IMPORTANT

As of Sept. 4, 2018, the following nursing colleges amalgamated to become the British Columbia College of Nursing Professionals (BCCNP):

- College of Licensed Practical Nurses of British Columbia (CLPNBC)
- College of Registered Nurses of British Columbia (CRNBC)
- College of Registered Psychiatric Nurses of British Columbia (CRPNBC)

Although the information in the document you are about to access reflects our most current information about this topic, you’ll notice the content refers to the previous nursing college that published this document prior to Sept. 4, 2018.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.
Practice Standard
for Registered Nurses and Nurse Practitioners

Delegating Tasks to Unregulated Care Providers

Practice Standards set out requirements related to specific aspects of nurses' practice. They link with other standards, policies and bylaws of the College of Registered Nurses of British Columbia and all legislation relevant to nursing practice.

Nurses\(^1\) have a professional responsibility to delegate appropriately to other members of the health care team. Delegation means sharing authority with other care providers to provide a particular aspect of care. Delegation to unregulated care providers occurs when the required task is performed primarily by nurses and is outside the role description and training of an unregulated care provider. The delegated task is client-specific and may be either a restricted activity or a nursing activity that is not a restricted activity. The delegation is determined to be in the client's best interests. The delegating nurse is responsible for the decision to delegate and the process of delegation, including ongoing supervision to assess the unregulated care provider's ability to perform the delegated task. The unregulated care provider is accountable to the delegating nurse for the performance of the delegated task.

Principles

1. The responsibility for the practice of nursing cannot be delegated. The nurse must continue to be responsible for the overall assessment, determination of client status, care planning, interventions and care evaluation when tasks are delegated to an unregulated care provider.

2. Under certain conditions, a nurse may delegate selected tasks for a specific client to an unregulated care provider.

3. The decision to delegate an aspect of the client's care must be the decision of that client's nurse.

4. The best interest of the client must be embedded in all aspects of decision-making regarding delegation. Each situation is unique and must be decided on its own merits.

5. The decision about whether or not to delegate is complex and must include consideration of client care needs (including client factors and task factors), care environment factors and

\(^1\) “Nurses” refers to the following CRNBC registrants: registered nurses, nurse practitioners, licensed graduate nurses. This Practice Standard will be revised to incorporate issues unique to nurse practitioner practice.
6. The unregulated care provider must have sufficient training, supervision and support to perform the delegated task safely.

7. Agency policies and procedures must clearly outline the responsibility and accountability for all those involved in the act of delegation, including the responsibility and accountability for evaluating the decision to delegate.

8. Agencies and unregulated care providers share accountability with nurses for safe delegation.

**Applying the Principles to Practice**

Unregulated care providers are paid providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. Unregulated care providers do not have mandatory education or practice standards. Unregulated care providers include, but are not limited to, resident care attendants, home support workers, mental health workers, teaching assistants and community health representatives.

Delegation and assignment are different. Assignment to unregulated care providers occurs when the required task falls within the unregulated care provider’s role description and training, as defined by the employer or supervisor. Delegation to unregulated care providers, on the other hand, occurs when the required task is performed primarily by nurses and is outside the role description and training of the unregulated care provider.

Nurses delegate tasks – not functions – to unregulated care providers. A function is a client care intervention that includes assessing and deciding to perform the function, planning and implementing the care and evaluating and managing the outcomes of care. A task is part of a client care function that has clearly defined limits and may be either a restricted activity or a nursing activity that is not a restricted activity.

Delegation can be very complicated. It is recommended that nurses review the CRNBC publication [Assigning and Delegating to Unregulated Care Providers](#) (pub. 98) and/or contact CRNBC Practice Support regarding this topic (see page 2).

When making a decision about delegating to an unregulated care provider, nurses consider factors related to the following:

- the client, such as variability, acuity, complexity and ability to direct care
- the task, such as the risk of harm, frequency and psychomotor skill required
- the care environment, such as unregulated care provider training, supervision and support processes, and agency policies and procedures
Once the decision to delegate has been made, nurses delegate safely by:

- determining agency policy regarding delegation (e.g., what nurses are permitted to delegate)
- establishing that the unregulated care provider has the necessary knowledge and skill to perform the task
- establishing supervision and support mechanisms
- establishing the type and amount of ongoing nursing care required by the client
- clarifying the responsibility and accountability of all parties
- evaluating care outcomes.

Some aspects of the unregulated care provider's training may be done in a group setting and followed by client-specific instruction.

Supervision involves providing guidance or direction, support, evaluation and follow-up by the nurse for the purpose of achieving appropriate outcomes for the care which was delegated. Supervision may be either direct or indirect. The term direct supervision means being immediately present to guide or direct while indirect supervision means supervising from a distance but being available within a specified time frame. Nurses supervise activities by having the unregulated care provider report regularly to the nurse and by periodically observing the unregulated care provider's activities.

Delegation is more complex when the nurse and the unregulated care provider are employed by different organizations. In such cases, the unregulated care provider's organization must have policies for delegation and agree to accept the delegated task.

For More Information

CRNBC's Standards of Practice (Professional Standards, Practice Standards, Scope of Practice Standards) assist you in understanding important issues to consider in discussions about nursing practice. They are available online at www.crnbc.ca

For more information on this or any other practice issue, contact CRNBC's Practice Support at 604.736.7331 (ext. 332) or 1.800.565.6505.

CRNBC resources, including those listed below, are available online at www.crnbc.ca