

PRACTICE STANDARD

Nurses: Delegation to Unregulated Care Providers

Introduction

These standards set out the requirements for when **nurses** (licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners) **delegate** the performance of a **restricted activity** to an **unregulated care provider** (UCP) in accordance with the *Health Professions and Occupations Act*. UCPs, who do not have a legally defined scope of practice, may work under various job titles and descriptions.

Nurses have a professional responsibility to delegate restricted activities appropriately within the healthcare team in the best interest of **clients**. Delegation of restricted activities to UCPs must be carefully assessed to ensure all requirements in this standard are met.

Standards

1. Nurses who delegate restricted activities to UCPs must have a practising or multijurisdictional licence in good standing with BCCNM.
2. Nurses delegate to UCPs only those restricted activities that fall within the nurse's own scope of practice and individual **competence**.
3. Nurses delegate in alignment with:
 - a. relevant federal and provincial legislation and regulations,
 - b. BCCNM bylaws, standards, limits, and conditions, and
 - c. organizational/employer policies and processes.
4. Nurses delegate to UCPs only in settings where:
 - a. delegation is supported by organizational/employer policies and processes that clearly outline the roles, accountabilities, and responsibilities for all those involved in the delegation, and
 - b. the nurse is satisfied, in the exercise of their own professional judgment, that the setting is one in which delegation can be made safely to the UCP.
5. Nurses are accountable and responsible for their own delegation decisions.
6. When nurses assume responsibility for a client, nurses decide whether to maintain, modify or discontinue a delegation decision made by another nurse, based on their own assessment and clinical judgment.
7. The responsibility for the practice of nursing, practical nursing, or psychiatric 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.

8. Before delegating the performance of a restricted activity to a UCP, nurses are satisfied that the UCP can and will perform the restricted activity without causing harm, having regard to:
 - a. the UCP's knowledge, skills, ability, and judgment, as demonstrated by the UCP's completion of education, training, experience and/or other qualifications that is, or has been evaluated by the employer to be, sufficient to satisfy the requirements of applicable organizational or employer policies and processes; and
 - b. any other information known to the nurse about the UCP's character, past conduct or other relevant factors.
9. When making a delegation decision for a client, nurses consider:
 - a. client factors such as the client's health status, ability to consent to and direct care, care needs, and cultural considerations,
 - b. the restricted activity to be delegated, including the risk of harm to the client, the complexity of the restricted activity, and the predictability of the outcome,
 - c. care environment factors, and
 - d. organizational/employer policies, processes, and supports.
10. Nurses set client-specific conditions for the performance of a delegated restricted activity by a UCP, such as:
 - a. the level of supervision and support required to ensure the UCP's ability to safely perform the restricted activity, which must at least be sufficient to satisfy the requirements of applicable organizational or employer policies and processes, and may be increased based on the nurse's professional judgment and the client's needs,
 - b. any criteria that must be met in order for the restricted activity to be performed,
 - c. when and how to access an appropriate regulated health professional for consultation and guidance, and/or
 - d. actions to be taken if there is an unexpected outcome.
11. Nurses communicate and collaborate with all those involved in the delegation process, including the UCP performing the delegated restricted activity and the nursing/healthcare team.
12. Nurses ensure that delegation decisions are made in collaboration with the client (or the **client's representative**), respecting their autonomy, values, and right to informed decision-making.
13. When making a delegation decision, nurses document the plan of care for the client including the delegated restricted activities that may be performed by a UCP and any relevant conditions set for the performance of those activities.
14. Nurses evaluate delegation decisions for clients in their care and take action in response to any concerns or risk of harm related to the delegation decision.

Limits & conditions

1. Nurses only delegate the performance of restricted activities to UCPs for clients who have a stable or predictable health status.
2. Nurses do not delegate the performance of the following restricted activities to UCPs:
 - a. making a diagnosis;
 - b. prescribing a schedule I, IA, or II drug;
 - c. issuing an authorization to apply hazardous energy, including ultrasound, electromagnetism, laser or X-rays;

- d. setting a fracture of a bone;
 - e. managing labour or delivery of a baby; or
 - f. designing a therapeutic diet.
3. Nurses do not delegate the performance of the restricted activities of applying hazardous energy, including ultrasound, electricity, electromagnetism, laser or X-rays, unless they have authority under the *Nurses and Midwives Regulation* to issue an authorization to a UCP to perform that activity and they issue an authorization that meets the requirements of section 8 of the *Regulated Health Practitioners Regulation*.

Glossary

Client: person receiving nursing care or services from a nurse.

Client's representative: a person with legal authority to give, refuse, or withdraw consent to health care on a client's behalf, including, as appropriate:

1. "committee of the patient" under the *Patients Property Act*,
2. parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
3. representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
4. temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
5. substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Competence: the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

Delegation: in the course of practising nursing, practical nursing, or psychiatric nursing, delegating the performance of a restricted activity to a person who is not authorized to practise nursing, practical nursing, or psychiatric nursing.

Nurses: refers to licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners licensed with BCCNM.

Regulated health professional: an individual who is a licensee under the *Health Professions and Occupations Act*.

Restricted Activity: an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

Unregulated care provider (UCP): an individual who is not a regulated health professional and provides health related services (e.g., Health Care Assistant). This includes those who are employed, students in a program leading to employment as an unregulated care provider, or unpaid individuals who are not acting in the capacity of a friend or family member.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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