



# Delegation Guidelines for Registered Nurses



**College of Registered Nurses  
of Nova Scotia**

## **Delegation Guidelines for Registered Nurses**

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# Introduction

The College of Registered Nurses of Nova Scotia (the College: CRNNS), through provincial legislation, has the legal accountability to regulate nursing in the public interest. Through the same legislation, the *Registered Nurses Act* (2001), individual registered nurses have the authority and accountability to provide nursing services and to practise in accordance with standards established by the College.

Based on their educational preparation, and as the only category of nursing care provider authorized to practise autonomously regardless of the complexity of care or predictability of outcomes, registered nurses are responsible for coordinating the delivery of nursing services, including the delegation of nursing tasks to others. In the College's *Standards for Nursing Practice* (2003), an indicator for the professional leadership standard (Standard 5) states: "The registered nurse demonstrates professional judgment and accountability when delegating or assigning tasks or functions to other members of the healthcare team."

The ability to delegate appropriately and knowing when and how to follow up are key factors in determining patient outcomes (Anthony, Standing, Kurtz, 2000). According to Thomas and Hume (1998), delegation skills must be included in nursing education programs, and nurse educators must use a systematic approach in preparing nurses to delegate with competence and confidence. To enhance the development of these competencies in registered nurses, the College supports the inclusion of delegation content in nursing education programs.

In today's evolving healthcare environment, delegation issues are becoming more challenging and complex — creating a need for practical guidelines to help in making delegation decisions. This document is intended as a resource for registered nurses and employers, to help them understand the responsibilities of registered nurses in the delegation of nursing tasks to other healthcare providers and the relationship between these responsibilities and two key concepts: scope of practice and shared (common) competencies. This document also provides registered nurses with a process to follow in the delegation of tasks and a decision-making framework that can be used in specific settings.

## Scope of Practice

The scope of practice of the nursing profession consists of the roles, functions and accountabilities which members of the profession are educated and authorized to perform. These roles and functions are established on the basis of the *Registered Nurses Act* (2001), in which the "practice of nursing" is defined as:

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"... the performance of professional services requiring substantial specialized knowledge of nursing theory and the biological, physical, behavioural, psychological and sociological sciences as the basis for

- (i) assessment, planning, intervention and evaluation in
  - (A) the promotion and maintenance of health,
  - (B) the facilitation of the management of illness, injury or infirmity,
  - (C) the restoration of optimal function, or
  - (D) palliative care, or

(ii) research, education, management or administration incidental to the objectives referred to in subclause (i),

and includes the practice of a nurse practitioner."

This broad definition of the practice of nursing sets out the activities that only nurses can perform because there may be significant risks to the public if they are performed by a person lacking the necessary skills and knowledge (Bruser & Whittaker, 1998). While the scope of practice of the nursing profession defines the boundaries of the *discipline of nursing*, the scope of practice of an individual registered nurse is actually constrained by her/his education and experience and the authority given to that nurse to perform the functions contained within the definition of the practice of nursing.

An example may assist to illustrate the distinction between scope of practice of the profession and the scope of practice of an individual nurse. It is apparent that within the scope of practice of the nursing profession, palliative care may be provided. Nurses who are educated in palliative care, and who have met the registration and licensing criteria of the College, would be considered to be practising within both the scope of nursing practice and their individual scope of practice when providing palliative care. Nurses who have no education or training specific to palliative care, but who have met the registration and licensing criteria of the College, would be authorized to practise within the scope of nursing practice but should not legitimately say that the provision of palliative care is within their individual scope of practice.

In addition to the scope of practice of the nursing profession and the scope of practice of individual registered nurses, a scope of employment also exists. This term refers to the range of responsibilities defined by a specific employer through job descriptions and policies. In some instances, the scope of employment of a registered nurse will be narrower than the nurse's own scope of practice, and significantly more narrow than the scope of practice of the profession as a whole.

The scope of practice of the registered nurse covers that of all other categories of nursing care providers, making the registered nurse the most comprehensive, versatile and flexible of these providers (CNA, 2002). Consequently, registered nurses have the knowledge, skill and judgment to make a broader range of decisions with greater ease than other categories of health care providers (CNA, 2002).

However, based on the scope of practice of registered nurses there are limits on what they can delegate. According to the Canadian Nurses Protective Society (2000), registered nurses should not delegate accountabilities associated with the application of the nursing process (i.e., nursing diagnosis, outcome identification, nursing care planning), requiring advanced decision-making and critical thinking skills. For example, while licensed practical nurses (LPN) are competent to complete the collection of client assessment data, registered nurses are accountable for the overall plan of care for clients (based on an analysis of the total assessment data). In another instance, unregulated care providers could be taught and assigned the task of measuring vital signs, however, registered nurses would be accountable to analyze the measurement data, develop the plan of care, and identify outcomes.

Scope of employment refers to the range of responsibilities defined by a specific employer through job descriptions and policies.

## Shared Competence

In Nova Scotia, according to the *Registered Nurses Act* (2001), *nurse* and *nursing* are protected titles. Nurses registered with the College of Registered Nurses can use the title “nurse”, “registered nurse” or “RN”, while those registered with the College of Licensed Practical Nurses can use the title “nurse”, “licensed practical nurse” or “LPN” (*Licensed Practical Nurses Act of Nova Scotia*, 2001). In other words, only those registered in one of these two regulated nursing professions can use the title *nurse* and practise *nursing* as defined in their respective legislation.

Given the differences in their educational preparation, the scopes of practice of registered nurses and licensed practical nurses differ, however, they can also overlap. When both registered nurses and licensed practical nurses possess the knowledge, skills and judgment required to competently perform a specific task or function they are said to have a shared (common) competence (i.e., they are able to integrate and apply their knowledge, skills and judgment to practise safely and ethically in a designated role and practice setting (*Registered Nurse Regulations*, 2001).

Nursing tasks/ functions that are classified as shared (common) competencies do not require delegation.

Nursing tasks/functions that are classified as shared (common) competencies do not require delegation. However, client complexity influences the nursing knowledge required to provide quality, nursing services (CNO, Practice Expectations: a Guide for the Utilization of RNs and RPNs, 2002). In other words, as the complexity of client care increases so too does the need for more indepth nursing knowledge, skill and judgment. In patient care situations in which registered nurses have a greater breadth and depth of knowledge than LPNs in relation to shared (common) competence, the LPNs may have to acquire additional education or experience before being authorized to perform the same competence.

Medication administration and bed baths are two examples of shared (common) competencies. Both RNs and LPNs can be assigned to administer medications, without any need for delegation. However, accepting this type of assignment would depend on the competencies of the RN or LPN: with individual nurses only accepting an assignment to administer medications if they possess the required knowledge, skills or judgment.

Bed baths are a competence shared by registered nurses, licensed practical nurses and continuing care assistants. However, while all three groups have the ability to complete a bed bath, the knowledge and ability to assess clients during this task varies according to the knowledge of the care provider.

The regulatory bodies for registered nurses and licensed practical nurses are facilitating an evolving relationship among their practitioners that reflects their unique and shared competencies while ensuring protection of the public. Although the ultimate accountability for safe, effective and ethical care rests with individual nurses, regulatory bodies are responsible for enhancing the ability of individual practitioners and health agencies to meet their obligations to provide healthcare services in a timely and responsive manner.

In contrast, activities of unregulated care providers are generally defined by job descriptions, not regulated through legislated scopes of practice. Unregulated healthcare providers may support the provision of care by performing some tasks associated with nursing practice provided that certain conditions are met (CNA, 1995).

Nurses share competencies with other healthcare disciplines.

Nurses also share competencies with other healthcare disciplines. For example, registered nurses, licensed practical nurses, and physicians share competencies related to the administration of medications. Registered nurses and social workers in home care situations share the competence of completing home care assessments, performing them from their own disciplinary perspective with the same positive outcome for the clients. In these types of situations, open and facilitative communications and conflict resolution management strategies are essential. To meet the public's need for accessible, safe, ethical and quality health care, the College supports all health professionals working to the fullest extent of their legislated scope of practice.

## Delegation

Delegation refers to the transferring of authority from one competent individual to another to perform a selected task in a selected situation (Manitoba Association of Registered Nurses; cited in Phillips, 1997, p.47). Delegation of a nursing task occurs when the authority to perform a task that is within the scope of practice of either a registered nurse or licensed practical nurse (the delegator) is transferred to another healthcare team member (the delegatee) whose scope of practice and/or scope of employment does not include this particular task. Both RNs and LPNs may delegate a nursing task/function to an unregulated care provider, but only when the nursing task/function is within the delegator's scope of practice and the healthcare facility does not have a policy specifically prohibiting the care provider from performing such a task. In any case, the nurse retains accountability for her/his decisions to delegate.

Delegation occurs in practice settings when decisions must be made in order to provide quality client care while recognizing the reality of maximizing the utilization of every healthcare provider. For example, if a client in a long-term care facility falls during the night, when limited staff is available, the registered nurse may be required to leave the client's bedside and, consequently, may have to delegate specific tasks to another healthcare provider to ensure the client's safety.

Decisions related to delegation must always be based on the fundamental principles of providing quality nursing services and public protection, not just fiscal efficiency. Staffing decisions made by employers should be based on appropriate staff ratios required to achieve effective and safe client outcomes. Staff utilization decisions should be made after considering client care requirements, and the healthcare provider's knowledge and competencies in a given practice environment (CNO, 2002).

In determining the most appropriate practitioner to provide services, registered nurses and/or healthcare agencies must consider: client/patient needs, context of practice, and practitioner competencies. Delegation decisions must always be made in the best interests of the client. The nursing care needs of clients must be of paramount consideration in all nursing staffing decisions. When the competencies of a registered nurse are needed, client safety should not be compromised through the substitution of less qualified healthcare providers.

Delegation decisions must always be made in the best interests of the client.

Registered nurses should decide the nature and extent of the participation of unregulated care providers in providing nursing tasks/functions. It would be inappropriate for employers or others to require a nurse to delegate a nursing task/function when, in the nurse's professional judgment, delegation would be unsafe and not in the client's best interests. When a client's status changes from stable to unstable, a registered nurse must rely on her/his professional judgment to assess the situation and assure the client receives safe, effective care.

Historically, delegation has been part of the practice of registered nurses, but in today's changing healthcare environment — with increased patient acuity levels and a proliferation of new healthcare disciplines and providers — these decisions are now much more complex. And, as was noted earlier, registered nurses should not delegate nursing activities that relate to the core of the nursing process (i.e., assessment, diagnosis, planning, and evaluation) or those that require the specialized knowledge, judgment, and or skills of a registered nurse. Generally, appropriate activities for consideration as delegated tasks or activities are those for clients who are stable, with predictable outcomes and minimal potential risk, which do not require complex application of the nursing process. As client outcomes become less predictable, the registered nurse is less likely to delegate tasks to other healthcare providers.

There is a difference between the delegation and the assignment of nursing tasks/functions.

It is important to note, however, that there is a difference between the delegation and the assignment of nursing tasks/functions. While delegation is the transferring of authority to individuals to perform tasks/functions that are not within their scope of the practice, assignments relate to the designation of tasks/functions that are within an individual's scope of practice and/or scope of employment. Employers are accountable to meet client care needs by providing a daily work assignment. The nurse in charge of a unit/area generally is responsible for workload assignments.

### Key points to consider:

1. Nursing is a knowledge-based profession and cannot be reduced to a list of tasks or procedures. The practice of registered nurses must always be based on the *Standards for Nursing Practice* and *Code of Ethics for Registered Nurses*.
2. At all times, registered nurses are accountable for their own practice and for decisions to delegate nursing tasks/functions to others.
3. Nurses need to be competent in making judgments about what can be safely delegated to others involved in a client's care.
4. The essential elements of delegation are reflected in the five principles of:
  - 1) right context
  - 2) right task
  - 3) right person
  - 4) right communications
  - 5) right resources.

5. In any practice situation, the registered nurse providing care is the person who is to determine if delegation to another healthcare provider is appropriate. This decision should be based on an assessment of the:
  - 1) client's health status
  - 2) practice environment
  - 3) healthcare provider's competence
  - 4) amount of supervision required (AARN, 1997).
6. Registered nurses must be familiar with the scope of practice and job description/scope of employment of healthcare providers to whom they decide to delegate nursing tasks/functions.
7. A task/function delegated to a person should not be re-delegated to another person. If the delegatee cannot complete an accepted delegation, s/he should report this to the delegator and not, independently, re-delegate the task/function to another person.
8. When nursing tasks/functions are delegated, they must be performed in accordance with established standards of care.

## Specific Accountabilities of Registered Nurses, Other Healthcare Providers, and Employers/Healthcare Facilities

### **Registered Nurses (*delegators*)**

Registered nurses are accountable for the overall plan of care for their clients. As delegators, registered nurses are accountable to:

- a) their regulatory body, clients, and employers for the competent performance of nursing services they provide.
- b) have a sound rationale for a decision to delegate.
- c) assess whether the outcome of a delegated task/function will be reasonably predictable.
- d) decide whether to delegate a task or only a specific component of a task.
- e) determine that the healthcare provider (delegatee) has the necessary ability and knowledge to perform the task/function safely and competently.
- f) know the educational preparation and competencies of other health providers involved in client care.
- g) provide the necessary communication, support and supervision for a delegated task/function to a delegatee.
- h) evaluate whether a delegated task was completed in a satisfactory manner.
- i) document a decision to delegate, with rationale and outcomes.
- j) ensure that the facility/organization has adequate resources to support a decision to delegate and to support the healthcare providers involved (e.g., policies, educational preparation).

### Delegating to Third-Parties

On occasion, registered nurses may be required to teach someone other than a healthcare provider (e.g., client's family member or a third-party such as a teacher or camp counsellor) how to perform a nursing task/function. In such situations, the registered nurse would be accountable to:

- a) assess that the family member or third-party has the ability to perform the task/function safely and competently.
- b) competently provide the teaching based on evidence-based knowledge.
- c) assess the effectiveness of the teaching, and communicate available resources to family members or third-parties.

### ***Other Healthcare Providers (delegates)***

As delegates, healthcare providers are accountable to:

- a) ensure that they have the necessary ability to perform the task/function safely and competently.
- b) perform the task or function in a safe and competent manner.
- c) communicate if the task/function is beyond their ability to perform safely.
- d) communicate the outcome of the task/function delegated, in a timely manner.
- e) document the care they provided in relation to the delegated task/function.
- f) their clients and agency/facility for the outcomes of their decisions and actions.

### ***Employers/Healthcare Agencies/Facilities***

Employers and healthcare agencies/facilities are accountable to:

- a) ensure there are mechanisms in place to support the delegation of nursing tasks/functions (e.g., written policies, procedures, guidelines and resources).
- b) provide adequate education, training and assessment of the competence of employed healthcare personnel.
- c) provide educational support and/or opportunities for novice nurses to develop expertise and confidence in safely delegating nursing tasks/functions.
- d) communicate the level of education of unregulated care workers to registered nurses involved in client care.

## Decision-making Framework

The decision-making framework developed by the College is based on the five principles of delegation, which are adapted from work done by the Canadian Nurses Protective Society and the National Council of State Boards of Nursing (1997).

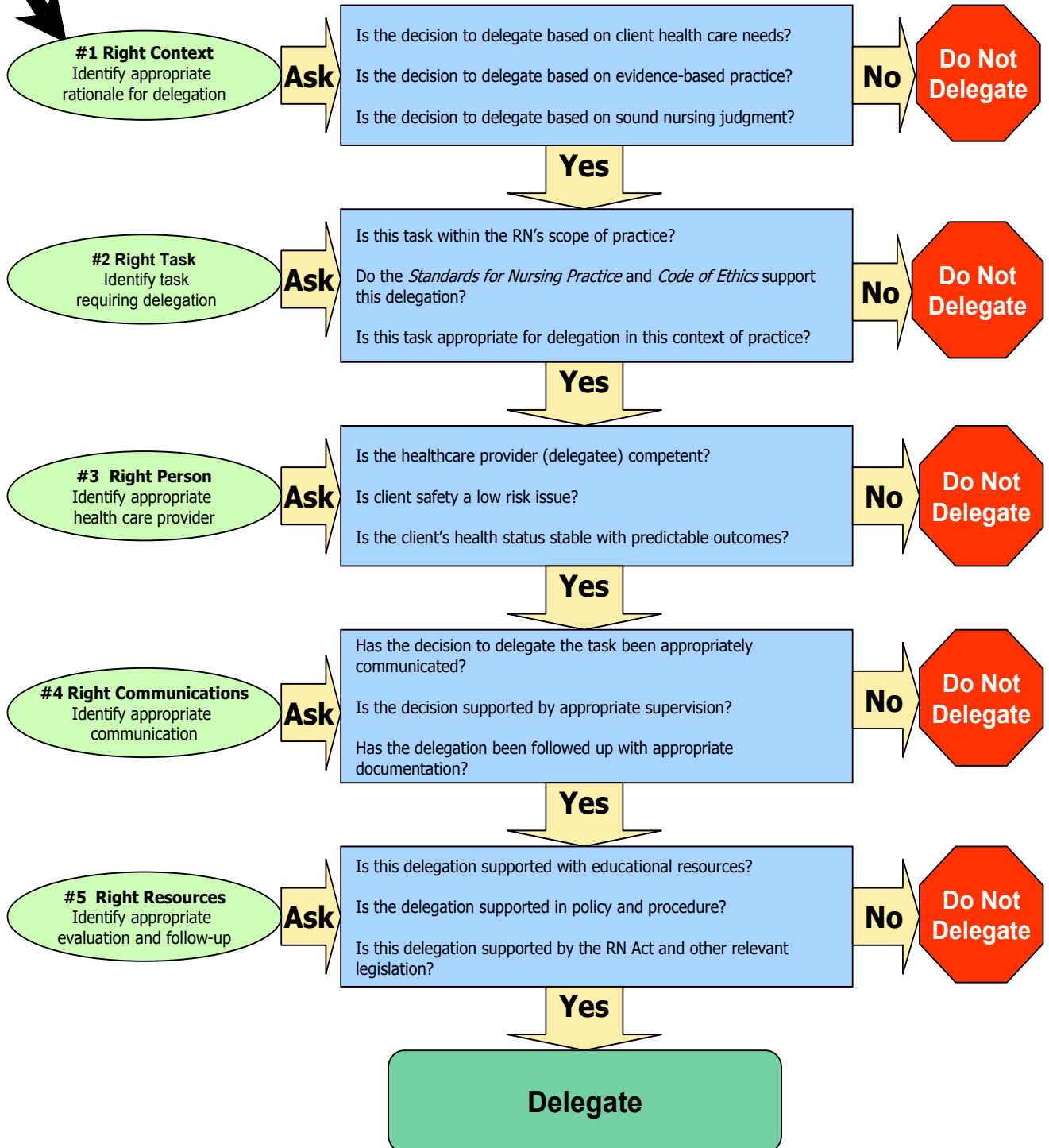
This decision-making framework (refer to page 9) can be used by registered nurses and employers to:

1. guide delegation decisions.
2. educate all involved in delegation (e.g., staff, nursing students)
3. orientate staff, including nurses and other healthcare providers, to their roles and responsibilities in relation to delegation.



# Decision-Making Framework

## Five Principles of Delegation



# Definitions

**Accountability:** an obligation or willingness to accept responsibility or to account for one's actions to achieve desired outcomes. Accountability resides in the role and can never be delegated away. Accountability is always about outcomes not processes, which are simply the means through which outcomes are achieved (Porter-O'Grady & Wilson, 1995).

**Assignment:** designating or assigning nursing tasks/functions to be performed by an individual consistent with her/his scope of practice and/or scope of employment.

**Competent:** means, in relation to a registered nurse, the ability to integrate and apply the knowledge, skill and judgment required to practice safely and ethically in a designated role and practice setting (*Registered Nurses Regulations*, 2001).

**Delegation:** active process of transferring authority to a competent individual to perform a particular function or task in a specific situation.

**Delegator:** person making the decision to delegate.

**Delegatee:** person receiving the delegation.

**Licensed practical nurse:** a person who is licensed as a practical nurse pursuant to the *Licensed Practical Nurses Act of Nova Scotia*. The practice of practical nursing means the provision of nursing services, as defined by the educational preparation and level of competence, for the purpose of

- (i) assessing, implementing and evaluating services,
- (ii) promoting health
- (iii) preventing illness, and
- (iv) assisting individuals, families and groups to achieve an optimal state of health  
(LPN Act, 2001).

**Nursing judgment:** process by which nurses come to understand the problems, issues or concerns of clients, to attend to salient information, and to respond to client problems in concerned and involved ways. Includes both conscious decision-making and intuitive responses (Benner et al, 1996).

**Predictable:** extent to which one can identify in advance a patient's response on the basis of observation, experience, or scientific reason (Merriam-Webster Online Dictionary). Predictability involves assessment of how effectively a health condition is managed, the changes likely to occur, and whether the type and timing of change can be predicted (College of Nurses of Ontario, 1997, p.6).

**Risk:** possibility of harm or injury to a client.

**Scope of employment:** range of responsibilities defined by an employer through job descriptions and policies. The employers should support employees' scope of practice through continuing education and orientation processes.

**Scope of practice:** roles, functions and accountabilities which members of a profession are educated and authorized to perform.

**Shared (common) competence:** a skill or service that may be performed by either a registered nurse or another healthcare professional.

**Stable:** situations in which a client's health status can be anticipated, the plan of care is readily established, and is managed with interventions that have predictable outcomes (CNA, 2003).

**Supervision:** provision of guidance, direction, evaluation, follow-up for the purpose of achieving appropriate outcomes for the care which is delegated (AARN, 1997).

**Unregulated care providers:** members of the healthcare team who are not regulated by legislation, have a scope of employment defined by their employer based on their qualifications and educational preparation, and are accountable for their individual actions and decisions.

**Unstable:** situations in which a client's health status is fluctuating, with atypical responses, the plan of care is complex, requiring frequent assessment and modification and is managed with interventions that may have unpredictable outcomes and/or risks (CNA, 2003).

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