

NPs, RNs, AND RPNs

# Delegation to Unregulated Care Providers



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This document is a learning resource intended to assist NPs, RNs, and RPNs with applying the Delegation to Unregulated Care Providers practice standard and should be read in conjunction with this document.

Please note that BCCNM is working with partners and government to update some of the definitions in this document. A revised version will be made available when this work is complete.

Questions should be directed to [practice@bccnm.ca](mailto:practice@bccnm.ca)

## Revision log

Revision Date	Revisions Made
2002	Published
December 2020	Minor revisions
March 2021	Applied BCCNM branding
March 2, 2023	Revisions to align with revised practice standard

## Delegation—An Overview

Under certain circumstances, nurses may delegate to an unregulated care provider (UCP) to perform an activity that is primarily performed by nurses. The delegated activity may be either an aspect of practice or a restricted activity that is within the nurse's scope of practice. The delegated activity is always client-specific, and the delegation is determined to be in that client's best interest.

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 an activity to a UCP. The delegating nurse is responsible and accountable for providing ongoing supervision to assess the UCP's ability to safely perform the delegated activity. The UCP is accountable to the delegating nurse for performing the delegated activity as expected and reporting on client's status and outcome and according to workplace policies.

While an employer may support delegating care, the nurse needs to be aware of their responsibilities and accountabilities. Delegating does not remove the nurse from the client's care and the nurse must still be aware of changes in the client's health status. If the nurse is not comfortable managing these expectations, they should decline the delegation.

## The Act of Delegation

There are two parts to the act of delegation:

1. **Decision to delegate.** When making the decision to delegate, nurses consider factors related to the client, the delegated activity, the care environment (i.e., workplace policies), and the UCP(s). It is preferable that the same nurse is responsible for making the decision to delegate and for the process of delegation, although, in practice, these responsibilities may be shared by more than one nurse.
2. **Delegation process.** Once the decision to delegate has been made, the nurse begins the process of delegating by ensuring the UCP has the necessary knowledge, skills, supervision, and support to safely perform the activity within clearly defined limits.

### THE DECISION TO DELEGATE: FACTORS TO CONSIDER

The decision-making process is a critical component in promoting client safety when UCPs are involved in client care. The client's best interest must be embedded in all aspects of delegation decisions. All factors must be considered prior to deciding to delegate.

When a nurse is determining what activities are appropriate to delegate to a UCP, they assess the following:

**Client factors**, including:

- Stability of the client's condition

- Complexity of the client's needs
- Willingness and ability of the client to participate in care

**Activity factors**, including:

- Risk of harm from the activity
- Amount of clinical knowledge required to assess the need for, to implement, and to manage outcomes of the activity
- Complexity of the activity
- Ability to maintain knowledge and UCP's skill to do the activity
- Ability of the nurse to supervise or be involved in the care of the client
- Effect of the setting on implementation of the activity

**Care environment factors**, related to the context in which care occurs and include:

- Ability of the nurse to provide ongoing client care
- Time to train the UCPs and written policies to support this
- Time and access to supervise the delegated activity and support the UCP
- The presence of agency supports including policies regarding delegation and available clinical experts for the nurse
- The competence of the nurse in the act of delegation

**Unregulated care provider factors** influence the decision to delegate related to the availability and skill level of the UCP. Factors to consider include:

- Number of UCPs involved
- Skill base of the UCPs
- Amount of new knowledge and skill required by the UCPs
- Whether the activity is commonly delegated

In general, delegation to UCPs requires a client with a stable condition and a predictable response to care where the competency of a nurse or another regulated provider is not required. Appropriate training and supervision, including support for the UCP, are also critical issues to consider in the decision to delegate. If any of these factors change, the nurse may decide at any point not to proceed with delegation of the activity. Issues of the client's best interest must be considered at each stage of the decision to delegate. A case conference may be required to assist in complex delegation decisions.

## Applying the Principles

### 1. Nurses are accountable and responsible for their delegation decisions.

Nurses who engage in the act of delegation are responsible and accountable for the decision to delegate, the process of delegation, and documenting the delegation.

Delegation decisions require the nurse's clinical judgment and application of standards, and to reflect evidence-based practice. Quality client outcomes must always remain a priority. When the nurse believes that delegation is not safe or not in the client's best interest, they act as the client's advocate and take appropriate action to ensure the provision of safe care. Nurses seek assistance or consultation from knowledgeable individuals when needed.

### 2. 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 an activity to an unregulated care provider.

Delegating an activity to a UCP does not mean the nurse is delegating the practice of nursing: nurses retain overall responsibility for managing clients under their care. In making client care decisions, nurses use a systematic clinical decision-making approach to gather information on client status, plan and carry out interventions, and evaluate outcomes. Delegating activities is only one possible outcome of the clinical decision-making process.

It is desirable for one nurse to be responsible for both the overall client care and the act of delegation; however, two or more nurses may be involved. For example, when a nurse goes on vacation and another nurse(s) covers their clients, the responsibility and accountability around delegated activities needs to be clear and follow workplace policies.

### 3. The decision to delegate the performance of an activity to meet the care needs of a client.

Nurses respect the informed decisions of capable persons regarding their own best interests. It is critical that the best interest of the client is the basis for decisions about delegation. The client's goals, perspectives, and well-being should guide decision-making.

To ensure clients are making an informed decision, nurses make every effort to assist clients to understand the risks and benefits of the decisions they make.

BCCNM's [Consent practice standard](#) provides nurses with a summary of practice expectations regarding informed consent.

### 4. When delegating to an unregulated care provider, nurses consider all the following:

- a. Client factors such as health status and ability to direct and consent to care
- b. The activity to be delegated, including the risk of harm to the client, complexity of the activity, and predictability of the outcome

- c. Care environment factors, including organizational/employer policies, processes, and supports
- d. Unregulated care provider factors, including knowledge, skills, ability, and judgment, to be satisfied that the unregulated care provider can perform the delegated aspect of practice or restricted activity safely without causing harm to the client
- e. The level of supervision the unregulated care provider needs for the activity to be safely delegated

The decision to delegate results from the nurse's assessment of the client's care needs, the context in which care is provided, and factors related to the UCPs. These factors interrelate and must be considered in the decision to delegate. Changes to these factors may identify a need to reassess the decision to delegate.

The degree of supervision and the need for either direct or indirect supervision is set by the delegating nurse, based on the client circumstances, the complexity of the delegated activity, and the knowledge and skill of the UCP. The nurse gives the UCP clear directions for reporting, including when and how to seek assistance and communicate with the nurse.

If a nurse is unable to provide the required level of monitoring, the activity is not delegated and an alternate way to provide the nursing care is identified. Workplace policies outline what these alternative ways may be if the nurse finds that it is not safe to delegate the activity. As delegating activities is client-specific, the UCP must not perform the delegated activity with another client without it first being delegated by a nurse.

5. **Before delegating the performance of an activity to an unregulated care provider, nurses ensure the unregulated care provider has sufficient training, supervision, and support to perform the delegated activity safely.**

The delegating nurse ensures UCPs have the necessary training, supervision, and support before delegating. Guided by workplace policies, the nurse assesses the UCP's skills and knowledge to determine if they can safely perform the activity.

Supervision involves providing guidance or direction, support, evaluation, and follow-up by the nurse to achieve appropriate outcomes for the delegated activity. 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 UCP report regularly to the nurse and by periodically observing the UCP's activities.

Workplace policies clearly outline the knowledge and skill required by the UCP to safely perform activities within the defined limits, as well as the limits of the UCP's responsibility. The workplace is responsible for providing adequate time to train UCPs and mechanisms for ongoing supervision by a nurse to ensure maintenance of learning and timely access to professional assistance for the UCP.

If the UCP has **not** acquired the required knowledge and skill during training, the activity is **not** delegated.

6. **Nurses delegate to an unregulated care provider only when organizational/employer policies and procedures clearly outline the responsibility and accountability for all those involved in the act of delegation, including the nurse's responsibility and accountability for evaluating and re-evaluating the decision to delegate.**

Delegation should only occur when workplace policies support nurse delegation to UCPs. All staff involved in any part of delegation have their responsibility and accountability clearly outlined by workplace policies. Unregulated care providers must have an opportunity to accept or decline the delegation and be clear about their responsibility and accountability.

When nurses and UCPs with different employers are involved in delegation, the employers must collaborate to ensure that each health care provider's responsibility and accountability is clearly described and both employers have delegation policies and agree to accept the delegation to their employees.

Nurses are responsible for evaluating the decision to delegate. The nurse may, at any time, decide the delegation is no longer appropriate. The decision to delegate is an individual professional decision and a new primary nurse may review the delegated activities and decide to discontinue the delegation.

7. **Nurses communicate and collaborate with the client (or their substitute decision-maker), with the unregulated care provider receiving the delegation, and with the nursing/health care team about the delegation decision, the delegation process, and continuity of care related to the delegated activity including:**

- a. The plan of care for the client including delegation of the activity
- b. The level of supervision needed for the delegated activity to be performed safely
- c. The plan for reporting and managing unexpected changes in the client's health status, and intended and unintended outcomes of the delegated activity
- d. The plan for reassessment/follow-up with respect to the delegated activity
- e. When the delegation decision would benefit from the expertise of other healthcare professionals
- f. Documenting the plan of care and the delegation decision

The provision of safe care to clients is a shared responsibility. All employers, nurses, and UCPs involved in client care share the responsibility and accountability to provide safe care and ensure continuity of care within established policies.

Nurses who engage in the act of delegation are responsible and accountable for:



- The decision and process of delegation
- Documenting their decision and processes related to the act of delegation
- Communicating with other healthcare professionals the activities that have been delegated

To ensure the client's continuity of care is maintained, nurses who delegate activities to UCPs collaborate and communicate with the larger healthcare team to ensure the requirements outlined above are met.

Unregulated care providers who carry out delegated activities are responsible and accountable for:

- Performing only delegated activities authorized by a nurse
- Completing the delegated activity safely and ethically, and according to workplace policies
- Reporting to the nurse as agreed and according to workplace policies

Employers ensure that UCPs are aware of their responsibilities in delegation.

## Resources

### REGULATORY PRACTICE CONSULTATION

Regulatory Practice Consultation supports the identification, understanding, and application of BCCNM standards of practice and other regulatory considerations to nursing and midwifery situations. Practice consultation is provided upon request to anyone who has questions about nursing and midwifery practice in B.C. This includes BCCNM registrants (licensed practical nurses, midwives, nurse practitioners, registered nurses, and registered psychiatric nurses) and others including employers and other healthcare professionals.

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BCCNM's website ([www.bccnm.ca](http://www.bccnm.ca)) has a wide range of information for your nursing practice.

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