

INS Position Paper

The Use of Nursing Assistive Personnel in the Provision of Infusion Therapy

The purpose of this statement is to update and reaffirm the Infusion Nurses Society's position on the use of nursing assistive personnel in the provision of infusion therapy.

BACKGROUND

In 1996, the Infusion Nurses Society (INS) issued a position paper on the use of unlicensed assistive personnel (UAP) in the delivery of intravenous therapy. INS recognized the use of UAP in the provision of nursing care to patients and that the potential for the use of UAP in the direct delivery of infusion therapy existed. INS believed UAP may assist the registered nurse practicing infusion therapy; however, to ensure that safe, quality nursing care is provided to all patients receiving infusion therapies, INS strongly believed that UAP not be used in the direct provision of infusion therapies. During that time, the term *unlicensed assistive personnel* (UAP) was used to refer to nonlicensed individuals who are trained to function in an assistive role to the registered nurse in the provision of patient/client care activities as delegated by the registered nurse. Now, the term *nursing assistive personnel* (NAP) has replaced the term unlicensed assistive personnel since in various states these individuals are now licensed or in some other way formally and legally recognized.¹

The use of NAP in various healthcare settings is not a new concept and continues to be a trend in healthcare today. The purpose of NAP is to function in assistive roles performing patient care/support tasks that are nonthreatening and noninvasive, allowing the registered nurse to concentrate on providing dedicated, high-quality nursing care to the patient. With reimbursement for healthcare services decreasing, providers are faced with the challenges of continuing to provide quality care to patients while decreasing their operational costs. In many healthcare institutions, clinics, and facilities, reorganization and reduction of the professional workforce is a popular means to reduce labor costs and is often accompanied by an increase in the use of NAP.

DISCUSSION

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.² Nursing specialty practice signifies that a nurse has moved from a global approach to a focus on defined areas within the practice that require specialized knowledge and skills.³ The registered nurse collects evidence-based data, prioritizes patient problems and needs, develops and implements a patient care plan, and evaluates outcomes. In addition, the registered nurse participates in education, research, and new technology development.

INS has established the scope of practice, competencies and educational requirements for the provision of infusion therapy and has set forth standards of practice.³ Well-trained and competent registered nurses possess the experience and theoretical knowledge to determine the conditions, patient population, and indications for use of infusion devices. The registered nurse's competency in administration of infusion therapy may be demonstrated by the specialty certification in infusion therapy, CRNI[®], conferred by the Infusion Nurses Certification Corporation.⁴

INS recognizes that the use of NAP is prevalent across all healthcare practice settings. INS supports the ANA 2001 Code of Ethics for Nurses, which states that the registered nurse is “responsible and accountable for the individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.”⁵ This provision states that the registered nurse “must not knowingly delegate to any member of the nursing team a task for which that person is not prepared or qualified.”⁵ In addition, INS supports the ANA statement that registered nurses are held accountable to delegate tasks “based on the needs and condition of the patient, potential for harm, stability of the patient’s condition, complexity of the task, and predictability of the outcome.”⁶ The delegation of tasks should be done based on the “The Five Rights of Delegation”: right task, right circumstances, right person, right directions and communication, and the right supervision and delegation.⁷

INS recognizes that the potential for NAP involvement exists in the direct provision of infusion therapy, such as peripheral vascular access insertion, central vascular access insertion, site care and maintenance; and administration of infusion medications. Consequently, INS believes NAP should not perform invasive procedures such as infusion therapy because of the lack of education and advanced nursing skills to provide quality infusion care. INS does, however, believe that NAP can provide valuable support to registered nurses and physicians in a number of assistive roles, most of which are administrative and nonclinical capacities, such as gathering equipment for procedures, recording and entering statistics, and other tasks as delegated by the registered nurse. Used in this manner, NAP can contribute to cost containment by decreasing the nursing workload and are valuable additions to the patient care model. Ongoing education and supervision of assistive personnel are essential to the delivery of safe, accessible, and affordable delivery of patient care in a rapidly changing healthcare environment. INS supports the statements from several states’ boards of nursing affirming that the initiation, administration, and monitoring of intravenous therapy may not be delegated to an unlicensed person.⁸

There is an increasing concern on the use of medical assistants in the provision of infusion therapy. Medical assistants, as defined by the US Bureau of Labor Statistics, perform routine administrative and clinical tasks to keep the offices and clinics of physicians, podiatrists, chiropractors, and optometrists running smoothly.⁹ In many states, the classification of medical assistant is defined under the provisions of the Medical Practice Act. Thus, the responsibility for the appropriate use of medical assistants rests with the physician.¹⁰ The delegation and supervision by a registered nurse of medical assistants is beyond the scope of this position paper.

STATEMENT OF POSITION

The Infusion Nurses Society reaffirms and strongly recommends that NAP not be used in direct provision of infusion therapies. INS recommends that only a qualified registered nurse who is knowledgeable in the scope and practice of infusion therapy should be involved in the assessment, planning, administration, and evaluation of infusion therapies. INS believes the delegation of procedures and activities related to the direct provision of infusion therapies to NAP may result in potential adverse outcomes to the patient and the public, and may increase liability risks for the registered nurse.

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