



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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ADMINISTRATIVE MEMORANDUM - #2008-01

**TO: Directors of Developmental Disabilities Services Offices
Executive Directors of Agencies Providing Free Standing Respite
Services**

**FROM: Gary R. Lind
Deputy Commissioner
Division of Policy and Enterprise Solutions**

**Sheila McBain
Deputy Commissioner
Division of Quality Management**

DATE: March 13, 2008

**SUBJECT: Registered Nursing Supervision of Unlicensed Direct Care Staff
Providing Services to Consumers Receiving Respite Services in
Free Standing Respite Centers Subject to the Visitation of the
Office of Mental Retardation and Developmental Disabilities**

Suggested Distribution:

Administrative Staff
RPNs
LPNs
Quality Compliance Staff
Program/Direct Care Staff of Free Standing Respite

Purpose:

The purpose of these guidelines is to define the appropriate level of supervision by a Registered Professional Nurse (RN) that is to be provided to unlicensed direct care staff providing services to consumers receiving respite in Individual Residential Alternatives (IRAs) designated as a Free Standing Respite (FSR) center who perform tasks or activities commonly identified as nursing procedures pursuant to Section 6908(1)(b) of the New York State Education Law.



Applicability:

These guidelines apply to **all** IRAs designated as an FSR center certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD) where consumers accessing respite are provided nursing services from unlicensed direct care staff.

Definitions:

An RN shall be responsible for the clinical nursing supervision of unlicensed direct care staff in the performance of nursing tasks and activities.

It shall be the responsibility of the agency to ensure that **all** staff is adequately trained regarding the elements of clinical nursing supervision, and the difference between clinical nursing supervision and administrative supervision.

Adequate nursing supervision is the provision of guidance by an RN for the accomplishment of a nursing task or activity including:

- Ensuring initial training of the task or activity occurs;
- Periodic inspection of the actual act of accomplishing the task or activity;
- Evaluation of the outcome for the consumer; and
- Availability for consultation and intervention as needed.

It is the responsibility of the RN to exercise his/her judgment as to the type and frequency of supervision that is required. In determining the type and frequency of supervision required, the RN **must** consider:

- The complexity of the task;
- The skill and experience of the staff involved; and
- The health conditions/status of the consumer receiving the services.

Frequency of visits:

The frequency of visits by the RN providing clinical nursing supervision to IRAs designated as an FSR center shall be at the discretion of that RN, but in **no** case shall visits occur less frequently than once a week when in operation. Such visits shall occur when individuals receiving respite are present in the facility.

Professional nursing availability:

There shall be an RN available to unlicensed direct care staff during **all** hours that they are on duty at the FSR center. The RN **must be either** on site or immediately available by telephone defined as responding within thirty (30) minutes. The RN assigned to the FSR, or during hours that this RN is not available, the RN on-call will be immediately notified of changes in medical orders for a consumer and/or of changes in a consumer's health status.

Plan of nursing services:

The RN is responsible for ensuring that there is an appropriate individualized plan for nursing services for any consumer who requires nursing care at the IRAs designated as a FSR center, including those who require medication administration for diagnosed medical conditions. Such plans will be reviewed and updated each time the individual is admitted for respite services, or if there is a significant change in the consumer's condition during the respite session.

For scheduled respite, at least one week prior to an initial admission, the person requesting the respite shall provide the following information:

- Most recent annual physical with a list of current diagnosed medical conditions, including any known allergies and information related to special precautions such as limitations on activities, weather precautions, etc.
- Any recent illnesses including known exposures to communicable diseases.
- List of all current physicians/health care providers.
- Prescriptions/orders for all medication, including over-the-counter and as needed (PRN) medication that the consumer is receiving, including any information related to medication allergies. Prescriptions and/or orders may be written by any person authorized to prescribe (e.g.; physicians, dentists, registered physician's assistants, nurse practitioner's, etc).
- Orders for any treatments that the consumer may require during the respite session.
- Immunization records, including date and result of last PPD.
- Information related to the individual's diet, food likes and dislikes, food allergies, special dining equipment and/or precautions, history of difficulty swallowing or choking.
- Information on the person's sleeping habits, toileting needs, personal hygiene, communication, adaptive equipment needs, safety needs, any special supervision concerns in the home or in the community, travel safety needs.
- Name of person who can give informed consent for medical or dental treatment, and contact person's name(s) and phone number(s). The contact person must be a person who is ready, willing and able to care for the individual should the individual become ill to the extent that they can not continue the respite experience.

The RN shall review the information and develop a plan of nursing services. The RN shall review the plan of nursing services with the direct care staff that will be providing care prior to the arrival of the consumer at the respite center. The RN shall document that direct care staff have been educated about the chronic conditions and related health care needs of each consumer.

The RN shall ensure that there is a medication information sheet for each medication that is administered. This sheet shall include all of the information required by 14 NYCRR Section 633.17(a)(17)(iii).

Prior to subsequent scheduled respite sessions, the respite center shall ensure that there are currently valid prescriptions/orders for all medications the consumer will or may receive during the respite stay, and for all other treatments required by the consumer. The RN will review the required information with the person requesting the respite and update the information as needed. The RN shall review the plan of nursing service and update as needed. The RN shall review the plan of nursing service with each direct care staff that will be providing care, and ensure that any additional training or direction required is provided.

For emergency respite, the RN or the RN on call will respond in person to the respite center as soon as possible to assess the person and to provide direction to the staff. Every effort is to be made to obtain the above information within 24 hours of admission.

For individuals who are receiving respite that does not include an overnight stay, the RN shall develop a plan of nursing service to address the care required during the respite episode and shall ensure that staff are trained to provide any necessary care.

Nursing procedures:

It shall be the responsibility of the RN to exercise professional judgment in determining which nursing procedures unlicensed direct care staff will be allowed to perform, and which unlicensed staff will be allowed to perform them.

When making a decision regarding a nursing task or activity, the RN shall assess the following:

- Complexity of the task;
- Condition/stability of the consumer; and
- Training, skill and experience of the staff involved, including relevant factors related to the individual's ability to safely provide nursing services.

In **no** case will an RN allow direct care staff to perform a nursing procedure that is outside the scope of practice of an LPN.

Training:

It is the responsibility of the RN to ensure that initial and on-going training for unlicensed direct care staff has been provided in **all** nursing tasks and/or functions that they will perform. An RN **must** conduct this training. The RN **must** periodically review the performance of unlicensed staff to ensure that it is consistent with standards of care and training.

In the event that staff must be trained in medication administration, tube feeding and/or diabetic care the training shall be taught utilizing a standard curriculum approved by OMRDD.

Diabetic care shall be taught by either:

- A Certified Diabetic Educator (CDE). In those instances where the CDE is not an RN, the administration of insulin shall be taught by an RN;

OR

- An RN who has successfully completed an OMRDD approved train-the-trainer course to teach diabetes care to unlicensed direct care staff. Approval to teach diabetic care to unlicensed direct care staff shall be for a period of one year. Continued approval will be dependent upon completion of annual knowledge/skill maintenance training.

Unlicensed direct care staff will be separately certified for medication administration, tube feeding and insulin administration and shall be recertified on an annual basis.

Clinical evaluations:

The RN shall conduct annual clinical performance evaluations for unlicensed direct care staff for procedures that include but are not limited to medication administration. The evaluation shall become part of the employee's annual performance evaluation.

Staffing ratios:

The following items need to be considered when an agency/facility establishes nurse/consumer ratios for RNs assigned to provide nursing supervision in FSR centers:

1. The health conditions/status of the consumer(s);
2. The number and complexity of delegated nursing tasks;
3. The availability of LPNs to perform necessary nursing tasks;
4. The competency of the staff;

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5. The number of staff (both unlicensed staff and LPNs) who are to receive training and supervision;
6. The number of other programs assigned to the RN and their proximity to each other;
7. The turnover rate of both staff and consumer(s); and
8. Number of hours of operation per week.

Effective date:

September 15, 2008

Contact information:

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