## **FNIHB-OR Nursing Policy and Procedure**

Section:	<b>Professional Nursing Practice</b>	Policy Number	er: II - 25
Subject:	Unregulated Care Providers	Issued: Revised:	March 31, 2015
Distribution:	All Nursing Facilities	1	

## 1. POLICY:

- 1.1 A nurse may delegate tasks to Unregulated Care Providers (UCP). The tasks must be client specific and cannot include the practice of nursing or the nursing process. The nurse is responsible for ensuring the worker has the required knowledge, skills and abilities to perform the task to be transferred.
- 1.2 The nurse will maintain the overall accountability for the health and safety of the client and will be responsible for the assessment of the client status, care planning, interventions and the outcome evaluation of the tasks being delegated to the Unregulated Care Providers.
- 1.3 The Unregulated Care Provider shares accountability with the employer and the nurse for safe delegation. The Unregulated Care Provider is responsible and accountable for:
  - a. Seeking guidance and support as needed to safely perform the delegated or assigned task.
  - b. Knowing which tasks can be assigned as described in their roles, responsibilities and scope of practice.
  - c. Not performing any delegated tasks until authorized by the Nurse.
  - d. Performing the delegated task as trained
  - e. Reporting to the Nurse responsible for delegating the task(s).

### 2. PRINCIPLES:

- 2.1 Unregulated Care Providers are valuable resources and may give the nurse the opportunity to expand their services to a larger population.
- 2.2 A nurse who teaches, assigns duties to or supervises UCPs must:
  - 2.2.1 Know the UCP is competent to perform the particular procedure or activity safely for the client in the given circumstances.
    - i. When teaching, the nurse must have first-hand knowledge of the UCP's competence.
    - ii. When assigning or supervising, the nurse is expected to verify that the UCP's competence has been determined.
  - 2.2.2 Ensure that the UCP:
    - i. Understands the extent of her or his responsibilities in performing the procedure(s)
    - ii. Knows when and who to ask for assistance, and
    - iii. Knows when, how and to whom to report the outcome of the procedure.

- 2.2.3 Ensure that there is an ongoing assessment of the client's health care needs, develop a plan of care, evaluate the client's condition and judge the ongoing effectiveness of the UCP's interventions (CNO, 2013).
- 2.3 Each member of the team must be assured that colleagues have the skill and competencies needed to carry out assigned tasks. A nurse cannot assume the UCP is competent to perform any procedure regardless of how straightforward the procedure appears.
- 2.4 UCPs share accountability with nurse for safe delegation.

### **3. DEFINITIONS:**

- 3.1 Nurse: Refers to Registered Nurses, Nurse Practitioners and Registered Practical Nurses.
- 3.2 Unregulated Care Providers: It is a term used to describe care providers who are not registered or licensed by a regulatory body.
- 3.3 **Routine Activity of Living:** Procedures are considered to be routine activities of living when the need for the procedure, and the response to the procedure, and the outcomes of performing the procedure have been established over time and, as a result, are quite predictable (College of Nurses of Ontario, 2009).
- 3.4 **Delegation:** Delegation is a process where the nurse transfers the responsibility for the performance of a task to an UCP or another regulated health professional yet retains accountability for the outcome (Federation of Health Regulatory Colleges of Ontario, 2007). Delegation is client-specific and not a general authorization to perform the task, as the delegated task must be determined to be in the client's best interest.
- 3.5 **Assignment:** Assignment refers to distributing care, activities, tasks and functions that are within the worker's scope of practice or description of duties defined by the employer.
- 3.6 **Supervision**: Supervising refers to activities of monitoring and directing the activities of UCPs and does not refer to ongoing managerial responsibilities. Supervision may be direct or indirect.

### 4. PROCEDURE:

Procedure	Member of Household (family member)	Other (paid care provider)
Performing procedure below the dermis or mucous membrane	Not included in exception; requires delegation	Not included in exception; requires delegation
Administering a substance by injection or inhalation	Exception permits performance in any circumstance	Exception permits performance if part of routine activity of living
Putting an instrument, hand or finger into a body orifice or artificial opening into the body	Exception permits performance in any circumstance	Exception permits performance if part of routine activity of living; otherwise requires delegation

Procedures not included in the controlled acts	No authority required to perform	No authority required to perform			
Adapted from College of Nurses of Ontario (2013). Working with Unregulated Care Workers					

#### 4.1 Teaching a Procedure to an Unregulated Care Provider

- 4.1.1 Teaching involves providing instruction and determining that a UCP is competent to perform a procedure.
- 4.1.2 The nurse may teach a procedure, under the controlled act, to an UCP when the delegating nurse: (*Decision Tree: Teaching a Procedure* included as Appendix B)
  - i. Possesses the knowledge, skill and judgment to perform the procedure competently;
  - ii. Possesses the additional knowledge, skill and judgment to teach the procedure;
  - iii. Accepts sole accountability for the decision to teach the procedure after considering:
    - The risks and benefits;
    - The predictability of the outcomes of performing the procedure;
    - The safeguards and resources available in the situation; and
    - Other factors specific to the client or setting (CNO, 2013).
  - iv. Has determined that the UCP has acquired, through teaching and supervision of practice, the knowledge, skill and judgment to perform the procedure;
  - v. Teaches the procedure to an UCP that may be performed for more than one client if the nurse has determined that the factors in statements 4.1.2 (iii) and 4.1.2 (iv) are conducive to performing the procedure for more than one client; and
  - vi. Evaluates the continuing competence of the UCP to perform the procedure or reasonably believes that a mechanism is in place to determine the UCP's continuing competence.

#### 4.2 Delegating a Procedure to an Unregulated Care Provider

- 4.2.1 Controlled acts are activities that are considered to be potentially harmful if performed by unqualified individuals. The UCP may perform a controlled nursing act when delegated by the nurse or under an exception listed in the Regulated Health Professions Act (1991). These exceptions include:
  - i. The UCP is treating a member of her/his household, and the procedure falls within the second or third controlled acts authorized to nursing, and
  - ii. Assisting a person with routine activities of living, and the procedure falls within the second or third controlled acts authorized to nursing
- 4.2.2 A nurse may delegate a procedure to an UCP when the delegating nurse:
  - i. Possesses the knowledge, skill and judgment to perform the procedure competently;
  - ii. Possesses the additional knowledge, skill and judgment to teach the procedure;
  - iii. Accepts sole accountability for the decision to delegate the procedure after considering the following:
    - a. The known risks and benefits of performing the procedure;
    - b. The predictability of the outcome from performing the procedure;
    - c. The safeguards and resources available in the situation; and
    - d. Other factors specific to the client and/or setting.

- iv. Has determined that the UCP possesses the knowledge, skill and judgment to perform the procedure;
- v. Delegates the procedure to an UCP who will perform the procedure for <u>one</u> specific client;
- vi. Evaluates the continuing competence of the UCP to perform the procedure.
- 4.2.3 The *Decision Tree: Teaching a Procedure* (Appendix B) is provided as a guide.

#### 4.3 Assigning Tasks to an Unregulated Care Provider

- 4.3.1 The employer is responsible and accountable for:
  - i. Clearly describing the role of the UCP and the tasks that may be assigned.
  - ii. Ensuring the UCP has received appropriate training or supplement the training as needed.
- 4.3.2 The Nurse who assigns tasks to the UCP is responsible and accountable for:
  - i. Ongoing assessment, care planning and evaluation of the client's needs and health status;
  - ii. Determining the needs of the client before assigning tasks to the UCP;
  - iii. Assigning only those tasks which fall within the UCP;
  - iv. Knowing the UCP is competent to meet the needs of the client;
  - v. Establishing parameters for performing the procedure and providing guidance as needed; and
  - vi. Intervening when there is doubt about the UCP's competence to perform the assigned procedure(s) safely and/or appropriately.
- 4.3.3 The *Decision Tree: Making Decisions about Activities Performed by UCPs* is attached as Appendix A. It is recommended that it be used as a guide.

#### 4.4 Supervising the Unregulated Care Provider

- 4.4.1 Supervising involves the monitoring and directing of specific activities of UCPs. Often, the person who assigns a task also supervises the performance of that task.
- 4.4.2 The Nurse who supervises the activities of the UCP is responsible for:
  - i. Ensuring the UCP is competent to perform the assigned task(s);
  - ii. Verifying the UCP understands the conditions and parameters for performing a procedure;
  - iii. Providing the appropriate degree of direct or indirect supervision, based on the client's condition, the nature of the procedure, the resources available in the setting and the degree of competence of the UCP; and
  - iv. Intervening in a procedure, when necessary

### 5. RELATED POLICIES:

Appendix A: *Decision Tree: Making Decisions about Activities Performed by UCPs* Appendix B: *Decision Tree: Teaching a Procedure* FNIHB-OR Policy: Delegation of Controlled Acts FNIHB-OR Policy: Competence for Delegated Controlled Acts

#### 6. **REFERENCES:**

Canadian Nurses Association (2009). Increasing Use of Unregulated Health Workers.

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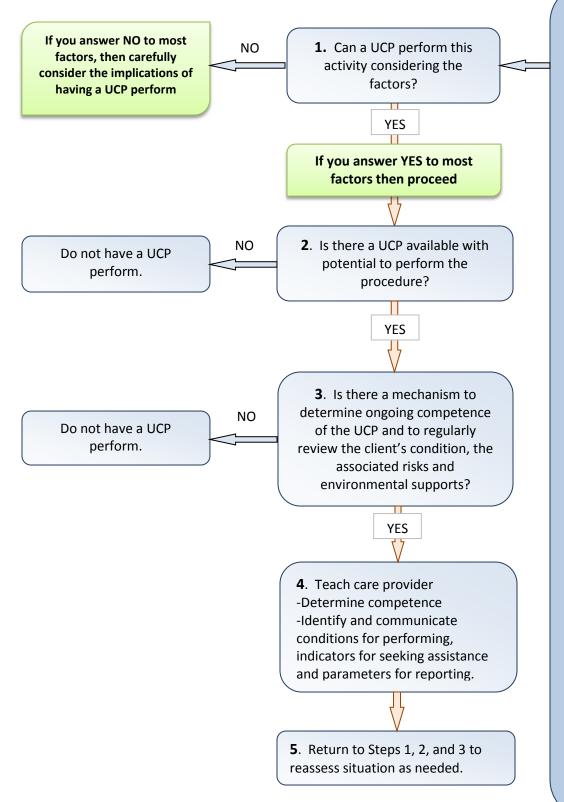
Nursing Act, 1991

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

First Nations and Inuit Health Branch -Ontario Region

**APPENDIX A: Decision Tree – Making a Decision About Activities** 

## **Performed by UCPs**



**FACTORS** The Client Assessment The client has established, well-defined care needs, support systems and coping mechanisms The client's condition is well controlled/managed The client's condition is not expected to change, and The client or representative may direct his/her own care. The Benefits and Risks Assessment The activity and client response has been established over time There are identifiable outcomes that are easily recognized

- There are no negative systemic effects
- The client's response to the procedure is predictable, and
- The activity will be performed frequently enough for UCP to maintain competence

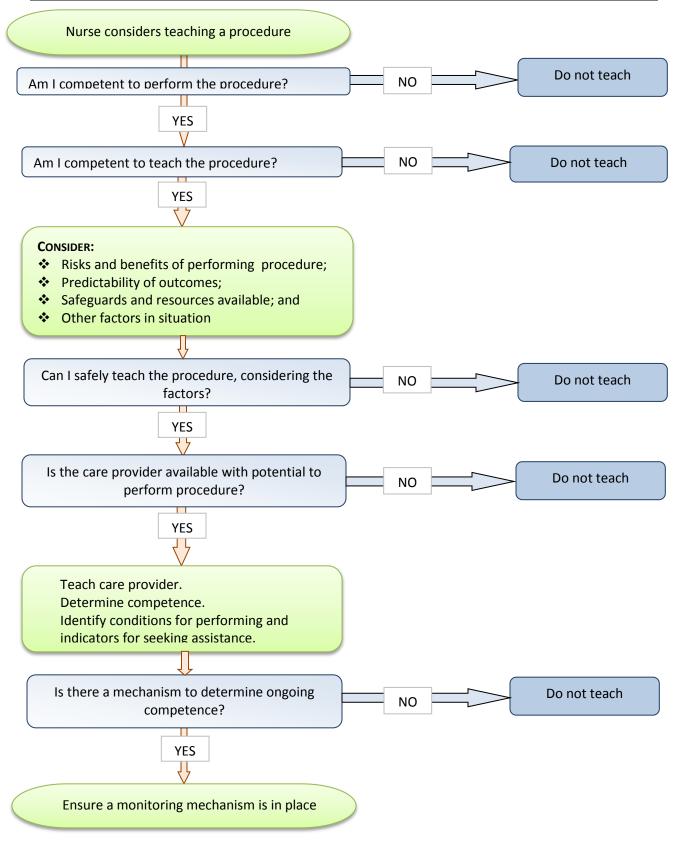
## The Environmental Supports

- There are clear policies, and
- The appropriate resources are readily available for consultation or intervention. In the community, this can mean by telephone.

Adapted from College of Nurses of Ontario (2013). Working with Unregulated Care Providers.

#### HEALTH CANADA First Nations and Inuit Health Branch – Ontario Region

# **APPENDIX B: Decision Tree – Teaching a Procedure**



Adapted from College of Nurses of Ontario (2013). Working with Unregulated Care Providers.