

FNIHB-OR Nursing Policy and Procedure

Section: **Professional Nursing Practice**

Policy Number: **II - 07**

Subject: **Delegation of Controlled Acts**

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PREAMBLE:

Nurses obtain authority to perform a procedure or make the decision to perform a procedure through authorizing mechanisms – an order, initiation, directive or delegation. The appropriate authorizing mechanism is dependent on the nurse's category or class, role, practice setting and FNIHB-OR policies.

Delegation and **orders** are two distinct authorizing mechanisms. Delegation may or may not include an order and an order may or may not include a delegation. Delegation provides the legal authority to perform a controlled act, whereas an order outlines how to perform it.

Order: Is a prescription for a procedure, treatment drug or intervention. It is required when:

- A procedure falls within one of the controlled acts authorized to nursing, when a nurse has not initiated the act;
- A procedure does not fall within any controlled act, but is part of a medical plan of care;
- A procedure falls within one of the controlled acts not authorized to nursing; or
- A procedure / treatment / intervention is not included in the Regulated Health Professions Act (RHPA), but is included in another piece of legislation.

Direct Order: Is a written or verbal client-specific order given by a health professional (e.g. physician, midwife, dentist, or NP, or an RN who is initiating a controlled act) for a specific intervention to be administered at a specific time(s).

Directives: Is an order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist.

The directive is to be written in partnership with the regulated health professional that has the legislative authority to order the procedure.

Initiation: Under the Act, RNs or RPNs who meet certain conditions have the authority to initiate specific controlled acts; meaning the RN or RPN can decide independently that a specific procedure is required, and may initiate that procedure without a specific order or directive from an authorizing professional. (Procedures that RNs and RPNs may initiate according to the Nursing Act are outlined in Appendix B).

Controlled acts to nursing may be initiated and performed by the RN or RPN without a specific order or directive from an authorizing health professional when the following conditions have been met:

- i. *Competence*: The RN or RPN must have the skill, knowledge and judgment to:
 - a. Perform the procedure safely, effectively and ethically; and
 - b. Determine whether the client's condition warrants the procedure.
- ii. *Client Factors*: The RN or RPN initiating must:
 - a. Have a nurse-client relationship with the client;
 - b. Determine that the clients condition warrants the procedure having considered:
 - i. The known risks and benefits to the individual
 - ii. The predictability of the outcomes of performing the procedure and
 - iii. Other relevant factors specific to the situation.
- iii. *Environmental Factors*: the person initiating must have the appropriate resources available to perform the controlled act safely and to manage expected outcomes.
- iv. *Documentation Requirements*: the RN or RPN initiating must document the initiation and outcome in the client's health record.
- v. *Nurse's accountabilities*: the RN or RPN must accept accountability for the decision to initiate the procedure and ensure any potential outcomes are managed.

NOTE: Although RNs and RPNs have the legal authority to initiate a controlled act, the ability to initiate may be restricted by other FNIHB-OR policies, or other legislative acts (i.e. RNs and RPNs cannot initiate treatment in the hospital setting because of the Public Hospitals Act, which grants only physicians, dentists, NPs and midwives the authority to order treatments).

Delegation: Is a formal process through which a regulated health professional who has the authority to perform a procedure under one of the controlled acts delegates the performance of that procedure to another individual. Delegation may or may not include an order.

1. POLICY:

1.1 The First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) may sanction delegated controlled acts for nursing, providing that the following conditions are met:

- 1.1.1 The procedure is authorized by FNIHB-OR in a written policy statement developed in partnership with the profession in which the controlled act is being delegated from.
- 1.1.2 Each delegated controlled act policy will identify the parameters for which the sanctioned act may be transferred to a nurse.
- 1.1.3 Each delegated controlled act policy must be reviewed every three years or more frequently as legislation, best practices, or policies change.

1.2 The nurse will not perform any controlled act set out in subsection (2) of the Regulated Health Professions Act (RHPA) unless:

- 1.2.1 The RHPA gives the nurse authorization to perform the controlled act; OR
- 1.2.2 The performance of the controlled act has been delegated to the person as outlined in a specific FNIHB-OR approved policy or medical directive.

1.3 Registered Nurses (RN) and Registered Practical Nurses (RPN) are not permitted to delegate (1) the controlled act of dispensing a drug and (2) acts that have been delegated to them (referred to as sub-delegation).

Nurse Practitioners (NP) are not permitted to delegate (1) prescribing, dispensing, selling or compounding medications; (2) ordering the application of a form of energy; (3) setting a fracture or joint dislocation; and (4) acts that have been delegated to them.

1.4 Nurses who hold registration in the Temporary Class are not permitted to delegate or accept delegation. Nurses in the Special Assignment Class are not permitted to delegate authority to others, but are permitted to accept delegation.

1. PRINCIPLES:

2.1 Controlled acts are acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them. The primary concern when delegating a controlled act is maintaining client safety.

2.2 A nurse cannot delegate a controlled act which has been delegated to them.

2.3 Under the *Regulated Health Professions Act*, controlled acts to nursing may be performed by the Registered Nurse (RN) or Registered Practical Nurse (RPN) under the following conditions:

- 2.3.1 If initiated in accordance with the conditions identified in the regulation; or
- 2.3.2 If ordered by a physician, dentist, chiropodist, midwife, or NP.

- 2.4 FNIHB-OR is responsible for authorizing which controlled acts are to be delegated to the nurse. Delegated controlled act policies are the shared responsibility of nursing, administration, and the profession from which the controlled act is being transferred.
- 2.5 Transferring controlled acts to the nurse does not change the legal responsibility of the employer, the profession transferring the controlled act or the nurse performing the function.
- 2.6 The CNO warns that delegating or accepting a delegated task could be considered professional misconduct if the nurse:
- 2.5.1. Contravenes a standard of practice or fails to meet the standard of practice for the profession; or
 - 2.5.2. Directs a member, student or other member of the health care team to perform nursing functions for which she/he is not adequately trained or competent to perform; or
 - 2.5.3. Fails to inform the supervisor that he/she cannot accept specific responsibility in areas in which specific training is required, or for which the nurse is not competent to function without supervision.
 - 2.5.4. Contravenes a provision of the *Nursing Act*, the *Regulated Health Professions Act*, 1991 or regulations under either of those acts.

3. DEFINITIONS:

- 3.1. **Nurse:** Refers to Registered Nurses, Nurse Practitioners and Registered Practical Nurses.
- 3.2. **Controlled Act:** is any action that is authorized only to a specific health profession as outlined in the RHPA.
- 3.3. **Directive:** is an order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist.

4. PROCEDURE:

- 4.1. **When drafting a policy to delegate controlled acts to the nurse, the following points are to be considered:**
- 4.1.1 Identify, substantiate and document the need to delegate a sanctioned act.
 - 4.1.2 Develop the policy in collaboration with the profession who is transferring the controlled act.
 - 4.1.3 Examine the evidence that the delegated function will be practiced often enough to maintain competence.
 - 4.1.4 Review the possible complications and/or consequences of the delegated act. Establish a protocol outlining the parameters for a safe transfer of the act.
 - 4.1.5 Establish provisions for the review of the delegated act to maintain individual competency and, where indicated, provisions are made for the process of recertification.

- 4.1.6 Establish a process for reviewing and recording the verification of competence for each nurse.
- 4.1.7 The College of Nurses of Ontario (2014) developed *Practice Guidelines: Authorizing Mechanisms* which outlines the process of delegating acts to the nurse. It is recommended that the *Decision Tree: Deciding to Perform a Procedure* be used as a reference for the development of all additional nursing functions and delegated controlled acts policies and medical directives.

4.2 **Nurses may delegate controlled acts providing that:**

- 4.2.1 The nurse has the authority under the Nursing Act to perform the procedure.
- 4.2.2 The nurse has the knowledge, skill and judgment to perform the controlled act.
- 4.2.3 The nurse has the nurse-client relationship with the client for who the controlled act will be performed.
- 4.2.4 The nurse has considered whether the delegation of the controlled act is appropriate by meeting the best interests and needs of the client.
- 4.2.5 The nurse takes reasonable steps to ensure sufficient safeguards and resources are available to the delegatee so that the controlled act can be performed safely and ethically.
- 4.2.6 The nurse has considered whether the delegation would be subject to any conditions to ensure safety, and has made the delegation subject to conditions, if applicable.
- 4.2.7 The nurse delegates the controlled act to:
 - (i) A health care provider who has a professional relationship with client;
 - (ii) A person in the client's household, or
 - (iii) A person who routinely provides assistance or treatment for the client.
- 4.2.8 The nurse must be satisfied that the delegatee has the knowledge, skill and judgment to perform the skill ethically and safely.
- 4.2.9 If the nurse has delegated a controlled act but has reasonable grounds to believe that the delegatee no longer has the ability to perform the controlled act safely and ethically the nurse must immediately cease to delegate the controlled act to that delegatee.
- 4.2.10 The delegating nurse shall document the particulars of the delegation in the client's health record at the time the delegation takes place or within a reasonable period of time afterwards. (Documentation requirements are outlined in section 4.4 of this policy)

4.3 **Nurses may accept delegated controlled acts providing that:**

- 4.3.1 The nurse has the knowledge, skill and judgment to perform the controlled act.
- 4.3.2 The nurse has a nurse-client relationship with the client for whom the controlled act is to be performed.
- 4.3.3 The nurse has considered whether performing the act is appropriate and is in the best needs of the client.
- 4.3.4 The nurse is satisfied there are sufficient safeguards and resources available to ensure that the controlled act can be performed safely and ethically.
- 4.3.5 The delegator is permitted to delegate the controlled act.
- 4.3.6 The nurse successfully completes a program of instruction leading to specialized competence in the function.
- 4.3.7 The nurse is appropriately certified if required and maintains such certification.
- 4.3.8 The nurse is authorized by FNIHB-OR to perform the delegated controlled act and maintains up-to-date certification.
- 4.3.9 Nurses who performed a delegated controlled act must record the particulars of the delegation in the client record, unless:
 - (i) A written record of the particulars of the delegation is available in the client's record, or
 - (ii) A written record is available in the place where the controlled act is to be performed (e.g. policy and procedure manual).
- 4.3.10 It is recommended that the nurse refer to the CNO Decision Tree: Deciding to Perform a Procedure when deciding to perform a delegated act.

Key Point: Nurses are accountable for their own actions and each registered nurse must exercise judgment in accepting responsibility for performing delegated controlled acts. Appropriateness of delegating specific controlled acts will vary with the requirements of individual health centres.

4.4 **Documentation Requirements for Delegation**

At minimum, the following information shall be documented:

- 4.4.1 The date of the delegation
- 4.4.2 The delegator's name, if the controlled act was delegated to the nurse
- 4.4.3 The delegatee's name, if the controlled act was delegated by the nurse, and
- 4.4.4 The conditions, if any, applicable to the delegation.

4.5 **The instruction program for delegated controlled acts shall:**

- 4.5.1 Be reviewed at the same time the supporting policy is reviewed.
- 4.5.2 Clearly identify the competency standards.
- 4.5.3 Incorporate the knowledge of underlying principles and parameters in which the controlled act can be performed (include a written teaching outline).
- 4.5.4 Outline the provisions for supervised practice.
- 4.5.5 Outline the method for demonstrating and maintaining competence.

5. RELATED POLICIES AND PROCEDURES:

Appendix A: Decision Tree: Deciding to Perform a Procedure

Appendix B: Procedures RNs and RPNs May Initiate According To The Nursing Act.

FNIHB-OR Policy: Additional Nursing Functions Policy

FNIHB-OR Policy: Nursing Practice Responsibilities

6. REFERENCES:

The College of Physicians and Surgeons of Ontario (2007). Policy: Delegation of Controlled Acts.

Retrieved from www.cpsso.on.ca/policies/default.aspx?ID=1554

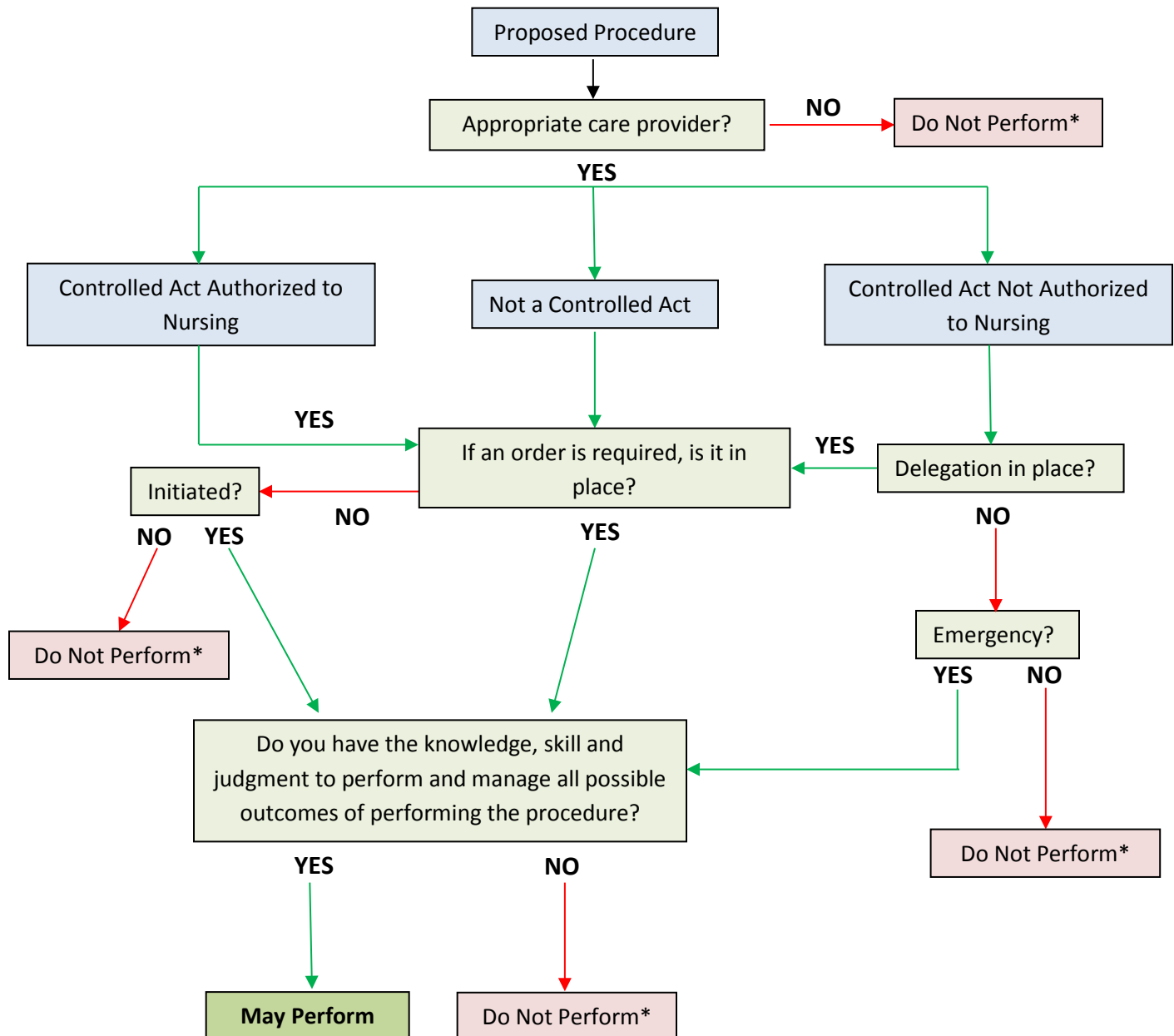
The College of Nurses of Ontario (2011). Practice Guideline: Directives.

The College of Nurses of Ontario (2014). Practice Guideline: Authorizing Mechanisms.

The Federation of Health Regulatory Colleges of Ontario. *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. Retrieved from www.mdguide.regulatedhealthprofessions.on.ca/why/default.asp

Approved by:	Effective Date: March 31, 2015
Director of Nursing, Ontario Region Date:	
Regional Executive, Ontario Region Date:	

Appendix A: Decision Tree: Deciding to Perform a Procedure



***The nurse should take appropriate action to safeguard client interest and ensure continued care. For more information, refer to the CNO's practice document:
*Disagreeing with the Plan of Care***

Adapted from CNO (2014). Practice Guideline: Authorizing mechanism.

HEALTH CANADA
First Nations and Inuit Health Branch -Ontario Region
Appendix B: Procedures RNs and RPNs May Initiate According to the *Nursing Act*

An RPN may initiate but cannot provide an order for another nurse to perform	An RN may initiate and/or provide an order for an RN or RPN to perform
Care of a wound below the dermis or below a mucous membrane: Cleaning, soaking, dressing	Care of a wound below the dermis or below a mucous membrane: Cleaning, soaking, irrigating Probing, debriding Packing, dressing
	Venepuncture to establish peripheral venous access and maintain patency when client requires medical attention and delaying venepuncture is likely to be harmful 0.9% NaCl only
For the purpose of assisting client with health management activities that require putting an instrument beyond the : <ul style="list-style-type: none"> - Point in the nasal passages where they normally narrow - Larynx - Opening of the urethra 	For the purpose of assisting client with health management activities that require putting an instrument beyond the : <ul style="list-style-type: none"> - Point in the nasal passages where they normally narrow - Larynx - Opening of the urethra
For the purpose of assisting the client with health management activities, procedure that requires putting a hand or finger beyond : <ul style="list-style-type: none"> - Labia majora 	For the purpose of assisting the client with health management activities, procedure that requires putting a hand or finger beyond : <ul style="list-style-type: none"> - Labia majora
For the purpose of assessing client, or assisting client with health management activities, procedure that requires putting an instrument or finger beyond the : <ul style="list-style-type: none"> - Anal verge 	For the purpose of assessing client, or assisting client with health management activities, procedure that requires putting an instrument or finger beyond the : <ul style="list-style-type: none"> - Anal verge - An artificial opening into client's body
RNs and RPNs cannot initiate procedures that involve putting an instrument or finger into one of the body openings or artificial opening of the body for the purpose of treating a health problem. Adapted from CNO (2014). <i>Practice Guideline: Authorizing Mechanisms</i> .	