



**Regulatory Guideline  
for Delegation and Supervision of  
the Unregulated Health Worker**

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## **Background**

Increased demands in the workforce and a decrease in nursing staff contributed to the introduction of Unregulated Health Workers (UHWs). UHWs are hired to assist with personal care activities of patients. Employers determine the competency and education requirements of the UHW which ranges from formal preparation to on- the-job training.

Prior to the 1980s, the majority of patient care was provided by registered nurses (RNs) and practical nurses (LPNs), with some supportive assistance provided by UHWs such as orderlies and porters. However, with the onset of the “nursing shortage” and requirement “to increase the efficiency and decrease the costs of nursing care delivery” new UHW models emerged in the 1980s and 1990s that shifted from exclusively supportive role models with focus on the patient care unit to assistive roles that focused on patient care. Since the early 1990s, similar changes have occurred in other practice settings worldwide. Roles and functions of UHWs have expanded accordingly. Today, UHWs work in diverse settings with a wide range of clients with varied acuity levels.

In 2009, PEI implemented a pilot project that hired UHWs on a medical unit in an acute care facility. This unit had a heavy workload, had experienced bed closures and had unfilled staff positions. A committee of staff recommended the hiring of UHWs to help in providing some of the physical cares required. The proposed title for the UHW within that facility was Patient Care Worker (PCW) and is still used in acute care in PEI. Resident Care Worker is the term used in non-acute care facilities.

## **Unrelated Health Worker Education**

The required education for an UHW is graduation from a Resident Care Worker (RCW) Program that contains an acute care component. Even if an RCW does not plan to work in an acute care facility, they will still complete the acute care section.

The purpose of the current provincial RCW program at Holland College is to prepare the graduate with the necessary skills and abilities required to provide quality care to stable clients, usually seniors, who reside in an acute care or an extended care facility. The student will also gain an appreciation of the RCW role in providing client care in home care and mental health settings. Upon completion of the program, the students are prepared to provide various elements of physical care needs to individuals who are unable to manage independently their activities of daily living. Students also have an appreciation for, and gain insight into, meeting psycho-social, emotional, and spiritual support needs of the client and family. A range of interpersonal, communication and personal care skills are required to fulfill this role.

The Resident Care Worker program at Eastern College prepares students to deliver appropriate short or long-term care assistance and support services in either a long-term care facility or in home care. The program educates and trains graduates to deliver appropriate, timely, and respectful client-focused care to the elderly, persons with disabilities or those recovering from illness or injuries and their families. Additional training includes a Food Handler course, Certifications in First Aid, CPR, TLR, Palliative Care, Non- violent Crisis Intervention and WHMIS. Students at Eastern College learn the importance of communication and interpersonal skills which are essential to establishing and maintaining effective relationships with clients. They will be given the opportunity to identify and examine their own beliefs, values

and attitudes about aging, disability, independence and interdependence. Graduates are eligible to write the National Association of Career Colleges Personal Support Workers examination.

CRNPEI supports the maximization of human resources and values the role that the unregulated worker plays in today's health care.

### **The Role of CRNPEI as a Regulatory Body for Registered Nurse Practice on PEI**

The legislated mandate of CRNPEI is protection of the public. As a regulatory body, CRNPEI also provides eligibility for liability protection to RNs currently registered and acts as a resource to RN practice. The introduction of an UHW in the acute care system represented a substantive change in the philosophy of care delivery. The Corpus Sanchez Report entitled *An Integrated Health System Review in PEI* was released in 2008. Among other things, the Corpus Sanchez Report addressed the redesign of acute care delivery. The introduction of the UHW was conceived prior to the release of the Corpus Sanchez Report. The purpose of this document is to provide direction for nursing practice to RNs who work in settings where unregulated workers are employed.

The RN's responsibility is to delegating tasks and supervise the UHW in the provision of that task. From time to time, CRNPEI receives calls from RNs with questions/concerns related to competencies, scope of responsibility, parameters of delegation, supervision, reporting mechanisms and accountability.

The UHWs do not receive a patient assignment. The UHW will, however, be delegated tasks under the supervision of the RN. This document contains principles of delegation and supervision, outlines responsibilities for the RN delegating to UHWs, responsibilities for the workplace in hiring an UHW, and responsibilities for the UHW in performing tasks to assist in the provision of nursing care.

#### **Principles of Delegation and Supervision**

The RN is ultimately responsible for the overall delivery of nursing care, and the scope of responsibility for patient care is shared among the RN, the employer and the UHW. Each member of the team must have a clear understanding of the role and expectations of the UHW in the provision of care to clients.

Since the RN is ultimately responsible for nursing services provided, the RN must be familiar with the competencies of the UHW before initiating the delegation process.

Organizational policies related to delegating tasks to the UHW and for the UHW reporting back to the RN must be followed.

As in any delegation process, the RN is responsible for the assessment of the patient, identifying the task to be delegated, determining whether it is appropriate to delegate and then, if the situation warrants delegation, communicate the expected response by the client to the task performed. The RN must also ensure that the client receives appropriate supervision.

#### **Determining the Appropriateness of Delegating a Task to an UHW**

Using the nursing process, a RN assesses the needs of the client and plans for the delivery of care.

**It must be remembered that the RN only delegates tasks. The RN does not delegate functions in situations where the competency of a RN is required.**

In delegating tasks to an UHW the RN's must determine the appropriateness of delegating the task to the UHW. A delegation of a task refers to the transfer of responsibility for completion of a task or set of tasks to another health care worker, in this case the UHW. Responsibility is the obligation to provide for the needs for nursing care in accordance with professional and legal standards. Tasks referred to as activities of daily living including personal care are normally performed by healthy individuals as part of their usual, everyday routines. Including functions such as bathing, dressing, grooming, toileting, mobilizing and feeding.

To assist in this decision-making the RN will ask the following questions:

1. If the client was healthy and able to perform the function, would the person do the task him/herself as part of daily living,
2. Is the client's condition considered to be stable and the outcomes of the task to be performed predictable,
3. Is the task to be performed included in the UHW job description, and
4. Is the UHW competent to perform the task?

If the answer to each of these questions is yes, the next question that the RN must consider is:

5. Does the situation require the competencies of a RN?

If the RN is satisfied that the situation does not warrant the services of a RN, the delegation process can continue and the RN can safely delegate the task to the UHW. If the RN concludes that the patient situation would benefit by the services of a RN, the delegation process should be discontinued.

#### Communicating Parameters of Client Response to the Delegated Task

Once it has been determined that the RN can safely delegate the task to the UHW, the RN must ensure that the UHW receives clear instructions related to the client's response to the task being performed. That is, the UHW must clearly understand the delegated task being asked to perform, what to observe in the client's response and when to report the findings to the RN.

The communication and information that the RN provides to the UHW must include client-specific expectations on when and what to report as outcomes of the care delivered and how to ask for assistance, e.g. the RN will inform the UHW to report back if Mr. Jones BP is higher than 260/100 (which provides a reportable parameter for monitoring and supervision of the client's condition), in contrast to the statement "Check Mr. Jones BP...".

It may also be necessary in some situations for the delegating nurse to provide written instructions including the expected signs of progress and the signs or symptoms that require the immediate attention of the RN.

#### Supervision and Evaluation of the Delegated Task

If it is determined that a task can be delegated to an UHW, the RN retains responsibility for the

provision of ongoing supervision and evaluation of the nursing care provided.

Supervision includes the monitoring of the client's condition and the availability by the RN for consultation, should the UHW seek further direction, report observations and/or problems encountered as well as results of the care provided. The RN must be satisfied that the UHW understands the extent of the responsibilities being asked to perform, when and whom to ask for assistance, and when and how to report the outcome.

The RN must always be available to intervene should corrective action be required. If the RN is not available for consultation or supervision then the task should not be delegated.

Supervision also includes the evaluation of outcomes of the care provided by the UHW. Evaluation includes ensuring proper documentation of the care provided (in accordance with organizational policies), the ongoing adjustment of care plan as necessary, evaluation of the reporting mechanism, and documentation of the client outcomes.

#### Responsibilities and Accountability for the Employer and the UHW

The employer is responsible for developing policies and procedures that ensure that the UHW has the competencies to assist in the provision of care. Organizational policies must specify:

- (a) role expectations, limitations and responsibilities of UHW,
- (b) the circumstances that would require the UHW to seek the assistance of other team members, communicate and share patient information appropriately among care providers, and
- (c) the reporting mechanism and accountability framework for the RN and the UHW as a shared responsibility in the delivery of patient care.

CRNPEI recommends that job descriptions for UHWs be based on provincial standardized educational competencies.

The UHW is responsible for performing tasks and reporting the patient responses to the RN. In accepting the responsibility of performing tasks in the delivery of care to clients, the UHW is accountable to perform the task as taught (in accordance with the job description) only after receiving direction from the RN. The UHW is also accountable for communicating any observations and/or concerns related to the client outcomes to the delegating RN.

## Questions/Answers

### 1. What if my employer expects me to delegate regardless of the circumstances?

Although an employer may make staffing decisions that require delegation, as a RN you are ultimately accountable for the decision about whether to delegate the task to the UHW. Delegation of a nursing task is always context-specific and not determined by the task itself.

If, after having considered all of the relevant factors, you believe that delegating a task to an UHW would not be in the client's best interest, you should not continue the delegation process and assume direct responsibility for the performance of the task. You should discuss your concerns with your employer at an appropriate time and recommend an alternative arrangement in similar future scenarios.

If you are concerned with overall appropriateness of an UHW performing a task (e.g. the client's condition is too complex or unpredictable) you should discontinue the delegation process and assume direct responsibility for the performance of the task. You should discuss your concerns with your employer and recommend an alternative arrangement in similar future scenarios.

Finally, if you believe that the task could be performed safely if a nurse was more readily available to supervise and intervene as necessary, you should discontinue the delegation process, and assume direct responsibility for the performance of the task.

### 2. What if an unsafe situation does arise?

When the nurse becomes aware of an unsafe situation, the RN must intervene immediately. The RN will identify the problem and take actions to correct the situation and/or mitigate the outcomes to achieve the best patient outcome. The RN will document the rationale for problems encountered and decisions taken (including the assessment of client needs). The RN should also communicate these concerns to nursing administration as soon as possible, following agency policies and using organizational mechanisms for lines of communication.

### 3. What happens if the UHW does not pick up a change in a client's condition that is not expected?

Scope of responsibility for patient care is a shared responsibility. The UHW is accountable to recognize patient responses and to report any observations/concerns related to the care provided to the RN. In the event that the responses are not reported to the RN and the client's condition undergoes a change that was not anticipated at the time of delegation, the RN cannot be held accountable for a situation that he/she has not been informed. The RN is obligated to intervene immediately when he/she becomes aware of the change in the client's condition.

### 4. What does the delegating nurse need to document?

It is important that the RN follow best practice in documentation, recording evidence of the problem, time, and actions taken to resolve the problem (including any deficits in assigning functions) and rationale for actions taken.

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