



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY H. KINSLEY • Chief Deputy Secretary for Health

MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

TO: LHD Nursing Directors and Supervisors, Health and Medical Directors

FROM: Susan Haynes Little, DNP, RN, PHNA-BC, CPH, CPM, FAAN, Chief Public Health Nurse
NC DPH Program Nursing Supervisors 

DATE: December 2, 2021

SUBJECT: Use of Unlicensed Assistive Personnel in NC local health department clinical settings.

This memo provides general guidance regarding the supervision and oversight of unlicensed assistive personnel (UAP), appropriate roles for UAP, and delegation of nursing activities by PHNs in NC local health department (LHD) clinical settings.

Public Health Nurses (PHN) comprise a versatile nursing specialty in which they lead, manage, direct, coordinate, delegate, assign, and provide care as well as supervise clinical care teams in the local public health clinics. PHNs also provide essential services in community settings through activities such as home visiting, jail health, care coordination, health education, and population health interventions. As a licensed Registered Nurse, the PHN's duty is to protect the public and is required by law as codified in the Nursing Practice Act¹ to use the nursing process, a scientific method for decision-making. NC LHDs function as PHN-driven systems of care². If an LHD is facing a staffing crisis and considering hiring unlicensed assistive personnel (UAP) to supplement the PHN staff, certain actions must be taken by the PHN and LHD leadership to ensure patient outcomes and safe and legal provision of care.

UAP include, but are not limited to, the following specific job titles: Nurses' Aides (NA), Certified Nursing Assistants (CNA), Patient Care Aides (PCA) /Home Health Aides (HHA)/Patient Care Technicians (PCT), Medical Office Assistants (MOA), Medical Assistants (MA), Medication Aides (Med Aide), and Medication Technicians (Med Tech).³ UAPs cannot contribute the same level of care as a PHN because they do not have the educational preparation or possess the licensure to do so legally. However, they can and do function as an integral part of the healthcare team as supplemental staff to the PHN workforce, provided they have the training, support, oversight, and supervision required to ensure safe and legal practice in protection of the patient and public.

In the PHN-driven system of care characteristic of NC local health departments, where PHNs direct and manage care patients receive, the PHN is legally accountable by the NC Nursing Practice Act to retain overall responsibility for managing outcomes and consequences of patient care related nursing actions. The PHN's responsibilities include determining nursing care tasks that are appropriate to delegate to UAP, based on client assessment and criteria established in the NC Board of Nursing (NCBON) Decision

¹ NC Nursing Practice Act

https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html

² Little, S. (June, 14, 2021). *Clarification of Licensed Professional Nurse (LPN) practice in Public Health Settings* [memorandum].

³ NC Board of Nursing (n.d.). *Nurse Aides: Information and Rules*. <https://www.ncbon.com/practice-nurse-aides>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Tree for Delegation to UAP.⁴ The PHN retains accountability for assessing client care needs, health status, response to treatment, establishing the plan of care, and evaluating the care given. The PHN, in accordance with 21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse⁵ and the Nursing Practice Act, may delegate nursing care activities to UAP that are appropriate to the level of knowledge, skill, and validated competence of the unlicensed personnel. The PHN is held accountable for their delegation decisions and their specific actions/directions related to UAP.⁶ Experienced PHNs are best utilized when they assume leadership roles in public health including program management, coordination, supervision, and clinic oversight roles. PHNs are the most well-prepared to oversee the proper and safe use of supplemental UAP in the local public health clinical setting and are appropriately trained to validate the competence of UAP prior to the UAP carrying out any delegated tasks. PHNs carrying out UAP oversight roles must be competent to ensure safe patient care when UAP provide supplemental patient care as part of the patient care team. When realizing the use of UAP in the LHD setting, care must be taken to ensure the UAP understands the “why” of what is being delegated and has communicated willingness to perform such duties. Care must also be taken to verify that UAP are not being asked to carry out any tasks for which they have not received training and competency evaluation.

LHDs considering hiring UAP to supplement the clinical work of the PHNs must ensure that a PHN who is knowledgeable about the programs and interventions being carried out, including policies, procedures, standing orders, and client population(s), will be continuously available to supervise the UAP following the guidance provided in the NC BON’s Decision Tree for Delegation to UAP, specifically Step 3 of 4: Supervision and Monitoring.⁷ The organizational chart and job descriptions must also clearly reflect the PHN’s responsibilities for teaching, delegating to, and supervising UAP within the RN scope of practice.⁸ For these reasons, when considering hiring UAP, PHNs must be involved in evaluating what impact adding supplemental UAP to the patient care team will have on clinic processes, deciding what role(s) UAP will perform, and in final decision-making regarding the value of adding UAP to the clinical practice environment.

The following pages contain program-specific tables created by DPH program nursing experts to support the safe and effective use of UAP in the LHD clinic setting. These tables include the roles of PHNs followed by the roles of LPNs and UAP supplement the PHN care provided in multiple clinical settings.

- [Child Health](#)
- [School Health Activity](#)
- [Tuberculosis Activity](#)
- [Women’s Health Clinic](#)

Please contact your [regional nurse consultant for each program](#) for program-specific questions. If you have a practice question not specific to a program, please reach out to your [Public Health Nursing and Professional Development Unit nurse consultant](#).

⁴ <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

⁵ 21 NCAC 36 .0224 *Components of Nursing Practice for the Registered Nurse*.

<http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0224.pdf>

⁶ <https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/office-practice-setting-20210922.pdf>

⁷ <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

⁸ <https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/office-practice-setting-20210922.pdf>

Child Health

Child Health Clinical Skills	Registered Nurse (RN)	Child Health Nurse Extender (Require ongoing practice supervision and direction from RN)	
		Licensed Practical Nurse (LPN)	Unlicensed Assistive Personnel (UAP)
Delegation of Tasks	<p>Determines the appropriateness of delegation based on the individual needs of the client.</p> <p>Identifies variables in each practice setting prior to permitting any staff to assign or delegate nursing activities.</p> <p>Provides appropriate supervision and follow-up on activities to verify nursing care tasks have been performed as assigned and/or delegated and according to RN scope of practice.</p>	<p>Delegates to other LPNs and specific tasks to UAP following RN assessment and consistent with nursing plan of care.</p> <p>Supervision is limited to monitoring and validation that nursing care activities/tasks have been performed as assigned to other LPNs or delegated to UAP and according to established standards of practice.</p> <p>It is beyond LPN scope of practice to assign nursing activities to an RN.</p>	<p>Affirm acceptance and understanding of delegation based on individual competence; Perform the delegated activities correctly.</p> <p>Seek clarification as needed.</p> <p>Request additional training and guidance as needed.</p> <p>Report care results to nurse in a timely manner.</p>
Vital signs, anthropometric measurements, head circumference, vision screening, and hearing screening	<p>Obtains accurate vital signs, anthropometric measurements, head circumference, vision screening, and hearing screening. Notify physician/APP (physician assistant, nurse practitioner, certified nurse midwife) regarding abnormal findings or make referrals based on agency policy</p>	<p>Obtains accurate vital signs, anthropometric measurements, head circumference, vision screening, and hearing screening. Notify RN/APP/physician regarding abnormal findings.</p>	<p>Obtain accurate vital signs, anthropometric measurements, head circumference, vision screening, and hearing screening. Notify RN/LPN/APP/Physician of abnormal findings.</p> <p>Technical tasks which support the care of clients and do not require the professional judgment of a licensed nurse (RN or LPN) are generally considered non-nursing activities and may be delegated by the licensed nurse to UAP as allowed by agency policy/procedures, state and federal regulations and the Decision Tree for Delegation to UAP. Examples of activities are:</p> <ul style="list-style-type: none"> • Laboratory functions, (capillary blood glucose analysis, phlebotomy), • EKG procedure, • Use of Automated External Defibrillator (AED), • Pulse oximetry and transcutaneous CO2 monitor, • Handling instruments • X-ray procedures,

			<ul style="list-style-type: none"> • Audiometric screening, • Vital signs, and • Set up and use of simple durable medical equipment (lifts, wheelchairs, etc.)
Chief Complaint	Document chief complaint	Document chief complaint	Document chief complaint
Health History including History of Present Illness (HPI) and Review of Systems (ROS)	<p>Document or validate a comprehensive pediatric health history to include past medical, family, social, developmental and history. When obtaining the health history, the RN identifies health or safety risks, collects pertinent data on patient or parental concerns, abnormal health screenings, or physical findings, and assesses status/response to therapy.</p> <p>Document HPI in its entirety. The RN determines areas requiring HPI and ROS based on positive risk factors, concerns, and findings.</p> <p>Part of obtaining a health history is engaging the client and observing the interactions with nurse/caregivers. This information is critical to nursing diagnoses which may impact final assessment and plan of care.</p> <p>May interview, perform and document a history and physical exam for health screening purposes and/or for use by and at the request of a physician or APP provided there are agency policies/procedures allowing this, and she/he has received formal training/education in this activity with competency validation.</p> <p>The Child Health Enhanced Role Registered Nurse (CHERRN) would need to be officially rostered through the Office of the Chief Public Health Nurse.</p>	<p>May document the HPI data according to structured written guidelines, policies and forms. The electronic health record would need to clearly delineate the documentation entered by the LPN.</p> <p>Notifies RN/APP/ Physician of identified concerns.</p>	<p>May document Yes or No responses only to HPI questions if the electronic health record template clearly delineates this documentation entered by the UAP.</p> <p>If the template does not clearly delineate in a yes/no format for the UAP, then an RN would need to assess and document the HPI in its entirety.</p>

Blood Pressure (BP) Percentile	Calculates and appropriately documents BP Percentiles for clients 3 years of age and older. Consults with APP/Physician regarding abnormal findings.	Calculates and appropriately documents BP Percentiles for clients 3 years of age and older. Notifies RN/APP/Physician regarding abnormal findings.	Refer to NCBON Decision Tree on Delegation to UAP.
Age specific risk assessments and developmental screening tools	Completes risk assessment and developmental screening tools. Scores and interprets screening tools and consults APP/Physician on identified concerns or makes referrals based on agency policy Must be trained in use of screening tools.	Completes risk assessment and developmental screening tools. Scores screening tools and notifies RN/APP/ Physician of identified concerns. Must be trained in use of screening tools.	N/A
Fluoride Dental Varnish	Oral evaluation and caries risk assessment: <ul style="list-style-type: none"> • Physician, APP • In public health clinics, a registered nurse or licensed practical nurse under physician standing orders Counseling with primary caregivers: <ul style="list-style-type: none"> • Medical provider may delegate to trained staff Fluoride varnish application: <ul style="list-style-type: none"> • Medical provider may delegate to trained staff 	Oral evaluation and caries risk assessment: <ul style="list-style-type: none"> • Physician, APP • In public health clinics, a registered nurse or licensed practical nurse under physician standing orders Counseling with primary caregivers: <ul style="list-style-type: none"> • Medical provider may delegate to trained staff Fluoride varnish application: <ul style="list-style-type: none"> • Medical provider may delegate to trained staff 	N/A
Immunizations, medications, and Tuberculin Skin Test (TST)	Reviews immunization information, allergies, contraindications with the client or client's parent or guardian. Reviews APP/Physician order or standing order and assess for clarity Administer immunization, medication, TST as ordered and assess client's response. Document administration of immunization, medication, or TST in client record.	Reviews immunization information, allergies, contraindications with the client or client's parent or guardian. Reviews APP/Physician order or standing order and assess for clarity Administer immunization, medication, or TST as ordered and assess client's response.	Refer to NCBON Decision Tree on Delegation to UAP. Administer the TST. TST results cannot be read (assessed or interpreted) by UAP.

	<p>RN must be available for immediate action in case a client experiences an anaphylactic reaction. The RN would follow agency standing orders and notify consulting provider immediately.</p>	<p>Document administration of immunization, medication, or TST in client record.</p>	
Physical Assessment	<p>Completes a comprehensive physical assessment for clients from birth through 20 years of age.</p> <p>Child Health Enhanced Role Registered Nurse (CHERRN):</p> <p>May interview, perform and document a history and physical exam for health screening purposes and/or for use by and at the request of a physician or APP provided there are agency policies/procedures allowing this, and she/he has received formal education/training in this activity with competency validation.</p> <p>Purpose of performing this activity is to distinguish normal from abnormal findings only and to refer any abnormal findings to an APP/Physician.</p> <p>An RN would need to complete the Child Health Training Program and be rostered as a Child Health Enhanced Role Registered Nurse (CHERRN) through the Office of the Chief Public Health Nurse to be considered as a billing provider with NC Medicaid in order to perform and bill well child preventative visits.</p>	N/A	N/A
Labs	<p>Performs labs per APP/Physician order or agency standing order.</p> <p>Documents results in client record.</p>	<p>Performs labs per APP/Physician order or agency standing order.</p> <p>Documents results in client record.</p>	<p>Technical tasks which support the care of clients and do not require the professional judgment of a licensed nurse (RN or LPN) are generally considered non-nursing activities and may be delegated</p>

	Interprets results and consult APP/ Physician regarding abnormal results	Interprets results and consult APP/ Physician regarding abnormal results	by the licensed nurse to UAP as allowed by agency policy/procedures, state and federal regulations and the Decision Tree for Delegation to UAP. Examples of activities are: <ul style="list-style-type: none"> • Laboratory functions, (capillary blood glucose analysis, phlebotomy), • EKG procedure, • Use of Automated External Defibrillator (AED), • Pulse oximetry and transcutaneous CO2 monitor, • Handing instruments • X-ray procedures, • Audiometric screening, • Vital signs, and • Set up and use of simple durable medical equipment (lifts, wheelchairs, etc.)
Anticipatory Guidance/Targeted Education/Health Literacy	<p>Provides age-appropriate anticipatory guidance and targeted education.</p> <p>Utilizes health literacy strategies to promote client and parent education in collaboration with the APP/ Physician to encourage client/client's family's participation in the visit and implementation of the plan of care.</p> <p>TEACHING and COUNSELING clients are the responsibility of the RN and include having the responsibility for assessing the client's needs, developing the teaching plan, evaluating the effectiveness of teaching and counseling, and making referrals to appropriate sources.</p>	Teaching and counseling of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina.	N/A
Plan of Care	<p>Develops an appropriate plan of care based on identified concerns, risks, and/or abnormal findings. The RN assesses the context for client/family regarding facilitators and barriers to care such as household income, safety, and access to resources.</p> <p>The RN coordinates care of the client with making appropriate referrals to</p>	<p>Evaluates the effectiveness of the care provided, both the performance of the care and the client's response and proposes interventions for the nursing plan of care for review by the RN.</p> <p>LPNs implement health care plans developed by the RN and/or by any person authorized by State law to prescribe such a plan.</p>	N/A

	<p>community resources such as School Health Nurses, Mental Health providers, etc. The RN makes phone calls to coordinate the referral and follows up with providers on care received. The RN develops relationships with community resources</p> <p>Evaluates the effectiveness of the nursing plan of care and modifies the plan as needed.</p> <p>The final responsibility for prioritizing nursing diagnoses and needs, and developing the nursing plan of care, rests with the RN.</p>		
Evaluation/Response to Treatment or changes in client's status	<p>Demonstrates evaluation and reporting response to treatment or changes in the client's physical, developmental, or psychosocial status.</p> <p>The RN works with the APP/Physician to analyze data about community, family, and individual health status to develop an appropriate plan of care.</p> <p>RNs also help identify areas where chartered quality improvement (CQI) is needed—i.e., increased incidence of asthma, bullying, vaccine hesitancy so that the RN can work with the community to develop, plan, and provide resources to improve community awareness.</p>	The LPN may provide information based on their experience in the client's care, but the RN maintains final responsibility for the evaluation component.	N/A
Problem List	<p>Interprets data to formulate an accurate problem list.</p> <p>Formulate nursing diagnosis; update medical diagnoses to ensure comprehensive continuity of care between providers</p>	N/A	N/A

Clinical Competencies	<p>Validation of competency (initial and on-going) of RNs, LPNs, and UAP.</p> <p>Provides education and training.</p>	<p>Initial and Ongoing competencies will need to be validated by the RN.</p>	<p>Initial and Ongoing competencies will need to be validated by the RN.</p>
Policies and Procedures	<p>RNs serve as Child Health Program Supervisors/Coordinators and are responsible for developing and implementing polices which meet regulatory requirements and healthcare standards.</p>		
Child Health Enhanced Role Registered Nurses	<p>Role established to increase access to preventative care for underserved and at-risk children where advance practice providers and physicians are not available in communities.</p> <p>DPH has a Memorandum of Understanding with Division of Health Benefits to train and roster CHERRNs CHERRNs work in LHDs, FQHCs and practices who are medical homes, and in LHDs, CDSAs, and school settings where preventative care & care coordination is provided.</p> <p>CHERRNs are rostered with the agency—there is no separate certification or approval to practice.</p> <p>Only rostered CHERRNs may bill the Division of Health Benefits (DHB) for services or use Title V funds to support preventative services.</p> <p>CHERRNs practice within the NC Nurse Practice Act.</p> <p>Training and rostering allow the CHERRN to bill for DHB services but does not extend the RN scope of practice.</p>		
Shelter Operations during times of natural disaster	<p>RNs with pediatric experience are needed to assess infants,</p>		

	<p>children, and adolescents for safety and possible contagion.</p> <p>RNs are also required to help manage the shelter related to health functions.</p>		
--	--	--	--

NCBON Delegation and Assignment of Nursing Activities: Position Statement for RN and LPN Practice - <https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-and-assignment-of-nursing-activities-20210922.pdf>

NCBON Scope of Practice Decision Tree for the RN and LPN - <https://www.ncbon.com/vdownloads/position-statements-decision-trees/scope-of-practice-decision-tree-rn-lpn.pdf>

NCBON RN Scope of Practice – Clarification: Position Statement for RN Practice - <https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/rn-scope-of-practice-clarification-20210922.pdf>

NCBON History and Physical Examination: Position Statement for RN Practice - <https://www.ncbon.com/vdownloads/position-statements-decision-trees/history-and-physical.pdf>

NCBON LPN Scope of Practice – Clarification: Position Statement for LPN Practice - <https://www.ncbon.com/vdownloads/position-statements-decision-trees/lpn-position-statement.pdf>

NCBON Decision Tree on Delegation to UAP - <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

DELEGATION OF IMMUNIZATION ADMINISTRATION TO UAP IN DECLARED STATE OR NATIONAL EMERGENCIES OR FEDERAL/STATE DHHS OR CDC INITIATED MASS IMMUNIZATION CAMPAIGNS: Position Statement for RN and LPN Practice - <https://www.ncbon.com/vdownloads/position-statements-decision-trees/delegation-of-immunization-administration.pdf>

Into the Mouths of Babies – Fluoride Dental Varnish Application: <https://publichealth.nc.gov/oralhealth/partners/IMB.htm>

School Health Activity

School Health Activity	Registered Nurse (RN) (Bolded activities <u>may only</u> be completed by the RN)	School Nurse Extender (Require ongoing practice supervision and direction from RN)	
		Licensed Practical Nurse (LPN)	Unlicensed Assistive Personnel (UAP)*
Health Care Plans (IHP/EAP/504/IEP)	Develop , implement and evaluate health plans. Update with changes.	Implement health plans under RN direction/supervision. Report student progress to RN.	Complete assigned tasks per training and protocol under supervision of school nurse.
Medication	Review orders and assess for clarity and need at school. Monitor expected student response and side effects. Manage medication administration process in the school setting. Provide training and assure competence of staff.	Administer ordered medications as assigned by RN per local policy. Report student response and/or concerns to the school nurse. May teach medication administration but may not determine competence.	Administer ordered medications as directed by RN per local policy. Report student response and/or concerns to the school nurse.
Health Room Visits	Assess student needs and ability to remain in school. Provide care to students with illness or injury. Train staff and assure competence to provide basic care and/or first aid.	Follow structured guidelines and protocol to care for students with illness or injury. Notify school nurse of visits and follow up needs.	Provide help in a limited manner for students with illness or injury (Call parent, call 911, bandage). Notify school nurse of visits and follow up needs.
Special Health Procedures	Assess student needs and determine procedure steps in school. Complete ordered medical procedures. Assign tasks, train and supervise LPN/UAP and assure competence.	Complete ordered procedures per policy under supervision of the RN. Assign tasks, train and supervise UAP's completing procedures. May not determine competence. Report student response or concerns to RN.	Complete assigned ordered procedures per policy under supervision of the school nurse. Report concerns to school nurse.
Health Screening and Follow-up	Perform student screening. Perform rescreens that determine referral needs. Follow up to ensure care was received.	Perform student screening per policy, if trained. Report results to RN for referral and follow-up.	Perform student screening per policy, if trained. Report results to RN for referral and follow-up.
Health Care Related Staff Training	Develop staff training following local policies. Complete standardized staff training and assure competence.	Assist with staff training as assigned by RN. Audit medication and procedure records as assigned.	Attend training as needed. May not train other staff.

The full scope of activities in the School Nurse role is only found in the Registered Nurse (RN) license

In all settings, nursing activities are regulated by the [North Carolina Board of Nursing](#)

*UAPs are nursing assistants, health aides, teachers, teacher assistants and other school staff

For questions please contact your [School Health Nurse Consultant](#)

Tuberculosis Activity

Tuberculosis Activity	Registered Nurse (RN) (Bolded activities <u>may only</u> be completed by the RN)	TB Nurse Extender (Require ongoing practice supervision and direction from RN)	
		Licensed Practical Nurse (LPN)	Unlicensed Assistive Personnel (UAP)*
Medications and DOT	Pre-assessment checklist; medication selecting and dispensing after training by the Board of Pharmacy; assisting patients w/ self-administration of oral medications; administration of intradermal or inhalation	Medication delivery to patient; assisting patients w/ self-administration of oral medications;	Assisting patients w/ self-administration of first line oral TB medications after RN or LPN completed pre-administration checklist; patient must have been on medications for an adequate number of times without adverse reactions; must not have had an adverse reaction to any current prescribed TB medications
Assessment	Assess client care needs, health status, response to treatment, and establish plan of care; monthly assessment;	Monthly assessment; report to RN if patient status has changed	Enter information into Electronic Health Record; complete routine paperwork (lab forms, labels, letters) per RN direction
TB Screening and Follow-up	Complete TB screening form and, if needed, follow up based on standing orders	Complete TB screening form and report any signs/symptoms of active TB to the RN; LPN can refer for follow up per standing orders after evaluation by RN	Complete chest x-ray referral form per RN direction
TB Testing	Place and read Tuberculin Skin Test (TST); assessing client prior to placement, determine where to place; interpret result and initiate referral for positive results based on standing orders	Place and read TST; assessing client prior to placement, determine where to place; interpret result and initiate referral for positive results based on standing orders	Administer the TST. TST results cannot be read (assessed or interpreted) by UAP.
Health Care Related Training	Develop training following local policies. Complete standardized training and assure competence.	Assist with training as assigned by RN.	Attend training as needed. May not train other staff.

Women's Health Clinic

Women's Health Clinical Activity	Registered Nurse (RN) (Bolded activities <u>may only</u> be completed by the RN)	Women's Health Nurse Extender (Require ongoing practice supervision and direction from RN)	
		Licensed Practical Nurse (LPN)	Unlicensed Assistive Personnel (UAP)*
Policy/Procedure/Protocol (P/P/P) and Standing Order (SO) Development	<p>Develop, implement and evaluate P/P/P and SOs.</p> <p>Update P/P/P and SOs to conform to State and Federal requirements, Nationally Recognized Care Standards, NCBON, and local practice.</p>	Follow agency P/P/P and SOs that explicitly apply to LPNs.	Follow agency P/P/P that explicitly apply to UAP. UAPs may not implement SOs.
Care Plans/Chart Reviews	<p>Develop, implement and evaluate client care plans, pre- and post-clinic visits and as needed. Update care plans with changes.</p> <p>Assure the plan of care is implemented by assigning, delegating, and supervising nursing activities of other licensed and unlicensed personnel.</p> <p><i>It is not within the scope of the RN to diagnose a medical condition.</i></p>	Implement developed care plans under the supervision of the RN.	Complete assigned tasks included in the client care plan with supervision by the RN.
Medication	<p>Review orders and assess for clarity.</p> <p>Select the medication and sign the medication out for the client in accordance with Pharmacy Guidance.</p> <p>Assure the "5 Rights" of medication administration.</p> <p>Only the technical task of medication administration may be delegated to UAPs, not decision-making nor professional judgment.</p> <p>Competency must be assured and routinely re-assessed for any UAP to whom such tasks are delegated. Refer to the NC BON Position Statement</p>	<p>Administer medications per SOs or direct provider order. Report client response and/or concerns to the RN.</p> <p>The permissibility of LPNs to sign medications out for administration depends on the pharmacy permitting and storage/packaging of drugs on the premises. Please refer to the 10.15.2018 Memorandum from former DPH Chief Public Health Nurse Phyllis Rocco and current DPH</p>	<p>Administer ordered medications as directed by RN per local P/P/P. Report client response and/or concerns to the RN.</p> <p>UAPs may not sign out medications from the pharmacy, nor may they dispense medications per North Carolina Administrative Code. Dispensing may not be delegated by the RN to the UAP.</p>

	<p>on Delegation of Medication Administration to UAP.</p> <p>Monitor expected client response and side effects.</p> <p>Provide training and assure competence of staff.</p> <p>Trained, competent RNs may dispense certain drugs, including anti-infectives for the treatment of STDs and hormonal contraceptives for the prevention of pregnancy per 24NCAC46.2401, 24NCAC46.2402, & 24NCAC46.2403. Dispensing, unlike medication administration, may not be delegated.</p>	<p>Pharmacist Amanda Fuller Moore titled <u>Clarification regarding LPNs access to onsite pharmacies and signing out medications for administration purposes only</u> and associated <u>Signing Out Medications Chart</u> document.</p> <p>LPNs may not dispense medications per North Carolina Administrative Code. Dispensing may not be delegated by the RN to the LPN.</p>	
<p>Clinic Visits</p>	<p>Assessment of client care needs and collaboration with higher level medical professionals to develop an appropriate care plan.</p> <p>Comparison of assessment findings to normal values and referral of clients with abnormal findings to a higher-level medical provider for diagnosis and treatment.</p> <p>Ongoing evaluation of assessment findings to historical client data to inform the client care plan.</p> <p>Responsible to teach and counsel clients:</p> <ul style="list-style-type: none"> • Identifies learning needs • Develops and evaluates teaching plans • Refers to appropriate resources <p>Assessment of client needs between clinic visits via triage of phone calls from clients</p>	<p>Collect and document information (chief complaint, allergies, current medications, client/family medical history) as outlined in agency P/P/P and indicated by agency forms.</p> <p>Measure and document vital signs (weight, height, blood pressure, temperature, pulse, respirations). LPNs may compare vital signs to normal values and refer clients with abnormal findings to a higher-level medical provider.</p> <p>Perform laboratory tests for which the LPN has been trained and is competent to perform per agency P/P/P and SO.</p>	<p>Collect and document information (chief complaint, allergies, current medications, client/family medical history) as outlined in agency P/P/P and delegated by RN.</p> <p>Measure and document vital signs (blood pressure, temperature, pulse, respirations) and anthropometric measurements (weight, height, etc.) as outlined in agency P/P/P and delegated by RN.</p> <p>Escort client to laboratory. Perform laboratory tests for which the UAP has been trained and is competent to perform per agency P/P/P and SO.</p> <p>P/P/P should explicitly state that the UAP must not advise the client whether a finding is normal or abnormal nor provide any</p>

	with problems/concerns/questions.	Participates in client education and counseling per written agency educational plans.	medical advice nor answer any questions the client may ask about medical conditions or treatment.
Delivering Results	Communicate results of testing and screening procedures to the client, distinguishing between normal and abnormal results and provide counseling and instruction based on provider order or SO and agency P/P/P.	Communicate results of testing and screening procedures to the client, distinguishing between normal and abnormal results and provide education based on written educational plans.	UAP to provide test results as instructed by the RN and per agency P/P/P, but they may not respond to any questions about conditions or treatment or provide any medical advice.
Staff Supervision and Training	RNs may supervise LPNs and UAPs and assure their competency to perform specific nursing tasks. RNs must be continuously available for supervision of LPNs and UAPs. Develop staff training following local policies. Complete standardized staff training and assure competence .	Assist RN to train staff. When delegating tasks to UAPs, the LPN may only assure task completion in accordance with agency P/P/P.	Receives training as a Women's Health UAP from the RN. May not train other staff.

The full scope of activities in the Public Health Nurse role is only found in the Registered Nurse (RN) license.

In all settings nursing activities are regulated by the NCBON. Practice information is available at <https://www.ncbon.com/practice-overview>.

A comparison of RN and LPN scope of practice is available on the NCBON website at <https://www.ncbon.com/vdownloads/position-statements-decision-trees/color-rn-lpn-scope-comparison-chart.pdf>

For all delegated tasks, the RN or LPN delegating the task must document in the medical record what task was delegated and to whom the task was delegated. The NCBON offers a decision tree for delegation at <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

The NCBON Position Statement on Delegation of Medication Administration to UAP is available at <https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-of-meds-admin-to-uap-20210922.pdf>

*UAP are Certified Nursing Assistant (CNA), Certified Medical Assistant (CMA), Client Care Aid (PCA), Additional trained personnel (agency-dependent)

For questions please contact your [Regional Women's Health Nurse Consultant](#).