

Assignment of Tasks to Unregulated Care Providers

The purpose of this practice guideline is to assist Licensed Practical Nurses in the assignment of tasks to Unregulated Care Providers (UCPs) on an individual client-specific basis. This would not include assignment of a particular task to a UCP for a whole group of clients. As regulated professional nurses, LPNs are accountable to their clients, their regulatory body and their employer for providing safe, effective and ethical care. They must assess their individual knowledge, skill, ability, critical thinking, and judgment before providing care and assigning care or tasks to an unregulated care provider.

The LPN is accountable to assign tasks to unregulated care providers in a manner compliant with the SALPN Regulatory Bylaws. The Regulatory Bylaws provide the following:

20. All members shall ensure that they work within their educational preparation, level of competence and scope of practice and comply with the standards of practice set out in the *Standards of Practice for Licensed Practical Nurses* approved and adopted by Canadian regulatory agencies as of April 1, 2013.

21. All members shall conduct themselves in an honorable and ethical manner, upholding the values of truth, honesty, and trustworthiness, and shall observe the standards of conduct set out in the *Code of Ethics for Licensed Practical Nurses in Canada* approved and adopted by Canadian Regulatory Agencies as of April 1, 2013.

Unregulated Care Providers (UCPs) may have various titles, such as continuing care assistant, special care aide, health-care aide etc. They may be formally educated or may have received training on the job, or a combination of both. UCPs are neither registered nor licensed by a regulatory body consequently, they have no legally defined scope of practice. The UCP's role description and training is defined by the education provider and the employer.

Under specific circumstances, a task, which is not in the UCP's role description, may be assigned by an LPN to the UCP. Only the required task may be assigned. The LPN retains accountability for the overall planning and supervision of care; the LPN is responsible for continued evaluation of the appropriateness of the assignment. For example, it may be appropriate for a LPN to assign a task relating to administration of medication such as, instilling eye drops, to an unregulated care provider, however, the LPN would still be responsible for assessing the client outcome or reaction to the medication.

An LPN may assign a task to a UCP, but only when the task is within the LPNs scope of practice and if the LPN is knowledgeable and competent in the task being assigned. The LPN retains accountability for the decision to assign. Assignment involves, assessment, teaching, supervising and evaluating.

The appropriateness of assigning and teaching a task will be influenced by:

- the risks involved in performing the specific procedure
- the condition of the client
- the potential effects of the procedure

- the education and ability of the UCP performing the procedure,
- the supervision required and available in the situation

To assign a task to a UCP the LPN and the employer must consider the following factors:

1. Client's health status;
 - the client has well-defined care needs, support systems and coping mechanisms
 - the activity and client response has been established over time
 - the client's condition is not expected to change,
 - the client or representative may direct his/her own care
2. Healthcare provider's competence;
 - the UCP has the necessary ability and knowledge to perform the task safely and competently, and
 - the task will be performed often enough for the UCP to maintain competence
3. Practice environment;
 - there are clear policies in the health facility and the region to support the assignment
 - there are resources for educational preparation of the UCP
 - the appropriate resources are readily available for consultation or intervention

Assignment should only be considered if client outcomes have been established over time. The same procedure could be suitable for assignment in one instance but unsuitable in another.

If the LPN has considered all the relevant factors and believes that it is not in the client's best interests to assign the task then it is the responsibility of the LPN to discuss his/her concerns with the employer/management and to suggest alternatives for providing the care. It is the responsibility of the LPN to ensure the assignment is appropriate.

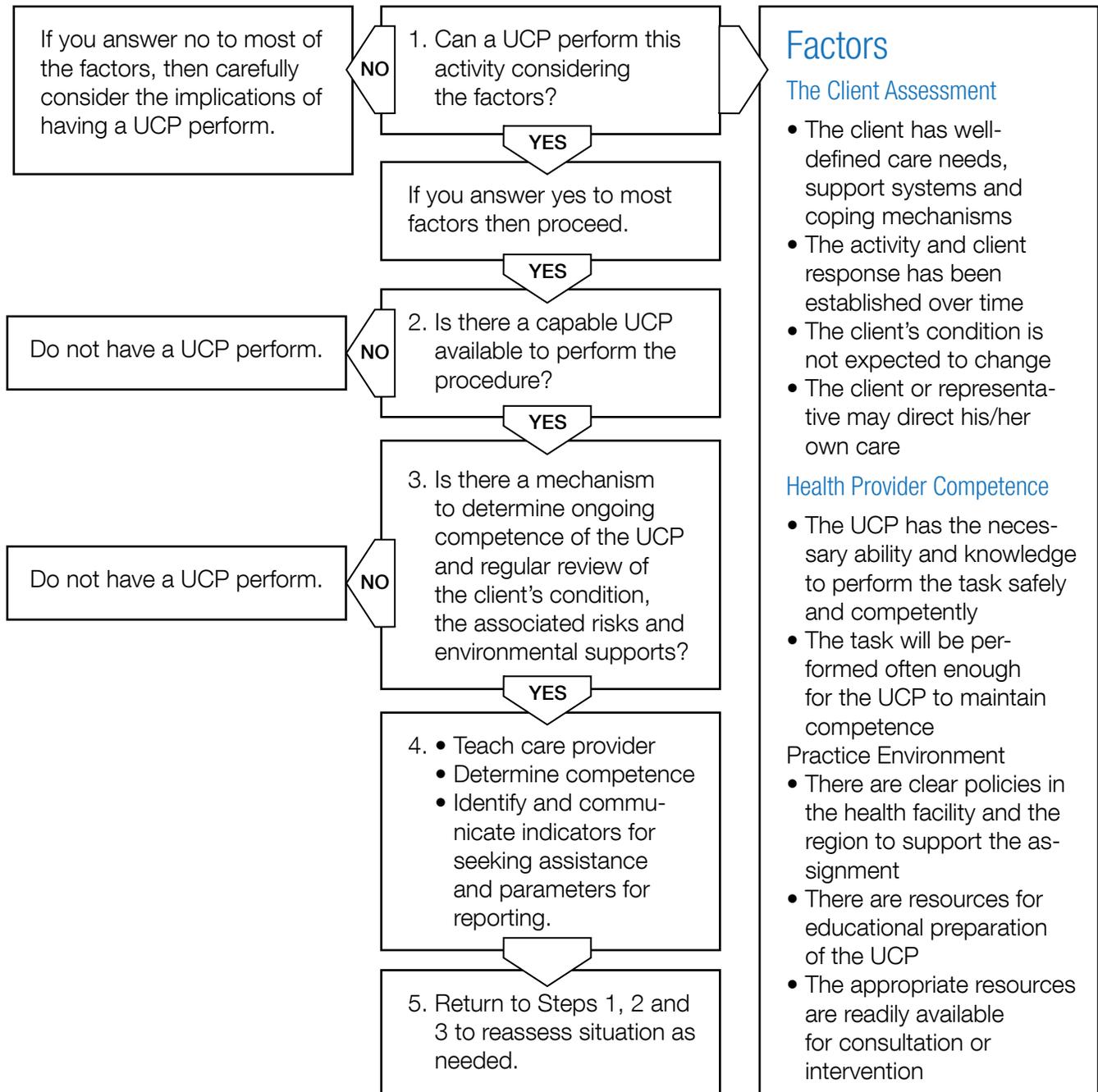
Once a task is assigned, the LPN is responsible to:

- ensure the UCP is provided with the appropriate education,
- provide the necessary supervision;
 - direct -the LPN is physically present during the provision of care, or
 - indirect -the LPN is not physically present but monitors activities by having the UCP report regularly to the LPN or by periodically observing the UCP's activities
- provide ongoing assessment of client's condition and intervene if necessary
- re-assess the assignment if client's condition changes
- evaluate client outcomes and health care provider competence on a regular basis, pre-determined for each client

Assignment of care or task is a complex procedure and the LPN must take into consideration many factors when making the decision. The LPN must always keep in mind that patient safety is the first priority and the decision to assign must be in the best interests of the client.

LPNs are responsible and accountable for their own actions / inactions and decisions; for adhering to the Standards of Practice adopted by the SALPN; and for ensuring they deliver safe, competent and ethical care. They are obligated to identify when direction or assistance is necessary or the competency level required exceeds their experience and ability.

Decision Tree: Making Decisions About Assigning to Unregulated Care Providers



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