consult with the resident or resident's responsible party and determine the frequency for supervisory visits. This is to ensure the proper and safe administration of insulin by unlicensed person(s). Separate visits must be made for each unlicensed person administering insulin.
6. The RN must make supervisory visits when there are changes in the resident's status.
7. The RN must ensure that the resident or resident's responsible adult acknowledges in writing that the administration of medications under §225.1 - §225.14 of the BNE rules will be delegated to an unlicensed person.

The Board of Nurse Examiners published Position Statement 15.14 entitled, "Role of the Registered Nurse in the Restructured Health Care Delivery System." It states, in part: "When performing nursing tasks, the unlicensed person cannot function independently and functions only under the RN's delegation

Provider Letter #03-35  
March 16, 2004  
Page 4 of 4

and supervision. Through delegation, the RN retains responsibility and accountability for care rendered (Rules 224 and 225).”

You can access the Nursing Practice Act through the BNE website, under the “rules and regulations” section. The website is: <http://www.bne.state.tx.us/>.

If you have questions regarding the contents of this letter, please call the Long Term Care-Regulatory Policy Section at (512) 438-3161.

Sincerely,

[signature on file]

Evelyn Delgado  
Assistant Deputy Commissioner  
Long Term Care-Regulatory

ED:jw