



April 10, 2020

In response to inquiries regarding the allowability of Intravenous (IV) Therapy in OPWDD group homes during the COVID-19 crisis, OPWDD is providing the following recommendations. These recommendations may be employed in OPWDD State Operated or Voluntary Operated residential settings.

As per the New York State Education Department (NYSED), the role of the Licensed Practical Nurse (LPN) in providing Intravenous Therapy is determined by a number of factors including: the complexity of the procedure; the degree of direction; the setting; as well as the skill and competence of that LPN. A Registered Nurse (RN) may delegate select activities associated with the administration of intravenous therapy to a trained LPN. The delegation of these activities is based on the RN's professional judgement. The RN will retain the ultimate responsibility for the administration and clinical management of intravenous therapy, including assessment of the individual for symptoms and reactions. LPNs may not make assessments.

NYSED has directed that the practice of Intravenous Therapy by LPNs in long term care settings requires RN supervision, which must be provided on site at all times that IV therapy is being provided by the LPN. Additionally, the RN must document, at least every shift as applicable, an assessment of the individual's condition relative to intravenous therapy, or at the end of the administration of any short-term Intravenous Therapies (i.e., antibiotic mini bag).

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

1. LPNs will be able, per their scope of practice as outlined by NYSED, to provide IV Therapy as delegated by an RN.
2. Prior to administration, each LPN and RN responsible for providing IV Therapy, will receive training on that specific infusion from the Hospital Nurse Educator or their designee, or from the IV Therapy vendor.
3. Training may be done via alternative measures, such as video conferencing, webinar, etc.
4. At all times that an LPN is providing IV Therapy, the RN will remain on site, until the completion of each infusion.
5. The RN will be responsible for documenting the individual's condition, relative to the infusion, at the end of each administration.
6. Any required assessments will be performed by the RN.
7. OPWDD staff will not be inserting IVs of any type.
8. OPWDD staff will not be changing dressings for IVs of any type.
9. Removal of IVs should be done by an individual's health care provider.

Individualized Residential Alternative (IRA)

1. In an IRA, IV Therapy should only be provided by an RN.
2. Prior to administration, each RN responsible for providing IV Therapy, will receive training on that specific infusion from the Hospital Nurse Educator or their designee, or from the IV Therapy vendor.
3. Training may be done via alternative measures such as video conferencing, webinar, etc.

4. The RN is responsible for documenting the individual's condition, relative to the infusion, at the end of each administration.
5. RNs will not be inserting IVs of any type.
6. RNs will not be changing dressings for IVs of any type.
7. Removal of IVs should be done by an individual's health care provider.

The LPN Scope of Practice regarding Intravenous Therapy can be found at the following link:
<http://www.op.nysed.gov/prof/nurse/nurse-lpn-iv-longterm.htm>.

Any questions regarding the information contained within this document can be sent to:
Susan B. Prendergast, RN, BS, Director of Nursing and Health Services, at
susan.b.prendergast@opwdd.ny.gov.