

ASK A CONSULTANT

Delegation to unregulated care providers

Frequently asked questions

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Restricted activity/medication-related

Can a nurse assume responsibility for a delegation outside their scope of practice or individual competence?

Nurses only delegate activities that are within their own scope of practice and individual competence. If a nurse does not have the competence to perform an activity, they cannot delegate it. Likewise, if an RN delegates a restricted activity that is beyond an LPN's scope, the LPN cannot approve its continued delegation when taking over care.

Each nurse is accountable for ensuring that any delegation they maintain or initiate aligns with their own scope of practice and competence, as required by the regulation and the practice standard.

What's the difference between medication assistance and medication administration? When is each appropriate for delegation?

Medication assistance refers to supporting a client who can **direct their own care** in taking prescribed medications. This may include handing medication to the client, providing verbal reminders, opening blister packs, or opening containers, among other activities.

Although not a regulatory term, 'medication assistance' is frequently used by the BC Care Aide and Community Health Worker Registry to describe activities distinct from medication administration. Since medication assistance does not involve administering medication and is not classified as a restricted activity, delegation is not required. Nurses may assign medication assistance but remain responsible for ensuring the activity is carried out safely and that the UCP has the competence to perform it. Employer and/or organizational policies provide clarity on how medication assistance is interpreted and operationalized within the setting. Assigning activities involves thoughtful consideration, with client safety as the priority.

Medication administration, in contrast, is a regulated process that includes assessing the client, planning care, administering the medication, and evaluating the client's response. It is considered a restricted activity under the regulation. When delegating medication administration, the nurse retains responsibility for the overall assessment, care planning, and evaluation. Delegation is carried out only when all practice standard requirements are met. The nurse confirms that the UCP is trained, competent, and supported, and that clear client-specific conditions and supervision requirements are in place.

Can PRN (as needed) medications be delegated? What conditions must be met?

Delegating PRN medication administration requires careful clinical judgment and must meet all requirements of the practice standard. In some situations, it may be appropriate to delegate PRN medication administration to a UCP, but only if the nurse can meet BCCNM standards,

limits, and conditions. This includes confirming the client's condition is stable or predictable, the UCP has been trained and competent, employer/organization policies support the process, and the plan of care clearly sets out the client-specific criteria, required actions, and evaluation.

The nurse remains responsible for the overall assessment, care planning, and evaluation of the client's response to the medication. The nurse is also accountable for the decision to delegate and must be able to justify that decision based on safety, competence, and ethical practice.

What restricted activities can be delegated? Does the setting matter?

Restricted activities may be delegated only when all of the controls on practice can be met. In practice, this means the restricted activity is:

- permitted under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*,
- permitted by BCCNM standards, limits, and conditions and bylaws (including the *Nurses: Delegation to Unregulated Care Providers* practice standard),
- supported by employer/organizational policies, and
- the nurse has the individual competence to delegate safely.

The nurse also considers whether the practice setting supports safe delegation, taking into account employer/organizational policies, available supports, and the overall care environment. BCCNM does not restrict delegation by setting, provided all requirements in the practice standard are met.

Delegation process and roles

Can delegation be "blanket" or ongoing for all clients?

Delegation is client and activity specific; it cannot be applied broadly or assumed to carry over for all clients, situations, or staff. When circumstances change, or when care is being provided to a new client, the nurse reassesses whether delegation remains safe and appropriate.

This includes considering factors such as:

- the client, including their health status, care needs, and cultural considerations;
- the restricted activity, including its complexity, risk of harm, and predictability of outcomes; and
- the care environment factors, including organizational policies, processes, and available supports.

The nurse also confirms that the UCP has received training and has the knowledge, skills, judgment, and ability to perform the delegated restricted activity safely and ethically. As part of the delegation decision, the nurse sets clear client-specific conditions and ensures the UCP knows how to seek guidance and respond to unexpected outcomes.

Can more than one nurse delegate to a UCP? How is accountability managed?

When more than one nurse is involved in a client's care, accountability for delegation remains with the nurse who assumes responsibility for the client at that time. The nurse decides, based on their own assessment and clinical judgment whether to maintain, modify, or discontinue a delegation decision as required by the practice standard.

Employer/organizational policies should clearly outline roles and responsibilities to support team-based delegation and ensure safe, consistent care. Each nurse may delegate only those activities that fall within their own scope of practice and individual competence. If a nurse who assumes care does not have the scope or competence to oversee a previously delegated restricted activity, they cannot continue that delegation.

Delegation accountability is individual and ongoing. Nurses ensure that any delegation they make or continue, meets the standards, protects client safety, and can be justified within their professional and legal responsibilities.

Does the delegation end when the delegating nurse leaves?

Not necessarily. When another nurse assumes responsibility for the client's care, that nurse also assumes responsibility for any previously delegated restricted activities. The nurse assesses the client and decides, based on their own assessment and clinical judgment, whether to maintain, modify, or discontinue the delegation decision. This helps ensure the delegation remains appropriate, within the nurse's scope of practice and competence, and aligned with the practice standard.

Can a delegation decision be transferred between nurses? What documentation is required?

A delegation decision does not simply transfer from one nurse to another without review. When a nurse assumes responsibility for a client's care, they are responsible for assessing the client, considering the UCP's role, and determining whether the existing delegation remains appropriate. If they have concerns, they must modify or discontinue the delegation.

Documentation should clearly support continuity of care and show the delegation decision, any client-specific conditions, and any changes made. Refer to BCCNM's [Documentation practice standard](#) for guidance on documentation.

Does the nurse have to be on-site when the UCP is?

Not always. When setting conditions for the delegation, the nurse determines the level of supervision or support needed to maintain client safety based on their assessment of the client, the UCP's competence, the complexity and risk of the activity, and the available supports in the practice setting.

The required supervision or support may vary depending on the situation. It may involve being present at the point of care, being on-site but not directly present, or being off-site and available remotely. The nurse must ensure that the level of supervision or support is appropriate, consistent with the practice standard requirements and employer/organizational policies, and clearly set out in the plan of care.

Does the nurse have to personally assess the UCP's competence?

Before delegating a restricted activity, the nurse must be satisfied that the UCP can perform the activity safely and ethically without causing harm. This includes confirming that the UCP has received training and has the knowledge, skills, ability, and judgment to carry out the delegated activity.

The nurse may rely on both their own assessment and employer/organizational processes to make this determination. The nurse may also work with the employer to confirm the UCP's character, past conduct, and other relevant factors. Accountability for the delegation decision rests with the nurse. If the nurse is not satisfied that the requirements for safe delegation are met, they should not delegate.

How is the nurse expected to verify the UCP's character? (refers to standard #8a)

The *Health Professions and Occupations Act (HPOA)* and practice standard require the nurse to be satisfied that the UCP can perform the delegated restricted activity without causing harm. This includes being satisfied that the UCP has the necessary knowledge, skills, ability and judgment, based on factors such as education, training, experience, and other qualifications, as evaluated by the employer to satisfy the requirements of applicable organization or employer policies and processes.

Nurses are not expected to personally carry out character or past conduct checks in every setting. However, they remain accountable for being satisfied that appropriate employer or organizational policies and processes are in place, and that those processes provide sufficient assurance to support safe delegation. If new information about a UCP's ability to perform the activity safely raises concerns (including information regarding the UCP's character, past conduct or other relevant factors), the nurse must reconsider, modify, or revoke the delegation. If the nurse is uncertain that the requirements have been met, delegation may not be appropriate.

Team-based care

How should delegation be managed when multiple nurses are involved in a client's care?

When more than one nurse is involved in a client's care, each nurse is accountable for their own delegation decisions and for ensuring those decisions align with the practice standard. This includes assessing the client, evaluating the appropriateness of any existing delegation, and deciding whether to continue, modify, or discontinue the delegation based on their own professional judgment.

Clear roles and responsibilities are essential to support safe and coordinated care. Organizational policies should outline responsibilities such as who communicates with the client and the UCPs, who sets client-specific conditions, who documents delegation decisions, and who evaluates outcomes. Good communication and collaboration among nurses and with the broader health-care team help support continuity, safety, and consistency in delegated care.

Can a nurse discontinue a delegation made by another nurse?

Yes. When a nurse assumes responsibility for a client, they are accountable for the care they provide and for the professional decisions they make. This includes reviewing any delegation already in place and deciding whether continuing it remains appropriate.

Based on their own assessment and clinical judgment, the nurse may continue, modify, or discontinue a delegation decision. If they cannot ensure that all requirements for safe and ethical delegation are met, they must not continue the delegation.

UCP competence and oversight

What if a UCP is trained but the nurse still has concerns about their competence?

Delegation decisions depend on the nurse's professional judgment and their confidence that the UCP can perform the restricted activity safely and ethically in the specific circumstances.

If the nurse has concerns after considering the UCP's training, ability, and the context of care (client and setting specific factors), they may decide that delegation is not appropriate. The nurse remains accountable for this decision, and client safety remains the priority.

What happens if there are multiple employers involved?

When more than one employer is involved in a client's care (e.g., the delegating nurse is employed by a health authority and the unregulated care provider is employed by a private health facility), the nurse remains accountable for ensuring that delegation is safe, appropriate, and aligned with the practice standard. This includes being satisfied that the policies and processes across settings support safe delegation.

The nurse considers whether roles, supervision, communication pathways, and client-specific conditions are clear and workable across employers. If the nurse cannot confirm that the necessary supports and expectations are in place across all settings involved, delegation may not be appropriate.

Client and documentation

How should delegation be documented in the plan of care?

Delegation decisions form part of the client's plan of care and should be documented in a way that supports clarity, accountability, and continuity of care. Documentation should identify the restricted activity being delegated, the client-specific conditions that apply, criteria for performance, and actions to take if there is an unexpected outcome. Documentation should also describe how the UCP will report back, how follow-up will occur, and when nursing reassessment is required.

Clear documentation helps ensure that everyone involved understands the delegation decision and their responsibilities. Nurses can refer to the BCCNM [Documentation practice standard](#) for additional guidance.

Limits and conditions

What defines "stable or predictable" health status?

Nurses make delegation decisions for stable clients with less acute and/or complex care needs who have predictable responses and outcomes. Stability generally refers to a situation where the client's care needs do not change significantly from day to day, and the plan of care is established and managed through activities with predictable outcomes. Predictability generally refers to the extent to which the client's health outcomes and future care needs can be anticipated with confidence.

When deciding whether a client is stable or predictable, nurses apply professional judgment and consider:

- the client's overall health status, care needs, and cultural considerations;
- the restricted activity to be delegated, including its complexity, the risk of harm, and the likelihood of a predictable outcome;
- the care environment factors, such as organizational policies, processes, and available supports, and
- whether the client's care would benefit from the expertise of regulated health professionals.

Because these factors vary across settings and populations, BCCNM relies on clinical experts within practice environments to interpret what stable or predictable health status looks like in their context.

What happens in an emergency when a previously stable client becomes unstable?

Delegation decisions are made only while the client's condition remains stable or predictable. If a previously stable client becomes unstable, the nurse remains responsible for the overall assessment, care planning, interventions, and evaluation of the client's care. The nurse reassesses the situation immediately and decides whether to maintain, modify, or discontinue the delegation decision.

Employer or organizational policies should support this by implementing clear policies and processes for managing risk and responding to unexpected outcomes, including escalation protocols. Nurses delegate restricted activities to UCPs only when these policies define roles, responsibilities, and accountabilities for all involved. Before delegating, nurses ensure that the UCP has demonstrated the knowledge, skills, ability, judgment required to perform the activity safely and ethically. Nurses also identify potential risks and implement mitigation strategies, which include specifying how the UCP can seek immediate direction or guidance from a nurse or another regulated health professional and what actions to take if the client's condition changes or an unexpected outcome occurs. Communication pathways should be clear so the UCP can promptly report and act if there are deviations from the care plan.

The Health Professions and Occupations Act includes the authority to delegate "aspects of practice". Why is that not included in the practice standard? Are nurses able to delegate aspects of practice?

The HPOA defines an **aspects of practice** as an activity, other than a restricted activity, that is part of providing a health service that is within the scope of practice of a designated health profession and requires *professional* knowledge, skills, ability, and judgment.

BCCNM does not permit the delegation of "aspects of practice" to unregulated care providers. Since "aspects of practice" include the delegation of *professional* knowledge, skills, and judgement – it is in contradiction to standard #7 "*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 delegating the performance of a restricted activity to a UCP*".

Nurses may only delegate **restricted activities** as outlined in the *Nurses and Midwives Regulation* and *Regulated Health Practitioners Regulation*. While delegated restricted activities require specific knowledge, skills, ability, and judgment to be performed safely by a UCP, and the UCP may need to meet certain criteria before performing the activity, this does not constitute an "aspect of practice." The nurse retains responsibility for the clinical decision making, nursing process, and overall client care when delegating a restricted activity.

For higher risk activities that are not restricted activities but require some level of knowledge, skills, ability, and judgement to perform, they may be **assigned**. Assignment still requires

careful judgment and planning. In both assignment and delegation, UCPs need appropriate training to ensure the activity can be safely performed, and employers must provide the support and resources necessary for safe practice. Nurses remain responsible for assigning client care activities and guiding other team members to meet client needs ([Professional Standard 3](#), Indicators 3 and 6). Therefore, these complex activities should continue to be managed under employer policies that ensure they are carried out safely.