



College of
Registered Nurses
of Manitoba



College of Licensed Practical
Nurses of Manitoba



THE COLLEGE OF
REGISTERED PSYCHIATRIC NURSES OF MANITOBA

Practice Direction:

Assignment and Delegation to Unregulated Care Providers

This practice direction was created in collaboration with the College of Registered Psychiatric Nurses of Manitoba and the College of Licensed Practical Nurses of Manitoba.

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registrants of the College.

The Council approves practice directions which are written statements to enhance, explain, add, or guide registrants with respect to matters described in the College of Registered Nurses of Manitoba General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registrants to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not relieve individual registrants of accountability for their own actions or the primary obligation to meet practice directions. Employer's policies should not require a registrant to practise in a manner that violates practice directions.

NOTE: the use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

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In this document, the use of the word nurse refers to licensed practical nurses (LPNs), registered nurses (RNs), and registered psychiatric nurses (RPNs).

Background

Unregulated care providers are formal members of the health-care team who are not regulated and who have a scope of employment defined by their employer based on their qualifications and education.

Unregulated care providers are accountable to their employer for their individual actions and decisions. While no legislation formally defines their role, legislation restricts certain activities and roles to regulated professionals. This limits the scope of employment of the unregulated care provider. A list of reserved acts and exemptions can be found in The Regulated Health Professions Act (RHPA).

Unregulated care providers include, but are not limited to, resident aides, health-care aides, service workers in the community, psychiatric assistants, home support workers, and in some settings, office assistants.

When assigning or delegating tasks to unregulated care providers nurses are expected meet the practiced expectations outlined in this document.

Assignment

Nurses may assign unregulated care providers client-care tasks, which may include reserved act exemptions, within the unregulated care provider's scope of employment

When assigning tasks, the nurse is required to:

- Use the nursing process to determine a plan of care and/or collaborate with other regulated professionals to determine a plan of care before assigning the task
- Understand the scope of employment of the unregulated care provider and assign only tasks that fall within their **competence**, position description and employer policies
- Provide **supervision**, guidance and collaborate with the unregulated care provider as **appropriate within the team**.

- Collaborate with the health-care team to determine an appropriate plan for re-assessment, monitoring and evaluation of the plan of care based on an assessment of risk associated with the client, task, environment and unregulated care provider (see Appendix A).
- Intervene when unsafe or unethical practice is identified. Interventions may include guidance, teaching and direction, clarification of the plan of care and, if necessary, reporting to the employer

Delegation

There are circumstances where it is necessary to **delegate tasks** to unregulated care providers in order to provide access to care.

Delegation is the extension of authority by a nurse or other regulated professional to an unregulated care provider who does not have the authority to perform the task as an assignment through their scope of employment. Delegation is always client-specific and the task cannot be further delegated or transferred to another client.

Nurses may delegate tasks outside of the unregulated care provider's scope of employment as long as the task meets the following conditions:

- The employer supports delegation of the task.
- The task would normally be performed by a client or their family member as part of self-care.
- The task has defined limits and does not require the nursing process.
- The need, response and possible outcomes have been identified and documented for the client.

Reserved acts: Exempted reserved acts from *The Regulated Health Professions Act* and reserved acts outlined in 3.14 of the *College of Registered Nurses of Manitoba General Regulation* may be considered for the decision to delegate if they meet the conditions as outlined in this practice direction.

Making the Decision to Delegate a Task

The nurse is required to:

1. Review applicable policies and procedures to determine if the employer supports delegation to an unregulated care provider and under what circumstances.
2. Be competent and authorized to perform the task they are delegating.
3. Assess the client and determine that a need exists that cannot be met through assignment of the task to an authorized health-care provider.
4. Assess the competence of the unregulated care provider in relation to the delegated task on the specific client.
5. Identify the risk to the client through an assessment of the client, task, unregulated care provider and environment (see Appendix A). Where a risk exists, identify if a plan to mitigate the risk if feasible.
6. Be satisfied that the decision to delegate is appropriate in the context of the client, task, unregulated care provider and environment and plan for risk mitigation.
7. Include information about the decision to delegate and process of delegation when obtaining informed consent from the client for the task.
8. Document the decision to delegate.

Engaging in the Process of Delegation

The nurse is required to:

1. Provide client-specific teaching to the unregulated care provider until the nurse is satisfied that the unregulated care provider is competent to perform the task in the context of the task, client and environment.

2. Determine the level of supervision required for the safe performance of the task. Although the nurse may not need to be physically present during the task after competence is verified, at a minimum the nurse must:
 - a. Ensure that support and consultation is available to the unregulated care provider during the performance of the task.
 - b. Provide periodic monitoring and evaluation of the unregulated care provider's competence appropriate to the complexity of the task and experience of the unregulated care provider.
 - c. Remain responsible for the decision to delegate and the ongoing assessment of the client's health status and plan of care.
 - d. Utilize the nursing process to determine appropriate monitoring and evaluation of the plan of care based on assessment of the client, task, environment and unregulated care provider.
3. Terminate the delegation if a change in client status or the unregulated care provider's competence indicates that the delegation is no longer appropriate or acceptable to the client.
4. Respond to feedback and/or reports about the unregulated care provider's performance in a manner that supports safe, competent, ethical, and collaborative care.
5. Document the ongoing assessments and evaluation related to delegation.

Glossary

Assignment: Allocation of clients or specific client care tasks to health-care providers. Occurs within the scope of practice of a regulated professional and within the scope of employment of an unregulated care provider.

Authorized health-care provider: May be a regulated professional or an unregulated care provider. Regulated professionals are authorized through legislation and must meet requirements as set by their regulatory college to perform restricted activities. Unregulated care providers are authorized by their employer through their scope of employment. Scope of employment may only include activities that are not restricted through legislation.

Client-specific: Performed on a specific client. Limits of the task are specific to the individual client and cannot be transferred to another client.

Decision to delegate: Decision made by an individual nurse to extend authority to an unregulated care provider to perform a specific task on a specific client.

Delegation: Extending authority to perform a specific client care task to an unregulated care provider who does not otherwise have the authority to perform the task.

Regulated professional: Professional regulated through legislation who provides or administers health services. May or may not be regulated under the RHPA.

Health-care provider: Paid provider of health-care services.

Nursing process: Assessment, diagnosis or determination, planning, intervention and evaluation of and managing of the outcomes of care.

Plan of care: Written guideline for client care that documents the client's health-care needs. It includes assessment data, list of problems and therapies as well as expected criteria used to evaluate care.

Process of delegation: Process of extending authority to an unregulated care provider.

Reserved act: Referred to in section 4 of the RHPA. Activities that present a higher degree of risk to the public.

Reserved act exemptions: Listed in 5(3) of the RHPA. May include activities performed when rendering first aid or temporary assistance in an emergency, treating a person by prayer or spiritual means through the provision of pastoral or spiritual care, including in an interfaith context; counselling a person about emotional, social, educational or spiritual matters; treating an aboriginal person or member

of an aboriginal community in accordance with traditional healing services that are provided by an aboriginal healer; treating a member of his or her own household, and the act is a reserved act set out in section 4, Item 1, 2, 4, 5, 9 or 11; assisting a person with his or her routine activities of living, and the act is a reserved act set out in section 4, Item 4, 5, 9, or 11.

Routine activities of living: Activities that would normally be performed by the client or their family member as part of self-care. To assess a task as a routine activity of living, the need, response and outcome of the task must be predictable.

Risk: Potential of harm to the client.

Scope of employment: Range of responsibilities defined by an employer through position descriptions and policies.

Supervision: Providing oversight to the plan of care and support to other health care providers where the goal is safe, competent, ethical health care provision.

Task: One part of client care. Has clearly defined limits. May or may not be a reserved act.

Teaching: Providing instruction for a task where the goal is to determine that the person receiving instruction is competent to perform the task.

Unregulated care providers: Formal members of the health-care team who are not regulated by a regulatory body and who have a scope of employment defined by their employer based on their qualifications and educational preparation. Unregulated care providers are accountable and responsible to their employers for their individual actions and decisions.

References

[The Regulated Health Professions Act](#)

[College of Registered Nurses of Manitoba, General Regulations](#)

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Appendix A: Factors to Consider when Assessing Risk to the Client

Adapted from: Assigning and Delegating to Unregulated Care Providers (College of Registered Nurses of British Columbia)

Lower Risk

Client

- Health status is well-defined and their condition is not expected to **deteriorate**.
- Willing and able to direct care.

Task

- Has been established as routine and is performed as part of daily care.
- Is not expected to endanger the client's health or wellbeing when performed properly.
- Involves few steps and minimal technical psychomotor skill.
- Has predictable outcomes.
- Not altered in different settings.

Unregulated Care Provider

- Has previous experience performing the task.
- Has relevant foundational education.
- Is willing and comfortable performing the task.

Environment

- Provides for frequent ongoing assessment and care planning by a regulated professional.
- Allows for adequate time for training, evaluation and ongoing maintenance of competence.
- Contains clearly written procedures and policies.
- Enables supervision and supports that allow monitoring of the unregulated care provider as well as opportunity for the unregulated care provider to consult as necessary.

Higher Risk

Client

- Health status is not well-defined and/ or changes or atypical responses may be anticipated.
- Has multiple health care needs.
- Unwilling or unable to direct care.

Task

- Is not routine and may vary in need.
- May endanger the client's health, mental health or overall well-being.
- Involves numerous steps and a high degree of technical/psychomotor skill.
- Has risk of unpredictable outcomes.
- Requires high degree of technical/psychomotor skill.
- May require altering in different settings.

Unregulated Care Provider

- Has never performed the delegated task.
- Has no related foundational education/competencies.
- Is unwilling or uncomfortable performing task.

Environment

- Does not provide for ongoing assessment, care planning and evaluation by a regulated health care provider.
- Has a limited amount or type of training provided.
- Does not contain written policies and procedures or has inadequate written policies and procedures.
- Does not allow for adequate supervision and support.