BCCNM
British Columbia College of Nurses & Midwives

Delegation for leaders

A guide for leaders who support teams that include nurses and unregulated care providers

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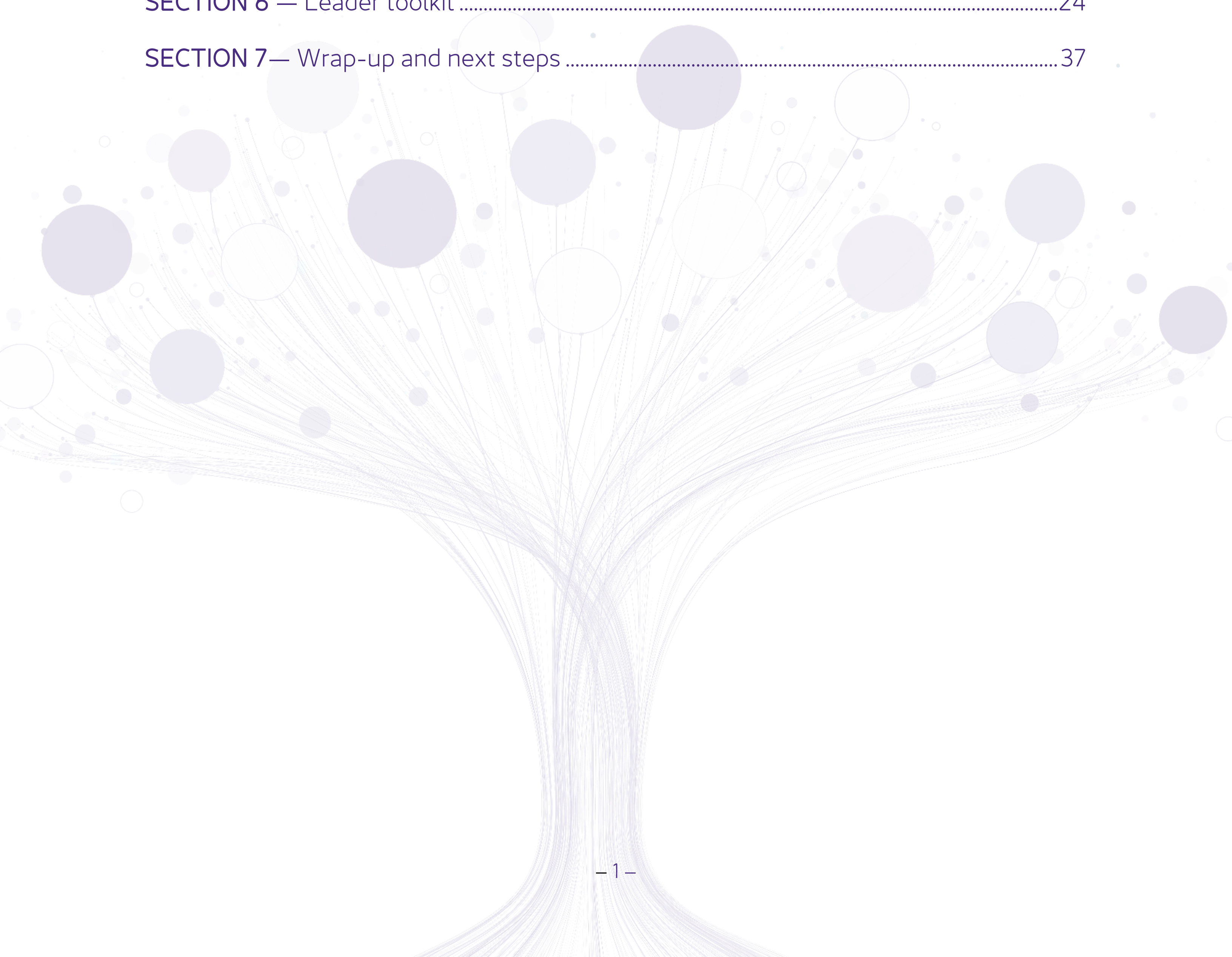


SECTION 1

Introduction

Purpose of this guide

Leaders play a critical role in ensuring delegation happens safely, consistently, and in alignment with BCCNM standards, organizational policy, and culturally safe practice.

This guide is for nursing leaders—whether they are nurses themselves—who support teams that include nurses and Unregulated Care Providers (UCPs). It will help you:

- Understand what delegation is—and is not
- Support nurses' delegation decisions in meetiing BCCNM standards
- Develop policies, education, and systems that enable safe practice
- Navigate common questions and tensions about delegation
- Integrate cultural safety, humility, and anti-racism into delegation systems
- Promote consistent expectations across teams and programs

It supports BCCNM's *Nurses: Delegation to Unregulated Care Providers practice standard*, the Safe Delegation learning module, and organizational frameworks for safe client care.

Why delegation matters for leaders

Nurses make delegation decisions, but leaders shape the environment in which those decisions are made.

Leaders influence:

- Policy clarity and accessibility
- Staff training
- Workload and supervision capacity
- Role clarity for UCPs and nurses
- Cultural safety and psychological safety
- Escalation pathways when delegation is unsafe or unclear
- Communication and collaboration within the health-care team

Delegation goes wrong—and clients and staff are placed at risk—when:

- UCPs are expected to perform activities outside their role
- Nurses feel pressured to delegate because of staffing or workload
- Policies or processes are unclear, outdated, or inconsistently applied
- Staff misunderstand what delegation means
- Staff lack the necessary support
- Teams lack shared language and expectations

This guide supports leaders to address these issues and strengthen safe delegation.

“Leaders shape the environment in which those decisions are made.

How to use this guide

Use this resource to:

- Orient new leaders and staff to delegation expectations
- Inform policy and procedure development or review
- Structure team-based discussions or education sessions
- Support nurses and UCPs when delegation issues arise
- Align expectations across sites, units, or programs

Inside, you'll find:

- Delegation fundamentals and definitions
- Leader and employer responsibilities
- Foundational principles that apply in every setting
- Common questions and answers (FAQ)
- System-level considerations (policies, documentation, staffing, monitoring)
- Scenarios and reflection prompts

SECTION 2

Delegation foundations & key concepts

Leaders often support teams made up of LPNs, NPs, RNs, RPNs, and UCPs. Many delegation challenges arise from confusion about language, roles, and authority, rather than from the activity itself.

This section summarizes the core concepts leaders can consider to guide staff consistently and safely.

Key terms at a glance

ASSIGNING CARE

Allocating client care activities to staff based on their role description, job expectations, and organizational policies.

- No transfer of legal authority
- Activities must be part of the person's role, education, and training
- Nurses remain accountable and responsible for the client's overall care

Examples:

- UCP assisting with bathing or dressing
- UCP taking routine vital signs where policy allows
- UCP supporting mobilization within their defined role

DELEGATION

A formal process where a nurse transfers limited, temporary legal authority to a UCP to perform a specific restricted activity the UCP is not otherwise authorized to perform.

Delegation is:

- Client-specific
- Activity-specific
- Dependent on the circumstances at the time and supported in the practice setting
- Grounded in nursing judgment, assessment, and risk evaluation

The nurse remains accountable for:

- Assessing the client
- Deciding to delegate
- Verifying UCP training and readiness
- Setting conditions
- Evaluating outcomes

UCPs must not perform delegated activities for other clients unless the nurse delegates again for each specific client.

RESTRICTED ACTIVITY

A regulated activity limited by law to certain regulated health professionals. You can find a list of restricted activities within the Nurses and Midwives Regulation (NMR) and the Regulated Health Practitioners Regulation (RHPR), together referred to as Regulation.

Examples:

- Simple wound cleansing
- Medication administration
- Inserting a rectal suppository
- Enteral feeding

UCPs may perform only the restricted activities that have been delegated by a nurse with delegating authority and supported by employer policy.

CONDITIONS

The nurse's responsibility to set conditions for the delegation. This may include the level of supervision, if any.

The appropriate level of supervision depends on:

- Client stability
- Activity risk
- UCP activity-specific capability and readiness
- Organizational expectations

UCP READINESS

Although a UCP may need certain knowledge, skills, abilities, and judgment to carry out a specific activity safely, this is not the same as the professional competence of a regulated health professional. Nurses apply broad professional competence developed through formal education, clinical preparation, regulation, and practice. In contrast, a UCP's preparation is narrower and focused on the specific activity.

It is based on employer training, clear directions, and the ability to carry out the activity safely, follow the conditions that have been set, and know when to stop and report concerns.

STABLE/PREDICTABLE CLIENT

A client whose condition and response to care follow expected patterns and do not require ongoing nursing judgment.

Delegation is appropriate only when the client has stable or predictable health status

Clients who are deteriorating, complex, or frequently reassessed are not appropriate for delegated restricted activities.

Why assigning and delegation may be confused

In practice, confusion may arise when:

- UCPs receive training but not clarity about their accountability for delegated activities
- Nurses believe restricted activities can be assigned when delegation is the correct process
- Teams use inconsistent language across units or departments
- Legacy practices persist despite updated standards or policies

Quick comparison: Assigning care vs. delegation to UCPs

FEATURE	ASSIGNING CARE	DELEGATION
Purpose	Distributes care activities that are not restricted	Allows a UCP to perform a restricted activity
Authority transferred?	No	Yes — limited and temporary
Documentation needs	Usual care documentation	Usual care documentation + delegation instructions + conditions
Client-specific?	Yes	Yes
Requires client-and activity-specific conditions?	Yes	Yes

Delegation and workload

Delegation may help support care delivery and workload in some practice settings. However, it must not be approached primarily as a staffing or workload solution. Delegation is based first on the needs of the client and whether the activity can be carried out safely in the specific situation.

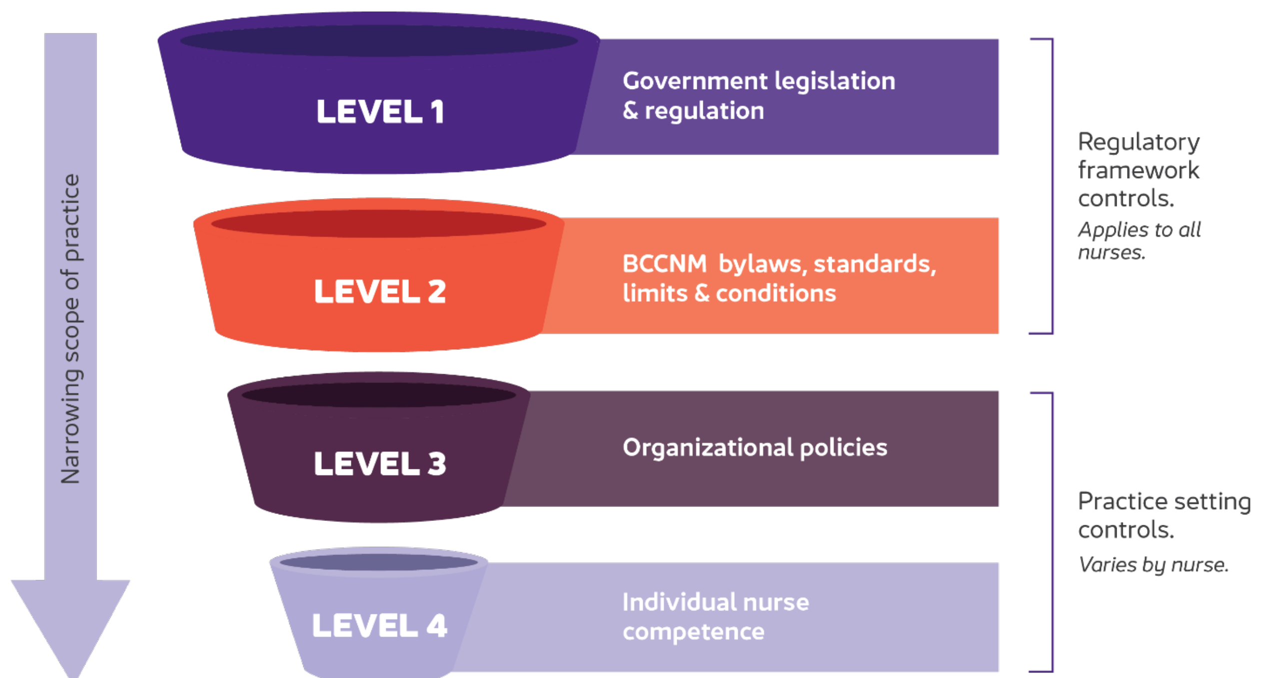
Even when delegation may help with workload, leaders need to reinforce that it is only appropriate when the conditions for safe care are in place. The decision to delegate must be guided by client factors, the activity, the care environment, the UCP's preparation, and the nurse's ability to provide direction, support, and follow-up.

Delegation should not be used to:

- respond to staffing shortages without assessing safety
- fill gaps in the care model when the necessary supports are not in place
- redistribute workload without considering client risk and context
- compensate for limited regulated staff availability when safe delegation requirements cannot be met

Leaders play an important role in reinforcing that delegation remain client-specific, context-specific, and safety-focused, even when workload pressures exist.

The four controls on practice



Delegation decisions must align with all four controls:

1. LEGISLATION AND REGULATIONS

Under the *Health Professions and Occupations Act (HPOA*) and the Regulated Health Professions Regulation and the Nurses and Midwives Regulation, nurses may delegate restricted activities *within defined limits*.

2. BCCNM STANDARDS, LIMITS & CONDITIONS

The *Delegation to Unregulated Care Providers* practice standard sets mandatory expectations for:

- when delegation is appropriate
- how to delegate safely
- how to set conditions and evaluate
- what cannot be delegated (e.g., nursing judgment)

3. EMPLOYER POLICIES

Organizations align their policies so nurses are supported to delegate in alignment with legislation and regulation and BCCNM standards. Employers decide:

- whether delegation may occur in their setting
- which activities can be delegated
- the training required for UCPs
- expectations for setting conditions and documentation

4. INDIVIDUAL NURSE COMPETENCE

A nurse may delegate a restricted activity only if:

- it is within their own scope
- they are competent to perform the activity
- they can set appropriate conditions and evaluate
- be performed without causing client harm

Leaders influence all four controls except individual nurse competence, which belongs to the nurse, but leaders still provide access to education and resources.

Foundational principles to know

These principles guide every delegation decision:

Delegation is client and activity specific

Delegation cannot apply to all clients or to a category of care.

✓ **Safe practice:** A nurse delegates simple wound care for a client, whose skin tear is stable and predictable. This delegation applies ONLY to this client and ONLY to that specific wound-cleaning procedure.

✗ **Unsafe practice:** A leader tells staff: "UCPs can do wound care for all residents."

This is not allowed — delegation cannot apply to "all residents" or to a category of care.

The client must be stable or predictable

If the client's condition requires immediate or ongoing nursing judgment, the nurse must perform the activity. Delegation is **not** appropriate when the client is unstable, deteriorating, or unpredictable.

✓ **Safe practice:** A nurse considers delegating suppository insertion. Client is stable, bowel pattern predictable, no recent changes → delegation appropriate.

✗ **Unsafe practice:** A nurse delegates deep suctioning for a client whose breathing pattern has suddenly changed. When a client is unstable/unpredictable → the nurse must perform the activity.

The UCP is trained and ready

Nurses only delegate to UCPs when they are satisfied that the UCP has the activity-specific training and readiness (i.e., knowledge, skill, training, and judgment) to perform the restricted activity without causing harm.

✓ **Safe practice:** A nurse plans to delegateinsertion of a rectal suppository for a stable client. Before delegating, the nurse is satisfied that:

- the UCP has completed the organization's bowel-care training program,
- condition have been set for the activity

✗ **Unsafe practice:** A nurse delegates insertion of a rectal suppository to a UCP who says they have "done it many times before". The UCP has not completed the organization's training in this setting.

Delegation cannot occur without employer policy

Because of BCCNM's practice standard, if your organization has no policy for delegation, delegation cannot occur.

✓ **Safe practice:** A nurse wants to delegate a restricted activity for a stable long-term care client. The leader checks the organization's delegation policy, confirms the activity is permitted, and ensures the required training exists.

✗ **Unsafe practice:** A nurse delegates a restricted activity in a setting where no delegation policy exists.

Without a supporting policy, the activity cannot be delegated, even if the nurse and UCP feel comfortable.

Nurses delegate within their own scope and competence

If a nurse cannot safely perform and supervise a restricted activity themselves, they cannot delegate it, even if a UCP has done it elsewhere.

✓ **Safe practice:** A nurse trained and competent in wound care delegates simple wound cleansing. They set client- and activity-specific conditions appropriately.

✗ **Unsafe practice:** A nurse with no current competence performing catheterizations delegates catheterization to a UCP because "the UCP has done it before elsewhere."

Setting conditions is part of every delegation

Delegation always includes setting client- and activity-specific conditions.

✓ **Safe practice:** A nurse delegates an activity and sets conditions outlining:

- how the UCP reports
- when check-ins occur
- what changes require immediate nurse assessment

✗ **Unsafe practice:** A leader says: "If you delegate it, the UCP just handles it. You don't need to follow up. This creates unsafe practice. All delegated activities must have defined conditions.

Common misunderstandings

✗ "If a UCP was trained once, they can always perform the activity."

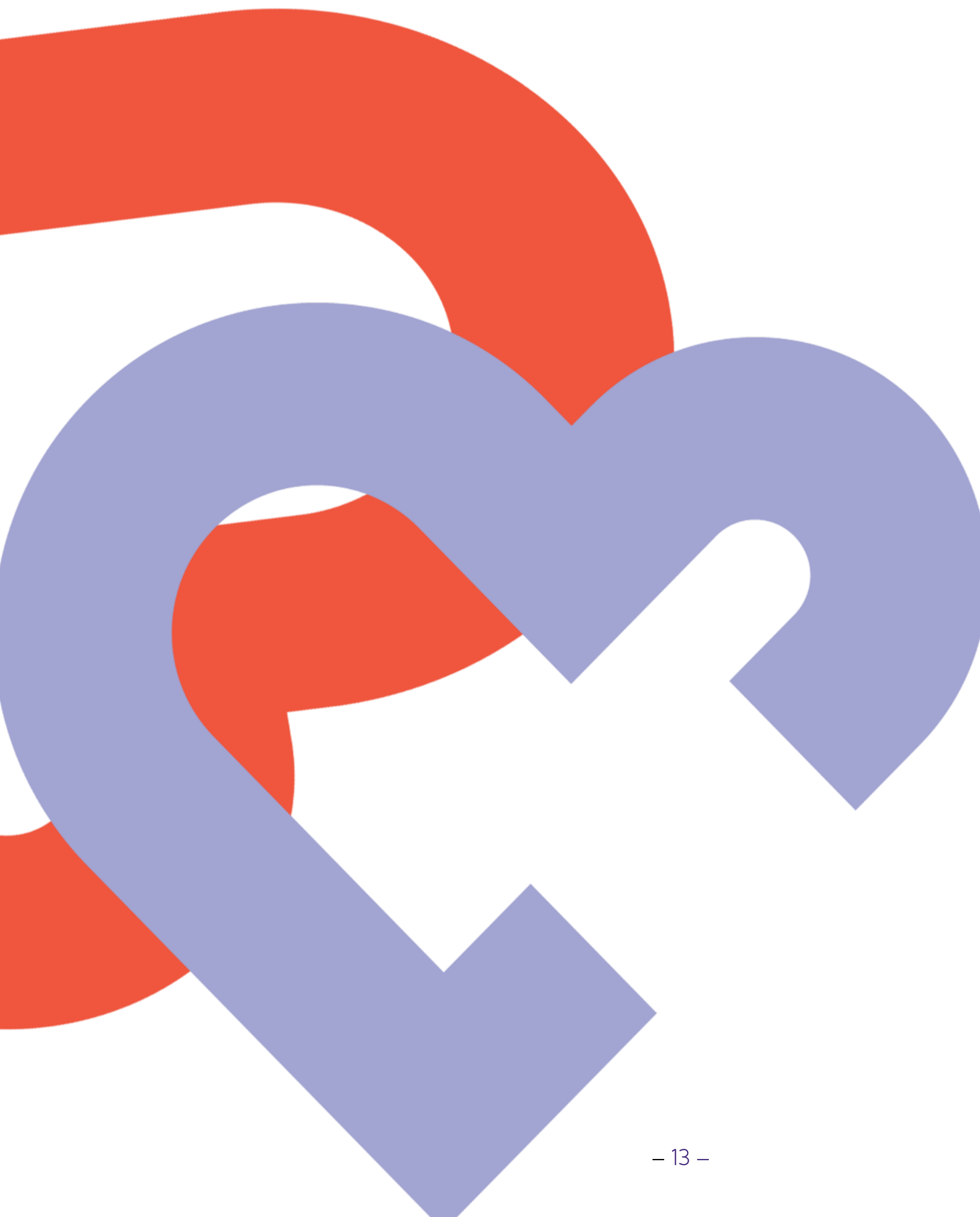
✓ No. Nurses need to be satisfied that the UCP can perform the restricted activity without causing harm. If the nurse has any reservations about the UCP's activity-specific capability, or the UCP's understanding of directions, limits, and reporting expectations, it may be appropriate to reassess.

✗ "Delegation continues automatically when nurses change."

✓ When assuming care of a client, the nurse reassesses the delegation decision and decide whether to continue, modify, or discontinue delegation.

✕ "If another organization delegates this activity, we can too."

✓ No. Delegation depends on your own resources and employer policies.



SECTION 3

Leadership responsibilities in delegation

Nursing leaders are essential in developing the systems, policies, and resources that make safe and consistent delegation possible. Ensuring delegation is done safely depends on the combined efforts of the delegating nurse, the employer, and the UCP—each plays an important part in the process. However, the nurse who delegates remains accountable for both the decision to delegate, for reviewing the outcomes, and overall client care.

This section outlines what leaders must understand, enable, and monitor to support safe delegation under BCCNM standards.

Leadership role overview

Delegation can only occur when the **employer creates and maintains the structures** needed to support it. Leaders influence:

- Policies that define what can be delegated, and roles, accountabilities, and responsibilities for all those involved in the delegation
- Training and validation processes
- Staffing and workload conditions
- Communication expectations
- Supervision systems
- Consistency across units and programs

Leaders ensure the employer policies exist so nurses can make appropriate delegation decisions.

Delegation fails when employer policies are unclear, inconsistent, or unsupported.

Employer responsibilities

In practice, employers are generally responsible for creating the systems that support safe delegation to UCPs. This may include:

1. CLEAR AND ACCESSIBLE POLICIES

Policies may specify:

- Whether delegation is permitted
- Which activities may be considered for delegation

- Training requirements for UCPs
- Documentation and supervision expectations
- What to do when delegation is not safe or possible
- Roles and responsibilities of everyone in the delegation process are clearly outlined
- Escalation processes for unintended outcomes are outlined

2. EMPLOYEE SUPPORT

Leaders ensure:

- Nurses receive education on delegation
- UCPs have validated training for delegated activities
- Tools exist for documenting training

3. STAFFING AND WORKLOAD SUPPORT

Leaders ensure:

- Nurses have time to assess clients
- Nurses can set appropriate conditions for delegated activities
- Workload conditions allow for follow-up and evaluation
- Delegation is used safely and appropriately when short staffing is an issue

4. CROSS-EMPLOYER DELEGATION CLARITY

When nurses and UCPs work for different employers:

- Both organizations should agree to the arrangement
- Roles and accountabilities are clearly defined
- Delegation policies and processes support delegation

5. SYSTEMS FOR ADDRESSING UNSAFE SITUATIONS

Leaders support nurses who:

- Decline to delegate when it is unsafe
- Identify risks or gaps in UCP activity-specific readiness, character, past conduct, or other relevant factors
- Report inconsistent practices across teams

Leadership actions that strengthen safe delegation

Leaders can support consistent and safe delegation by:

Creating clarity

- Explain the difference between assignment and delegation
- Standardize language across teams
- Provide quick-reference tools (flowcharts, checklists, examples)
- Clarify which activities can be delegated (i.e. non-restricted vs. restricted activities)
- Have policies that clarify the delegation and assignment processes

Supporting UCP readiness

- Implement structured training programs for UCPs
- Ensure nurses have education on delegation and supervision
- Maintain records of UCP training
- Make time for supervised practice and assessment
- Put processes in place to support ongoing safe performance beyond initial training

Building strong support systems

- Ensure schedules allow nurses to delegate to UCPs safely
- Avoid placing nurses in roles where safe delegation is impossible
- Support nurses who decline delegation due to setting constraints

Fostering culturally safe conversations

Delegation can raise questions about roles, comfort, and safety. Leaders:

- Encourage respectful, curiosity-driven dialogue
- Normalize speaking up and asking for clarification
- Address racism, bias, or assumptions that may influence delegation decisions

Responding to issues early

Delegation problems often arise from:

- Misunderstandings about roles
- Inconsistent interpretation of policies
- Informal practices becoming normalized

- Conflicting expectations between programs
- Confusion about who is accountable and responsible and for what

Leaders may address these through:

- Coaching
- Clarification
- Revisiting training
- Updating workflows
- Clear employer policies

When delegation should not occur

Leaders support nurses who decline delegation when:

✕ Client is unstable or unpredictable

✕ Nurse cannot collaborate with the client about the delegation

✕ Activity requires nursing judgment

✕ UCP has not completed activity-specific training

✕ Employer policy does not support it

✕ Workload pressures are driving delegation decisions in ways that may undermine safe care.

✕ There are cultural safety concerns that have not been addressed

Supporting nurses to say "no" when appropriate and together finding a solution is a key leadership responsibility.

SECTION 4

Monitoring and quality assurance

Delegation requires ongoing oversight. To support safe and consistent delegation, leaders should monitor the following, while recognizing that additional factors may also be relevant:

Documentation

All nurses who delegate meet the requirements in BCCNM's *Documentation practice standard* and employer policies. Documentation may include:

- The assessment that supports delegation
- The specific delegated activity
- UCP activity-specific training verification
- Client and activity-specific conditions
- Reporting requirements
- Client involvement discussions
- Outcomes and follow-up

Consider:

- Providing standardized forms, templates, or checklists for:
  - Delegation decisions and rationales
  - Client and activity-specific conditions
  - UCP training verification
  - Escalation plan for concerns
- Integrating delegation documentation into electronic systems where possible to support consistency and audit trails.

Policies and procedures

Consider:

- Developing and regularly updating clear delegation policies that align with BCCNM standards, employer expectations, and relevant legislation and regulation.
- For example, defining:
  - Key terms (e.g., the difference between **delegation** and **assigning**)
  - Who may delegate, what, when, where, and to whom
  - Setting-specific documentation requirements

    - Escalation pathways for unexpected outcomes
- Including statements that affirm culturally safe and anti-racist practice expectations for all team members.
- Making policies easily accessible in clinical settings and during orientation.

Client involvement and documentation

Delegation requires collaboration with clients whenever possible. The nurse discusses with the client who will perform the activity and how safety will be maintained. Delegation details—what, who, for whom, conditions, and review date—are documented in the client record or care plan.

Example: A manager introduces a delegation checklist into the electronic health record. Nurses use it to set conditions and verify UCP training before delegating.

Education and orientation

Consider:

- Offering orientation training and ongoing education for nurses on delegation standards, accountability, and employer policies.
- Providing UCPs with training on delegation, reporting expectations, and role boundaries.
- Incorporating cultural safety, humility, and anti-racism principles, and Indigenous perspectives into nurse and UCP training, using local Indigenous examples or partnerships with cultural safety educators.

Example: A clinical educator creates short learning sessions and scenarios that review real delegation examples and promote reflective discussion.

Communication and supervision

Leaders ensure nursing staff continue to be responsible for the overall nursing care of the client. This includes:

- Completing regular assessments
- Reviewing client outcomes
- Revoking delegation if risks arise

Consider:

- Defining how nurses and UCPs communicate about delegated activities, including documentation and reporting expectations.
- Setting clear expectations for follow-up.
- Encouraging psychological safety so UCPs feel comfortable raising questions or reporting changes in client condition.
- Ensuring communication pathways respect diverse cultural norms and encouraging care providers to voice safety or cultural concerns.

Example: A unit leader holds weekly huddles where nurses and UCPs review delegated activities and discuss any challenges or safety concerns.

Staffing and workload

Consider:

- Advocating for realistic nurse-to-UCP ratios to support safe delegation.
- Adjusting delegation practices when staffing changes affect safety.
- Including delegation responsibilities in workload discussions and quality improvement reviews.

Shared and team-based delegation

In team-based settings, several nurses may share responsibility for a client's care. The nurse assuming care confirms which activities have been delegated, verify UCP activity-specific capability, and document the conditions. If a nurse believes a delegated activity is unsafe or no longer appropriate, they reassess the situation and may revoke or modify the delegation. Revocation must be communicated clearly to the UCP and documented in the care plan.

Cultural safety, cultural humility, and anti-racism

Leaders watch for:

- Gaps in client consent
- Missed cultural information
- Power dynamics affecting delegation
- Bias in decision-making

SECTION 5

Fostering a culture of safety and respect

Trust, respect, and open communication make safe delegation possible. Leaders set the tone for psychological and cultural safety.

Supporting safety in delegation

When supporting delegation, consider how to promote culturally safe care by:

- Recognizing how colonial histories and systemic racism continue to influence communication and trust in health-care relationships. Actively disrupting those patterns through respectful listening, curiosity, and commitment to change.
- Recognizing and addressing power imbalances.
- Encouraging mutual respect and shared accountability—every role contributes to client safety.
- Responding consistently to concerns, showing that speaking up is valued and acted upon.
- Making cultural safety and humility visible in team processes and decision-making.

Example: A leader notices that UCPs hesitate to question delegation instructions. In response, they introduce a routine check-in question during team huddles: "Does anyone need more clarification or support with delegated activities today?" Over time, this normalizes open dialogue and reinforces that safety is everyone's responsibility.

Embedding cultural safety in everyday leadership

- Begin meetings with reflection or land acknowledgement.
- Invite Indigenous voices into policy or practice reviews.
- Support staff participation in cultural safety learning.
- Apply restorative approaches when harm occurs.

Responding with humility

When concerns or conflicts arise leaders can demonstrate humility by:

- Listening before responding. Give space for the person's perspective.

- Acknowledging impact before intent, *"I can see how that situation affected you. Let's look together at what needs to change."*
- Modeling accountability. Take ownership for what you as a leader can improve.
- Encouraging reflection and repair. Help staff learn from what happened, without shame or blame.

Promoting respectful communication

Safe delegation depends on clear, honest communication among nurses, UCPs, and leaders.
To strengthen communication, consider:

- Modeling two-way feedback and respectful tone.
- Creating structured opportunities (e.g., huddles, debriefs, or reflection rounds) for staff to discuss delegation challenges.
- Reinforcing that questions and clarification requests are signs of professional accountability, not weakness.
- Celebrating examples of effective teamwork to build confidence and trust.

Example: A UCP raises a concern about a client's change in condition. The nurse thanks them, responds to the change in client condition, and the leader later shares this as an example of professional accountability.

Applying cultural safety principles in delegation

Culturally safe delegation systems:

- Recognize that safety is defined by the client.
- Create space for Indigenous and diverse perspectives in policies and orientation.
- Ensure staff have access to learning about anti-racism, trauma-informed practice, and bias awareness.
- Encourage staff to reflect on how culture, identity, and lived experience shape communication and trust.

Example: During training review, a leader collaborates with Indigenous staff to include real-world examples addressing historical harm and cultural safety.

Respecting client choice

Clients have the right to refuse care from a UCP, even when delegation is appropriate. The nurse explores the reason for refusal, address concerns respectfully.

Cultural safety reflection prompts

- How does my leadership style influence staff comfort levels to raise delegation concerns?
- Where might bias or power imbalances affect relationships?
- How can I include Indigenous or racialized colleagues in evaluating our delegation systems?
- What actions can I take this month to model humility and accountability?

Cultural safety, humility, and anti-racism are not add-ons—they are a legal obligation and integral to safe delegation and ethical leadership.

SECTION 6

Leader toolkit

FAQs

These questions reflect common issues leaders raise about delegation.

Can nurses delegate outside their competence?

No. Nurses cannot delegate activities they cannot safely perform.

How can a nurse be expected to verify the UCP's character?

Nurses are not expected to "verify a UCP's character" in the employment-screening sense. They are expected to be satisfied the UCP can perform the delegated restricted activity safely and without causing harm.

That satisfaction comes from confirming the UCP's activity-specific training and readiness is supported by documented education, training, experience, and/or other qualifications.

If the nurse becomes aware of information that raises concerns about the UCP's ability to perform safely, the nurse reconsiders, modifies, or revokes delegation.

Nurses remain accountable for ensuring the employer's processes provide appropriate assurance and for confirming those requirements have been met before delegating. If they can't confirm this, delegation may not be appropriate.

Can PRN (as needed) medications be delegated?

Only when:

- the client is stable or predictable
- the UCP has completed activity-specific training
- clear client-specific delegation conditions are outlined in the care plan
- employer policy supports PRN delegation

Otherwise → nurse must administer. The nurse remains responsible for the overall assessment, care planning, and evaluation of the client's response to the medication. All nurses are accountable for ensuring they can justify their decision to delegate and uphold the standards related to safety, competence, and ethical practice.

What if a UCP is trained but the nurse is still unsure?

Delegation decisions are based on the nurse's professional judgment and confidence that the UCP can perform the restricted activity safely and ethically. If the nurse is not satisfied that the requirements for safe delegation are met, they may decide that delegation is not appropriate. Accountability for this decision rests with the nurse, and client safety remains the priority.

What if multiple nurses care for the same client?

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. Each nurse assesses the client and decides whether to continue, modify or discontinue delegation. Each nurse is accountable for their own delegation decisions and ensuring they align with the practice standard. Employer/organizational policies should clearly outline roles and responsibilities to support team-based delegation and ensure safe, consistent care.

What if a UCP refuses delegation?

Leaders should ensure:

- UCPs feel safe to decline
- Training is adequate
- Workload is manageable
- Role clarity is reinforced

What if the client's condition changes?

When the client's condition changes, the nurse reassesses the client, reviews whether delegation remains appropriate, and makes any needed changes to the care plan.

What if employer policy does not support delegation?

Delegation cannot occur. Leaders have policies and processes that clearly outline the roles, accountabilities, and responsibilities for all those involved in the delegation.

Can delegation be blanket or ongoing?

No. Delegation is always client-specific and activity-specific and must be reassessed by each nurse providing care.

What does "stable or predictable" mean?

Nurses delegate decisions for stable clients with less acute and/or complex care needs who have predictable responses and outcomes.

Stability generally means 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 confidently anticipated. The client's condition and response to care follow expected patterns. If unsure, do not delegate.

Can 'medication assistance' be assigned?

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

Medication assistance is not a restricted activity because it does not involve administering the medication. It may be assigned when employer policies support it. Delegation is not required.

Medication assistance is not a regulatory term, however, the BC Care Aide and Community Health Worker Registry commonly uses it to describe activities that are distinct from medication administration.

See the resource Ask a Consultant for more information.

Can medication administration be delegated?

Medication administration is a restricted activity. A nurse with delegating authority and competence may delegate medication administration if they meet the *Delegation to Unregulated Care Providers practice standard*, and employer policies.

What if nurses and UCPs work for different employers?

Delegation is only possible when both employers agree and have compatible policies. If multiple employers are involved in a client's care, the nurse remains responsible for ensuring delegation meets practice standards and supports safe, ethical care. This includes verifying that policies in each setting clarify roles, supervision, and communication. Nurses must determine if these policies allow them to

fulfill all standard requirements, such as client-specific needs, collaboration, and ongoing evaluation. If not, delegation should not occur. See the resource Ask a Consultant for more information.

Does the nurse need to supervise directly?

Not always. The level of supervision, if any, must match client stability, activity risk, UCP activity-specific capability, and employer policy.

How long does delegation last?

It depends. A nurse decides whether delegation is appropriate and how long it should continue while the client is under their care. When responsibility for the client's care transfers to another nurse, that nurse also assumes responsibility for any previously delegated restricted activities. The receiving nurse must assess the client and decide whether to maintain, modify, or discontinue the delegation based on their own assessment and professional judgment.

What happens in emergencies?

Delegation is only appropriate while the client's condition is stable or predictable.

If a previously stable client becomes unstable, the nurse:

- reassesses the client immediately
- updates the care plan
- provides or arranges any needed nursing interventions
- decides whether to continue, change, or stop the delegation

The nurse remains responsible for the overall assessment, care planning, interventions, and evaluation of the client's care.

Delegation should only happen when the workplace has clear guidance in place, including:

- who is responsible for what (nurse, UCP, team)
- how the UCP gets immediate help from a nurse or another regulated health professional
- what to do if the client's condition changes or something unexpected happens
- when and how to escalate concerns
- how risks are managed and responded to

Before delegating, the nurse confirms the UCP is ready to do the activity safely and can:

- perform the activity correctly
- follow the required steps

- recognize what to watch for and report
- understand the risks involved
- respond appropriately to unexpected outcomes
- follow escalation protocols

The nurse also sets clear conditions for when the UCP must stop and report concerns right away so the team can respond quickly if care is not going as expected.

Troubleshooting delegation issues

If a nurse refuses to delegate

Leader explores:

- Is the client stable or predictable?
- Is policy unclear?
- The nurse's reasoning about delegation.
- Is cultural or psychological safety an issue?

If concerns arise about a nurse's delegation decisions

The leader should consider whether:

- the nurse understands the requirements and boundaries for delegation
- conditions, reassessment, follow-up, and documentation expectations are clear
- there are team, communication, or practice environment factors affecting safe delegation
- the nurse needs additional support, guidance, or coaching

If a UCP refuses delegated care

Leaders ensure:

- UCPs feel psychologically safe to decline
- Training concerns are addressed
- Workload and support issues are reviewed

Delegation scenarios

The following scenarios show how delegation principles apply in real practice. Each example highlights what safe delegation looks like—and what can go wrong—when key requirements are met or missed. Use these scenarios to reflect on how training and organizational policies support safe delegation decisions in your setting.

Scenario: Nurse unsure about delegation

Jasmine, an RN, approaches her manager and says she's unsure whether she should delegate a simple dressing change for a client who has been stable. UCP on shift has completed activity-specific training, but Jasmine is hesitant.

Leader actions may include:

- Ask Jasmine to walk through client stability, predictability, and recent changes.
- Review employer policy to confirm this activity is permitted for delegation.
- Confirm the UCP's training.
- Explore Jasmine's concerns — is this a clinical risk or a confidence issue?
- Reinforce that Jasmine does not delegate if the client is not stable or predictable.
- If needed, support Jasmine in planning delegation conditions or performing the activity herself.

Scenario: Delegation across nurses (shift or team transitions)

An outgoing LPN, Lee, delegated simple wound cleansing for a stable client to a UCP during the morning shift. On the afternoon shift, another LPN, Tasha, assumes care. The UCP says, "Lee already delegated this — I'll keep doing it."

Tasha is unsure whether she can rely on the previous delegation.

Leader actions may include:

- Reinforce that each nurse reassesses the client before continuing a delegation.
- Confirm whether the client is still stable and predictable.
- Ensure Tasha feels supported to continue, modify, or revoke the delegation based on her assessment.
- Coach both nurses on documenting the delegation clearly for continuity.
- Ensure team norms reflect that delegation does not automatically carry forward across shifts without reassessment.

Scenario: UCP raises safety concerns about unclear delegation and support

Evan, a UCP, asks to speak with the nursing leader. He says that on several recent shifts, he has been asked to carry out delegated activities without clear direction about what to monitor, when to stop, or who to contact if concerns arise. He also says that expectations seem to vary between nurses. Evan says, "I want to do my work safely, but sometimes I am not sure what is expected, and I do not always feel comfortable asking."

Leader actions may include:

- Thank Evan for raising the concern and reinforce that speaking up about safety and clarity is expected
- Explore what parts of the delegation process have been unclear or inconsistent
- Review whether nurses are providing clear, client-specific direction, including when to stop and report concerns
- Identify whether workload, communication gaps, or unclear processes are contributing to the problem

Scenario: UCP is trained, but nurse lacks confidence

Nurse Brianna is hesitant to delegate suppository insertion, even though the client is stable and the UCP has completed appropriate training. Brianna says, "I know they're trained, but I'd rather just do it myself."

Leader actions may include:

- Explore whether Brianna's concerns are about clinical risk or personal comfort.
- Clarify that delegation is permitted only when all criteria are met.
- Reinforce that nurses may decline to delegate if they believe it is unsafe.
- Identify whether Brianna needs additional education on delegation standards or delegating to UCPs.
- Support Brianna to build confidence with a structured supervision plan (e.g., observe the first delegation).

Workload pressures influencing delegation decisions

A unit is short-staffed, and there is pressure to find ways to manage workload. A supervisor suggests that nurses delegate more activities to UCPs to help maintain care delivery. A nurse expresses concern, saying, "I don't think these clients are stable enough."

Leader actions may include:

- Reinforce that delegation may sometimes help support workload, but only when it is appropriate for the client and safe in the specific situation

- Recognize and support the nurse's concern about client stability and appropriateness of delegation
- Work with staff to prioritize care safely based on client need and available supports
- Consider other ways to manage workload or staffing pressures without relying on inappropriate delegation
- Reinforce with supervisors and other leaders that delegation remain client-focused, situation-specific, and safety-focused

Scenario: No employer policy for the activity

A nurse wants to delegate catheter care to a UCP. The UCP has done catheter care in another organization, but your workplace has no delegation policy.

Leader actions may include:

- Clarify: delegation cannot occur without employer policy support.
- Work with policy, education, and leadership teams to determine whether such a policy should be developed.
- Ensure staff understand boundaries and avoid informal delegation.
- Document the risk and communicate interim safe practices.

Scenario: Cultural safety concern in a delegation decision

A UCP notices that an Indigenous client keeps refusing for them to perform a delegated activity and seems uncomfortable. The delegating nurse feels frustrated and says, "We just need to get this done." The UCP takes their concerns to the charge nurse.

Leader actions may include:

- Support the UCP's observation.
- Encourage the nurse to revisit the conversation with cultural humility:
    - explore the client's concerns
    - involve family or Indigenous Patient Navigator if appropriate
- Reinforce cultural safety expectations in delegation.
- Ensure this scenario informs ongoing team reflections and training.

Scenario: UCP transferring delegation to another UCP

A UCP trained in wound cleansing asks a new UCP to "cover this wound care for me just this once." The new UCP feels pressured and asks the leader whether this is allowed.

Leader actions may include:

- Reinforce that transferring a delegated activity to another UCP is never allowed.
- Provide coaching to both UCPs about delegation boundaries.
- Review whether workload contributed to the situation.
- Strengthen team understanding of accountability.

Scenario: Determining what can be delegated

A community health program supports adults with chronic illnesses who receive home care. The program's nursing leader, Jasdeep, is reviewing which nursing activities could potentially be delegated to UCPs to improve service coverage.

Demand for home visits has increased, and nurses report limited time for procedures such as simple wound care. Some nurses have begun informally teaching experienced home support workers to perform such activities. Jasdeep realizes there is inconsistency across teams — some activities being delegated safely, others not at all.

To address this, Jasdeep reviews:

- BCCNM's Delegation to Unregulated Care Providers practice standard
- Employer policy on delegation
- The organization's current list of "approved delegated activities"

Jasdeep's actions:

- Assesses each activity against regulation, BCCNM standards, and what organizational policy allows.
- Determines that simple wound care for stable clients may be considered for delegation.
- Confirms that the setting does not support delegation of urinary catheterization and medication injections to UCPs at this time.

Jasdeep collaborates with educators and nursing staff to outline:

- Which activities may be considered for delegation in the community health program.
- Minimum training requirements for UCPs.
- Delegation expectations and documentation standards.

Jasdeep updates the policy and creates a decision-support tool showing which activities may or may not be delegated. She ensure cultural safety principles are embedded in the policy (e.g., considering client collaboration, communication preferences, and awareness of power dynamics in delegation decisions).

Outcome: Nurses now have clear, evidence-based guidance about what activities can be considered for delegation. This sets a foundation for consistent, safe decision-making before client-specific delegation occurs.

Scenario: Determining which activities can be delegated to a specific UCP

After Jasdeep's policy update, community nurse Leah provides care for Mr. Singh, a 68-year-old client recovering from surgery at home. He requires daily sterile wound care for his abdominal incision, along with mobility and nutrition support.

Mr. Singh's home support worker, Amita, assists with personal care and has completed simple dressing change training through the health authority. Leah considers delegating the dressing change to Amita between nursing visits to promote continuity and client comfort.

Leah's decision-making process:

- Reviews scope and policy: Leah confirms simple dressing changes is a restricted activity and may be delegated only when the client's condition is stable and the UCP has the activity-specific training.
- Assesses the client: Mr. Singh's incision is healing well with no signs of infection.
- Evaluates the UCP: Leah confirms Amita's training and that she understands when to report unexpected outcomes (redness, drainage, odour, pain), so that Leah can come do a thorough assessment.
- Establishes conditions and follow-up: Delegation applies only to Mr. Singh and only for this type of dressing.

Leah documents the plan of care including activities delegated, the activity-specific conditions, the plan for reporting and managing client's care, and the reassessment and follow-up plan of the delegated activity.

Leader involvement: The team leader, Jasdeep, reviews the documentation and confirms Leah followed the delegation process correctly. They use the case as a learning example in team rounds to reinforce consistent delegation practices.

Outcome: Amita performs the delegated dressing change activity safely and confidently. Mr. Singh's recovery progresses smoothly, and the team gains a shared understanding of how delegation can extend care safely when applied with clear boundaries and accountability.

Reflection prompts

- What factors made delegation appropriate in this case?
- How did Leah confirm the activity, client, and UCP all met delegation criteria?
- What role did documentation play in maintaining accountability?
- How did cultural safety and communication support trust and partnership?

Scenario: When delegation should not occur

A small rural hospital provides long-term and palliative care for older adults. Staffing has been challenging, and several nurses have raised questions about delegating medication administration to Health Care Assistants (HCAs) during night shifts.

Priya, the night RN, is responsible for 18 clients. One client, Mr. Wilson, has recently begun requiring subcutaneous morphine injections for pain. Priya considers whether she could delegate this activity to the UCP to manage workload and maintain client comfort overnight.

Before proceeding, she reviews the criteria for delegation under the BCCNM *Nurses: Delegation to Unregulated Care Providers practice standard* and her organization's policy.

Priya's decision-making process:

- Assessment of the activity: Morphine administration is a restricted activity with a high risk for harm. It involves nursing judgment and ongoing assessment of the client's response.
- Assessment of the UCP: Jordan has no formal medication administration training. Their current role includes personal care and comfort measures only. While willing and caring, they would be placed in a position beyond their role and training.
- Assessment of the client and environment: Mr. Wilson's condition is unstable, and his pain level changes rapidly. The rural setting means Priya may be temporarily off the unit attending to another client. Delegating in this context could delay timely clinical judgment if complications arise.
- Ethical and cultural considerations: Mr. Wilson's family have expressed a strong desire for comfort care guided by nurses with palliative experience. Priya recognizes that delegating this activity could erode their trust and compromise safe, compassionate care.

Priya's decision: Priya determines that delegation is not appropriate. She provides the morphine administration herself, documents her assessment, and informs her manager about workload pressures.

The manager reviews staffing models and advocates for additional RN coverage on nights.

Outcome: Education sessions reinforce when it is appropriate to delegate.

Reflection prompts

- What risks would delegation have created for the client, the HCA, and the nurse?
- How did Priya demonstrate accountability and uphold client safety?
- What role should leadership play in addressing the workload concerns raised?
- How do cultural safety and client trust influence delegation decisions?

Scenario: Delegation in acute care setting

Riverside General Hospital's medical-surgical unit is a fast-paced environment with one RN team leader, several RNs and LPNs, and a group of Health Care Assistants (HCAs) supporting client care each shift. The unit recently introduced a new electronic form to support clearer documentation and greater consistency when delegation is used.

During routine chart audits, the RN team leader, Maria, notices that some activities have been documented as 'delegated' even though they are already part of the HCA role under employer policy and role expectations. This suggests possible confusion about the difference between assignment and delegation.

Maria also reviews a situation in which a nurse had an HCA perform an in-and-out catheterization for a post-operative client. The activity had not been supported by clear documentation of the activity and client-specific conditions, limits, or follow-up related to the situation. When a family member later asked why the HCA was performing the activity, staff were uncertain about how the decision had been made, what accountability remained with the nurse, and whether the appropriate organizational processes had been followed.

Complicating factors

Several HCAs say they are sometimes uncomfortable when expectations are unclear but they are unsure how to raise concerns.

One staff member shares privately that she does not always feel safe asking questions or challenging instructions because feedback has not always been well received.

Documentation and related processes are inconsistent across shifts, creating confusion about role expectations and when delegation processes are required.

- Maria pauses the use of the new electronic form for any situation where staff are unclear whether they are documenting an assignment or a delegation process. She then:
- Clarifies the difference between assignment and formal delegation, including expectations for direction, follow-up, and documentation.

- Reviews unit practices for risks related to role confusion, inconsistent processes, or unclear expectations.
- Creates opportunities for staff to raise concerns and ask questions openly.
- Supports practical refresher learning using unit-based examples.
- Recommends updates to guidance, documentation tools, and orientation materials.
- Considers whether workload, communication, or support gaps are contributing to inconsistent practice

Outcome

- Over time, staff report greater clarity about the difference between assignment and delegation, the role of HCAs on the unit, and when additional nursing direction or formal processes may be needed.
- The organization updates its guidance and support tools, adds a quick reference resource for staff, and begins regular review of documentation and practice patterns to support greater consistency.

Reflection prompts

- Where did role clarity and communication begin to break down in this scenario?
- What signs suggest confusion between assignment, role expectations, and delegation?
- What organizational supports could help staff apply these processes more consistently?
- How can leaders respond in ways that support learning, accountability, and safer practice going forward?

SECTION 7

Wrap-up and next steps

Leaders ensure that nurses and UCPs can safely carry out delegation practices within supportive systems.

When policies, education, communication, and culture align, delegation becomes a tool for safe, client-centred, and team-based care.

Leader actions to consider

☑ Review your organization's delegation policy and ensure it aligns with BCCNM standards.

☑ Share this resource with other leaders and discuss opportunities for improvement.

☑ Identify one area in your system that could be strengthened this year.

☑ Visit BCCNM's *Delegation to Unregulated Care Providers practice standard* for detailed guidance.

☑ Encourage staff to complete BCCNM's *Safe Delegation for Nurses* learning module.

Final takeaway

Effective leadership in delegation includes creating conditions where safety, competence, and respect thrive.

When leaders champion reflective practice, cultural safety, and accountability, they empower nurses and UCPs to work together in the best interests of clients—and uphold the trust placed in the nursing profession.

Safe delegation is inseparable from culturally safe and anti-racist leadership. By acting with humility, awareness, and respect, leaders contribute to reconciliation and uphold BCCNM's vision of equitable, person-centred care for all.

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