ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-7
STANDARDS OF NURSING PRACTICE; SPECIFIC SETTINGS

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610-X-7-.01 Definitions.

(1) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to licensed nurses in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.

(2) Medication Assistant, Certified (MAC): Mental health worker or unlicensed assistive personnel who has successfully completed a Board-approved curriculum for assistance with medications, or a comparable program in another state, and holds a valid medication assistant certification (MACE).

(3) Medication Assistant Supervisor (MAS): A licensed nurse who supervises Medication Assistant, Certified (MAC).

(4) Registered Nurse First Assistant (RNFA): A registered nurse who, through additional education and supervised clinical practice, has acquired knowledge, skills, and judgment specific to providing assistance during a surgical procedure, as directed by the attending surgeon and as defined in standardized procedures.

(5) Sexual Assault Nurse Examiner (SANE): A registered nurse who, through additional education and supervised clinical practice, has acquired knowledge, skills, and judgment specific to providing health services to sexual assault or rape victims, including a forensics examination.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: Filed September 28, 1982. **Repealed:** Filed October 29, 2001; effective December 3, 2001. **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Amended:** Filed May 21, 2013; effective June 25, 2013. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Published June 30, 2020; effective August1 14, 2020.

610-X-7-.02 Delegation By School Nurses.

(1) The school nurse is accountable and responsible for the nursing care delivered to students under the nurse's jurisdiction.

(2) Over-the-counter (OTC) medications may be administered to school children by the school nurse with a parent's written authorization and without a physician's authorization, unless the school system policy requires a physician authorization. Parental authorization requirements require the following documentation:

(a) The purpose of the OTC medication.

(b) The circumstances under which the over-the-counter medication can be administered.

(3) Licensed nurses who provide nursing care in the school setting through the twelfth grade may delegate specific tasks to unlicensed assistive personnel.

(4) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel following appropriate training and demonstration of competency.

(5) Delegation of the use of the vagal nerve stimulator (VNS) in selected cases is not prohibited.

(6) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

(a) Catheterization, clean or sterile.

(b) Administration of injectable medications, other than premeasured medication for allergic reactions, premeasured injection for opioid-related drug overdose and treatment of diabetes symptoms with insulin and glucagon, as described in Alabama Administrative Code 610-X-7-.10.

(c) Administration of rectal or vaginal medications.

(d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.

(e) Tracheotomy care, including suctioning.

(f) Gastric tube insertion, replacement, or feedings.

(g) Invasive procedures or techniques.

(h) Sterile procedures.

(i) Ventilator care.

(j) Receipt of verbal or telephone orders from a licensed prescriber.

(7) The task of providing prescribed oral, topical, ear, eye, nasal, and inhalation medications to a student through twelfth grade may be delegated to unlicensed assistive personnel by the school nurse only when the following conditions are met:

(a) The school nurse identifies the appropriate individual(s) to assist in providing prescribed medications.

(b) The unlicensed assistive personnel selected by the school nurse shall attend a minimum seven-hour course of instruction that includes a curriculum approved by the Board and have demonstrated competency to perform the delegated task.

(c) The school nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(d) The school nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the unlicensed assistive personnel, including but not limited to:

1. Training.

2. Competency.

3. Documentation.

4. Error reporting.

5. Performance of the seven (7) rights of medication administration.

(8) The school nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to unlicensed assistive personnel.

(9) The School Nurse Administrator, or his or her designee, shall conduct on-site compliance monitoring no less than once every three (3) years.

(10) The School Nurse Consultant or School Nurse Administrator shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request. The report shall include, but not be limited to, the results of all compliance monitoring conducted during the designated reporting period.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: Filed September 29, 1982. **Repealed:** Filed October 29, 2001; effective December 3, 2001. **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2017; effective September 3, 2017. **Amended:** Published September 30, 2021; effective November 14, 2021.

610-X-7-.03 State Of Alabama Independent Living (SAIL) Program.

(1) Registered nurses employed by the State of Alabama Independent Living (SAIL) Program administered by the Department of Rehabilitation Services may delegate tasks to a patient's designated caregiver if each of the following conditions is met:

(a) The Department of Rehabilitation Services, in conjunction with the registered nurse, approves the patient's designated caregiver to receive delegation.

(b) The registered nurse is accountable for determining the tasks that may be safely performed by the patient's designated caregiver.

(c) The registered nurse identifies the training needs of the patient's designated caregiver and assures that the training is appropriate for the task to be delegated.

(d) The patient's designated caregiver demonstrates competency to perform the delegated task.

(2) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

(a) Administration of injectable medications, other than premeasured medication for allergic reactions and opioid-related drug overdose.

(b) Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.

(c) Receipt of verbal or telephone orders from a licensed prescriber.

(3) The registered nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(4) The registered nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to the patient's designated caregiver.

(5) The registered nurse is accountable and responsible for the nursing care delivered to patients under the nurse's jurisdiction.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: Filed September 29, 1982. **Amended:** Filed September 21, 1984; effective October 29, 1984. **Amended:** Filed February 4, 1997; effective March 11, 1997. **Repealed:** Filed October 29, 2001; effective December 3, 2001. **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2017; effective September 3, 2017.

610-X-7-.04 Registered Nurse As Surgical First Assistant (RNFA).

(1) The registered nurse may function as a surgical first assistant according to standardized procedures, as defined in Rule 610-X-6-.12. The RNFA has the duty to verify that standardized procedures are in effect before performing the functions of a surgical first assistant.

(2) Performing intra-operative functions as a RNFA is limited to the direct supervision of the attending surgeon physically present in the surgical suite where the case is being performed.

(3) When directed by the attending surgeon, the RNFA intra-operative functions include, but are not limited to:

(a) Positioning the patient, preparing and draping the surgical site.

(b) Providing exposure, retraction, and hemostasis.

(c) Use and handling of surgical instrumentation.

(d) Tissue handling, dissection, suturing, and stapling.

(e) Making the skin nick or stab wound for laparoscopic surgery or drains, excluding placement of primary trocar for laparoscopic and robotic access. Secondary placement of trocars for laparoscopic and robotic surgery if the RNFA is deemed competent to perform by the attending surgeon who is within proximity of the sterile field.

(f) Securing drains.

(g) Closing of wounds external to the fascia.

(h) Harvesting extremity veins and closure of the resulting wounds.

(4) Functions for the RNFA that are not listed in these rules shall be defined in standardized procedures, which require Board approval prior to implementation for all practice settings.

(5) Standardized procedures for the RNFA shall include a statement of clinical privileges for additional technical functions that are permitted in a hospital.

(6) The RNFA shall not function as a scrub nurse concurrently with responsibility as a surgical first assistant.

(7) Practice as a registered nurse first assistant does not include the functions and privileges reserved for advanced practice nurses elsewhere in these rules.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: New Rule: Filed February 4, 1997; effective March 11, 1997. **Repealed:** Filed October 29, 2001; effective December 3, 2001. **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Amended:** Filed April 15, 2010; effective May 20, 2010. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2017; effective September 3, 2017.

610-X-7-.05 Sexual Assault Nurse Examiner (SANE).

(1) A registered nurse may practice as a SANE with appropriate additional education, including supervised clinical practice and demonstrated clinical competence.

(2) The educational program for a SANE shall comply with the education standards of the International Association of Forensic Nurses (IAFN). The educational program shall follow the content outline contained in IAFN's Sexual Assault Nurse Examiner Education Guidelines and shall be specific to the population examined by the SANE: adult/adolescent or pediatric.

(a) An adult/adolescent sexual assault nursing education program includes a minimum of forty (40) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.

(b) A pediatric SANE program includes:

1. A minimum of forty (40) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.

2. A combined adult/adolescent and pediatric SANE program that includes a minimum of sixty-four (64) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.

(3) Supervised clinical practice shall occur with one of the following:

(a) A physician licensed to practice medicine in Alabama with training in forensics and/or the detection of abuse.

(b) An advanced practice nurse with experience as a SANE.

(c) Another registered nurse with experience as a SANE.

(d) The registered nurse shall demonstrate clinical competence with all aspects of the examination.

(4) A registered nurse who practices as a SANE shall:

(a) Practice according to a written protocol signed by a trained medical director who is a physician licensed in Alabama or an advanced practice nurse with prescriptive authority prior to administering medications for prophylaxis of sexually transmitted diseases or pregnancy.

(b) Conduct examinations of sexual assault or rape victims in accordance with accepted principles of forensic nursing, including, but not limited to, chain of custody, photo documentation, colposcopy, documentation, confidentiality, and evidence integrity. All pediatric sexual assault examinations shall include photo documentation and/or videography.

(c) Maintain documentation of appropriate initial and continuing education, supervised clinical practice, and demonstrated clinical competence which includes peer review.

(d) Have a medical director review each pediatric examination performed.

(5) SANE Program Directors shall have the requisite certification, SANE-A and/or SANE-P, or demonstrate active efforts to achieve the certification, or have no less than five years' experience as a SANE.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Amended:** Filed February 25, 2013; effective April 1, 2013. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-7-.06 Alabama Department Of Mental Health Residential Community Programs.

(1) Alabama Department of Mental Health shall train licensed nurses by the Alabama Department of Mental Health approved nurse delegation programs: Program (NDP) and the Medication Administration Supervisor (MAS). Licensed nurses who are MAS trained are accountable and responsible for the outcome of the delegated nursing care delivered by unlicensed mental health worker to residents in the residential community mental health settings.

(2) Licensed nurses who provide nursing care in the residential community mental health setting and the community extensions, including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.

(3) The MAS registered nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of patients' nursing care needs.

(a) The licensed practical nurse may initiate and document data elements of the comprehensive assessment.

(b) The outcome of the comprehensive assessment shall determine the tasks that may safely be performed by the

unlicensed assistive personnel in residential community mental health settings. The focused assessment after the completion of comprehensive assessment may also identify tasks that may be delegated.

(c) The nursing tasks delegated by the MAS licensed nurse shall be based on the residents' needs, as documented in the comprehensive and/or focused assessment. The comprehensive assessment shall be reviewed annually, or in the event of a health status change.

(4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

(a) Catheterization, clean or sterile.

(b) Administration of injectable medications, with the exception of premeasured auto injectable medications for anaphylaxis and opioid-related drug overdose.

(c) Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.

(d) Tracheotomy care, including suctioning.

(e) Gastric tube insertion, replacement, or feedings.

(f) Invasive procedures or techniques.

(g) Sterile procedures.

(h) Ventilator care.

(i) Receipt of verbal or telephone orders from a licensed prescriber.

(5) The task of assisting with the delivery of prescribed eye, ear, nose, oral, topical, inhalant, rectal, or vaginal medications may be delegated to a mental health worker by the MAS trained licensed nurse only when the following conditions are met:

(a) The licensed nurse identifies the appropriate individual(s) to assist in providing prescribed medications who has:

1. Completed the ADMH Medication Assistance Certification (MAC) Training Program Part I with a score of at least 90% on the test for each of the six modules, via a computerized ELearning System/Program.

2. Completed a minimum of eight hours of ADMH and MAC Training Program Part II, taught by a MAS trained licensed nurse.

3. Successfully demonstrated all nursing tasks delegated.

(6) The licensed nurse shall provide and document annual evaluation and monitoring of the unlicensed mental health worker performing the delegated tasks. The MAS trained licensed nurse shall assess and document the following at least annually:

(a) Competency.

(b) Documentation.

(c) Error reporting.

(d) Identification of the seven (7) rights of assisting with medication.

(e) Professionalism.

(f) Reliability.

(g) Respect.

(7) The MAS trained licensed nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).

(8) The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request to include, but not limited to:

(a) Total number of community programs certified by Alabama Department of Mental Health.

(b) Total number of community programs certified by Alabama Department of Mental Health that participate in the nurse delegation program.

(c) Total number of residents served in programs certified by mental health departments that participate in the nurse delegation program.

(d) Total number of MAS trained registered nurses.

(e) Total number of MAS trained licensed practical nurses.

(f) Total number of MAC mental health workers that currently participate in the nurse delegation program.

(g) Total number of MAC Workers trained during the reporting period.

(h) Total number of medication errors in each category listed below:

1. Wrong person
2. Wrong medication
3. Wrong dose
4. Wrong time/day
5. Wrong route
6. Wrong purpose
7. No documentation

(i) Identify and implement a quality improvement plan for medication errors.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Amended:** Filed May 21, 2013; effective June 25, 2013. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2017; effective September 3, 2017.

610-X-7-.07 Occupational Safety And Health Administration Respiratory Standard.

(1) Registered nurses and certified registered nurse practitioners may administer the Occupational Safety and Health Administration (OSHA) Respiratory Standard Medical questionnaire.

(2) Registered nurses and certified registered nurse practitioners may refer for further evaluation based on the employee's response to the medical questionnaire.

(3) Certified registered nurse practitioners may perform the medical examination related to the OSHA Respiratory Standard Medical questionnaire, if appropriate for their area of practice.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-7-.08 Behavioral Restraint And Seclusion.

Registered nurses are authorized to perform the one-hour, face-to-face evaluation for patients placed in behavioral restraint or seclusion, if the facility has a policy and procedure and organized program of study.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: New Rule: Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-7-.09 Commercial Drivers License Examinations.

The assessment of applicants for commercial driver licenses is restricted to family, adult, acute care, gerontology, adult gerontology primary care, and adult gerontology acute care certified registered nurse practitioners.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: New Rule: Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 26, 2019; effective September 9, 2019.

610-X-7-.10 Delegation Of Insulin And Glucagon Administration In The School Setting.

(1) DEFINITIONS

(a) Glucagon: a hormone that raises the level of glucose in the blood and is administered by injection to individuals to treat severe hypoglycemia that is indicated by the inability to eat food or drink, unconsciousness, unresponsiveness and/or seizures or convulsions.

(b) Insulin: a hormone made and released by the pancreas that allows glucose to enter the cells where it is used for energy. Students with type 1 diabetes and some students with type 2 diabetes need to administer insulin at regular times and take insulin to cover carbohydrate intake to correct hyperglycemia.

(c) Medication Administration and Safety: See Chapter 610-X-6-.07.

(d) School setting: preschool through 12th grade in a public or private school or school activity sponsored by such a school, in which the student is a direct participant.

(e) Trained, Unlicensed Medication Assistant: a school employee who volunteers to receive delegation of administration of insulin and glucagon in the school setting and receives the approved training.

(2) GENERAL PRINCIPLES

(a) The injection of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of Act 2014-437 and the student's individualized health plan (IHP). The selection of the type of insulin and dosage levels shall not be delegated.

(b) An Individualized Health Plan (IHP) shall be developed for any student diagnosed with diabetes who is in the school setting as provided for in Alabama Act No 2014-437.

(c) Delegation of tasks for students with diabetes shall be confined to procedures that do not require nursing assessment, judgment, evaluation, or complex skills.

(d) Factors the school nurse shall consider and may include in the IHP are:

1. Age of onset and current age of student with diabetes

2. Recent hospitalization

3. Most recent hemoglobin A1C (HgA1C)

4. Recent change in type of insulin, delivery method, and dosage

5. If and when glucagon was required

6. Comorbidities or other chronic illnesses

7. Participation in sports or other school-sponsored activities

8. Orders from a legally authorized prescriber

9. Carbohydrate counting

10. Blood glucose monitoring

11. Activation or suspension of an insulin pump

12. Usage of insulin pens

13. Self-administration evaluation

14. Student’s comprehension and adherence to treatment

15. Parental comprehension and adherence to treatment

16. Emergency protocol related to glucagon administration

17. Student’s overall health needs

18. Insulin to carbohydrate ratios and correction factors

19. Symptoms and treatment of hypoglycemia and hyperglycemia

20. Ketone testing

(e) Teaching school personnel about diabetes does not constitute delegation.

(f) Insulin and glucagon administration delegation is limited to:

1. The student’s Individual Health Plan

2. Trained, Unlicensed Medication Assistants who have received training and competency validation for each student assigned to them.

3. Specific students

4. Specific identified time frame

(g) The delegation shall include documentation of administration of glucagon and insulin and appropriate reporting to the school nurse.

(h) If the local education agency determines that school nurses shall provide the care to students with diabetes, delegation may not be required.

(3) PROCEDURE

(a) The school nurse shall validate the competency of the trained, unlicensed medication assistant to whom delegation of administration of insulin and glucagon is given.

(b) Insulin injection by the Trained, Unlicensed Medication Assistant receiving the delegation shall only occur when consistent with the IHP.

(c) Dosages of insulin may be injected by the Trained, Unlicensed Medication Assistant as designated in the IHP.

(d) Non-routine and/or large correction dosages of insulin may be given by the Trained, Unlicensed Medication Assistant only after consulting with the school nurse, parent or guardian, as designated in the IHP and after verifying and confirming the type and dosage of insulin being injected.

(e) When the student is not capable of self-administration, routine daily meal boluses (routine correction dosages) of insulin, based on carbohydrate counts and blood glucose levels, may be administered by the Trained, Unlicensed Medication Assistant as designated in the IHP.

(f) Training of the Trained, Unlicensed Medication Assistants shall occur prior to any delegation of administration of glucagon and insulin.

(g) The school nurse shall follow the training guidelines developed by the State Department of Education in consultation with the Alabama Board of Nursing.

(h) The local education agency, in consultation with the school principal, shall identify any volunteer in each school to the school nurse for possible training.

(i) An annual report of the number of Trained, Unlicensed Medication Assistants in each school and the delegation of administration of insulin and glucagon to specific Trained, Unlicensed Medication Assistants shall be provided to the Board of Nursing by the Lead Nurse of each school system.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: New Rule: Filed March 13, 2015; effective April 17, 2015. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-7-.11 Delegation To Medication Assistants, Certified In Settings Other Than Mental Health Residential Community Programs (Repealed 5/15/22).

(REPEALED)
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: New Rule: Published June 30, 2020; effective August 14, 2020. **Amended:** Published February 26, 2021; effective April 12, 2021. **Amended:** Published September 30, 2021; effective November 14, 2021. **Repealed:** Published March 31, 2022; effective May 15, 2022.

610-X-7-.12 Nursing Student/Graduate Aides.

(1) A licensed nurse may delegate selected nursing activities supportive to licensed nurses to nursing students currently enrolled in approved schools of nursing, or to graduates of approved schools of nursing who have not achieved licensure as nurses, and employed as nursing aides in licensed healthcare facilities who have successfully completed coursework in pharmacology, medication administration and fundamentals; provided that:

(a) The licensed healthcare facility at which the nursing student/graduate aide is performing the selected delegated nursing activities has authorized the delegation.

(b) The nursing student/graduate aide's competency to perform the selected delegated nursing activities to be delegated shall be assessed and documented prior to delegation.

(c) The licensed nurse may suspend or withdraw delegation to the nursing student/graduate aide at any time.

(d) Nursing activities which may be delegated to the nursing student/graduate aide include:

1. Obtaining vital signs, glucometer, and pulse oximetry readings

2. Assisting patients with feeding

3. Dressing changes limited to the application of simple bandaging (e.g., steri-strips), wet-to-dry, and/or sterile dressing change

4. Maintenance of ostomies (e.g., colostomy and urostomy) to include measuring and application of wafer board

5. Restorative care to include ambulation with gait belt, walker, crutches, and/or wheelchair

6. Restorative care to include active and passive range-of-motion (ROM) exercises and contracture care

7. Peripheral Venous Phlebotomy for laboratory analysis

8. Application of oxygen via nasal cannula

9. Insertion/Removal of Foley Catheter, to exclude suprapubic catherization

10. Initiation and discontinuation of nebulizer treatments to EXCLUDE racemic epinephrine administration

11. Administration of routine screening tests/ immunizations (e.g., flu and TB)

12. Removal of intravenous catheter

13. Documentation of all procedures and/or medications administered in the licensed healthcare facility's electronic medical records platform and paper records

14. Administration of routine medications. Routine medications may not be administered through the following routes of administration:

(i) Gastric

(ii) Nasogastric

(iii) Intravenous

(e) Nursing student/graduate aides shall not be delegated the following nursing activities:

1. Administration of PRN narcotic or controlled medications

2. Suction of and/or replacement of tracheostomy

3. Accessing feeding tubes (G or J-tubes)

4. Placement of any form of intravenous catheter

5. Accessing any intravenous catheter for initiation or therapies

6. Administration of blood or blood products

(f) Any individual who has completed an approved registered nursing education program, has not yet achieved licensure as a registered nurse, and is employed in an unlicensed capacity in a licensed healthcare facility as a nursing graduate aide/ extern may perform placement of peripheral intravenous catheters.

(g) As used in this rule, a nursing student/graduate aide shall be defined as an individual who is currently enrolled in an approved nursing education program or a graduate of an approved schools of nursing who has not achieved licensure as nurses and is employed in an unlicensed capacity in a licensed healthcare facility.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-24.
History: New Rule: Published September 30, 2020; effective November 14, 2020. **Amended:** Published November 30, 2021; effective January 14, 2022.

610-X-7-.13 Special Provisions Related To Vaccination Administration.

(1) A licensed nurse may delegate administration of medications for purposes of vaccinations to emergency medical technicians who have been authorized by the Alabama Department of Public Health to receive delegation of vaccine administration.

(2) A nurse who is a member of the Alabama National Guard and has an active unencumbered nursing license in any state or territory of the United States may practice nursing at any vaccination clinic operated by or under the authority of the Alabama Department of Public Health.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-24.
History: New Rule: Published June 30, 2021; effective August 14, 2021.

610-X-7-.14 Delegation Of Injectable Medication Administration For Adrenal Insufficiency In The School Setting.

(1) **Definitions**

(a) Adrenal Insufficiency. Adrenal Insufficiency is a hormonal disorder that occurs when the adrenal glands do not produce enough hormones. Adrenal Insufficiency is a chronic condition requiring the student to take daily medications.

(b) Adrenal Crisis: Adrenal Crisis is an acute condition that is an exacerbation of the student's adrenal insufficiency caused by illness, injury, stress, or missing daily medications.

(c) Stress Dose. A stress dose is an extra dose of medication given in addition to the student's daily prescribed dose when the student's body experiences physical or emotional stress. Depending on the severity or nature of the event, the stress dose may be given orally or via an injection.

(d) School setting: preschool through 12th grade in a public or private school or school bus or any school activity sponsored by such a school in which the student is a direct participant, including but not limited to before school and

after school programs, field trips, extended off-site excursions, and extracurricular activities.

(e) Trained, Unlicensed Medication Assistant: a school employee who volunteers to receive delegation of administration of medications (including injectable medications) specific to the adrenal insufficiency of a student in the school setting and receives the approved training.

(2) **General Principles**

(a) The injection of injectable medications specific to the adrenal insufficiency of the student is a nursing task that may be delegated to a Trained, Unlicensed Medication Assistant in accordance with the requirement of Act 2023-75 and the student's Individual Health Plan (IHP). The selection of the type of medication and dosage levels shall not be delegated.

(b) An Individual Health Plan (IHP) shall be developed for any student diagnosed with adrenal insufficiency who is in the school setting.

(c) Delegation of tasks for students with adrenal insufficiency shall be confined to procedures that do not require nursing assessment, judgment, evaluation, or complex skills.

(d) Factors the school nurse shall consider and may include in the IHP are:

1. Age of onset and current age of student with adrenal insufficiency.

2. Recent hospitalizations.

3. Recent incidents requiring stress dosing.

4. Recent incidents of adrenal crisis.

5. Comorbidities or other chronic illnesses.

6. Participation in sports or other school-sponsored activities.

7. Orders from a legally authorized prescriber, which shall include instructions for oral stress dosing for minor illness or injury and instructions for injectable stress dosing for serious illness or injury.

8. Student's comprehension and adherence to treatment.

9. Parent's comprehension and adherence to treatment.

10. School Instructions provided by the student's health care provider related to adrenal insufficiency.

(e) Teaching school personnel about adrenal insufficiency does not constitute delegation.

(f) The injection of injectable medications specific to the adrenal insufficiency of the student is limited to:

1. The student's Individual Health Plan.

2. Trained, Unlicensed Medication Assistants who have received training and competency validation for each student assigned to them.

3. Specific students.

4. Specific identified time frame.

(g) The delegation shall include documentation of the administration of medications and appropriate reporting to the school nurse.

(3) **Procedure**

(a) The school nurse shall validate the competency of the trained, unlicensed medication assistant to whom delegation of administration of medication (including injectable medications) specific to adrenal insufficiency is given.

(b) Administration of injectable medications specific to adrenal insufficiency by the Trained, Unlicensed Medication Assistant receiving the delegation shall only occur when consistent with the IHP. The delegation includes authorization for the Trained, Unlicensed Medication Assistant to reconstitute the injectable medication, draw up the ordered dose of the injectable medication, and administer the dose to the patient.

(c) In the event that a Trained, Unlicensed Medication Assistant administers a stress does of an injectable medication specific to adrenal insufficiency, the Trained, Unlicensed Medication Assistant shall thereafter immediately summon emergency medical services for the student and notify the school nurse.

(d) Training of the Trained, Unlicensed Medication Assistants shall occur prior to any delegation of administration of medications (including injectable medications) specific to the student's adrenal insufficiency.

(e) The school nurse shall follow the training guidelines developed by the State Department of Education in consultation with the Alabama Board of Nursing.

(f) The local education agency, in consultation with the school principal, shall identify any volunteer in each school to the school nurse for possible training.

(g) An annual report of the number of Trained, Unlicensed Medication Assistants in each school and the delegation of administration of administration of medications (including injectable medications) specific to adrenal insufficiency to Trained, Unlicensed Medication Assistants shall be provided to the Board of Nursing by the Lead Nurse of each school system.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-6, 34-21-2(j), Alabama Act No. 2023-75.
History: **New Rule:** Published July 31, 2024; effective September 14, 2024.