



Performing Nursing Services and Duties Remotely in Residential Settings During the COVID-19 Public Health Emergency

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Individuals with Intellectual and Developmental Disabilities (I/DD) are offered, and receive, a wide range of services designed to meet their unique needs. During the COVID-19 public health emergency, agencies and programs must continue to deliver these essential supports and services, to the extent possible, in order to address each individual's health and habilitative needs.

Interim Use of Technology to Perform Nursing Duties Remotely

During the COVID-19 public health emergency, some nursing duties may be carried out remotely when it is appropriate and safe to do so. Various tools may be used to carry out such duties remotely including, but not limited to:

- The use of an Electronic Health/Medical Record (EHR/EMR);
- The review of scanned forms, made available to the Registered Nurse (RN) using secure e-mail or a similar electronic file sharing system; or
- The delivery of services using telephone or audiovisual synchronous (i.e., live) communication platforms.
 - Examples of audiovisual technology or platforms that may be used as a tool when carrying out nursing duties remotely include Apple FaceTime, Zoom, Skype, WebEx or Webinars.
 - Public facing applications, such as Facebook Live and TikTok may not be used to carry out RN duties remotely.

Documentation

The duties outlined below may be carried out remotely by RNs working within the OPWDD system, during the COVID-19 public health emergency, to ensure the ongoing health, safety, and continuity of care of individuals. Upon completion of these activities, RNs must sign and/or initial and date any documentation as they would if the activity were completed on site. Such documentation serves as evidence of the RN who completed the task and the date the task was completed.

In addition, RNs must arrange any necessary follow-up or after care and complete any necessary corresponding documentation.

RNs must also clearly document any necessary instruction(s) for staff pertaining to the provision of care and services to an individual.

Routine Duties that RNs Can Perform Remotely Using Technology

Temporarily, the following tasks can be completed remotely, whenever possible:

- Completion of Medication regimen reviews;
- Review of the Medication Administration Records (MAR) for each individual to:
 - Ensure that new orders are correctly transcribed, that the MAR corresponds to the medication order(s), and to ensure that the individual-specific medication sheet is complete;
 - Ensure that bowel interventions correspond to the bowel monitoring forms and the MAR;
 - Confirm that all medications are signed for and address any missing information;
 - Review and respond to any instances where an individual refuses their medication(s);

- Review documentation on the use of PRN medication; and
 - Review the controlled drug sheets and counts;
- Review of laboratory, imaging, and diagnostic results, and arrange for any necessary follow-up regarding any abnormal results;
- Review of reports from other providers;
- Review of consultation sheets/reports, and follow up regarding doctors' appointments;
- Review of the communication books, shift change logs and incident logs;
- Scheduling of appointments, rescheduling any cancelled or missed appointments, and determining why the appointment(s) were cancelled/missed;
- Review of staff notes;
- Review of diet orders;
- Review of the following charting records regularly maintained by staff for each individual:
 - Bowel Movement (BM) Chart
 - Weight Chart
 - Vital signs
 - Food Intake and Output
 - Menses
 - Seizures
 - Blood Sugar Monitoring Sheets
- Development of individual-specific Plans of Nursing Services (PONS). Such plans could be directly entered into an Electronic Health or Medical Record or arrangements should be made so that the PONS is placed into the individual's record and made available to staff.
- Review of Staff Training and In-service training delivered, including reviewing the sign-in sheets.
- Provision of necessary training and instruction to staff.

Routine Duties that RNs MAY Perform Remotely Using Technology, But Require Additional Consideration to Determine Appropriateness

Some duties routinely carried out by RNs may be delivered remotely, when the RN determines that delivering such service remotely is appropriate, and that performing the duty remotely does not/will not negatively impact the health and/or safety of the individual(s). Consideration must be given to the following:

- Staffing patterns at the site, when the RN would be dependent on others, such as Direct Support Professionals (DSPs), to carry out the duty.
- Whether there is an adequate supply of medications on site. An RN could work remotely with the on-site house staff to monitor the medication supply and to address any inadequacies.
- Nursing Assessments. There may be instances when a nursing assessment may be delivered via Telehealth (i.e., through live audiovisual technologies) or Telephonically. For example, an assessment of pain, new swelling, or bruising may be completed via Telehealth when the individual can report symptoms through the Telehealth platform and/or when staff, such as a DSP, can provide data necessary for completing the assessment, such as providing measurements over time or identifying changes in appearance of color. On the contrary, a wound assessment should not be performed remotely because such task requires the RN to assess measurements of depth and the wound bed. This type of assessment requires that the RN closely inspect the wound, which could not be completed through common audiovisual technologies. It is possible that the RN could perform a wound

assessment remotely, via Telehealth, if advanced equipment, imaging, or cameras are available.

Routine Duties that RNs may NOT Perform Remotely Using Technology

- New or annual training on Delegated Nursing Tasks should be delivered in-person, to ensure that staff demonstrate the procedures accurately and can correctly and safely carry out the task as prescribed.
- Observation of, and/or education regarding, complex care and procedures carried out by Staff (i.e., Delegated Nursing Tasks). Examples of complex care and procedures include the use of CPAP (Continuous Positive Airway Pressure), BiPaP (Bi-level Positive Airway Pressure), or the management of surgical drains. Such complex procedures require that staff are sufficiently trained to carry out the delegated nursing task correctly, in order to ensure the health and safety of the individual.
- Assessment and monitoring of wounds and pressure injuries. Wound/pressure injury assessment and monitoring require specialized skills and training. Such complex tasks must be performed in-person with the individual.

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