

# Working With Unregulated Care Providers

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## VISION

Leading in regulatory excellence

## MISSION

Regulating nursing in the public interest

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*Practice guidelines are documents that help nurses understand their responsibilities and legal obligations to enable them to make safe and ethical decisions when practising. They provide an outline of professional accountabilities and relevant legislation.*

— *College of Nurses of Ontario*

## Introduction

Increasingly, unregulated care providers (UCPs) assist with, or perform, certain aspects of care traditionally provided by regulated health care professionals. Nurses<sup>1</sup> are often expected to teach, supervise or assign health care to others.

A nurse cannot assume that a UCP<sup>2</sup> is competent to perform any procedure, regardless of how straightforward the procedure appears.

Although a UCP may have the authority to perform a procedure through an exception,<sup>3</sup> delegation or because the procedure is not a controlled act, that does not mean that the UCP is competent to perform the procedure or that it is appropriate for the UCP to perform it. The nurse must determine appropriateness in each client<sup>4</sup> situation, and then ensure that measures are in place to promote the UCP's continuing competence.

This practice document clarifies the roles and responsibilities of nurses in relation to UCPs and identifies expectations for nurses when UCPs are part of the health care team. This document replaces the *Working With Unregulated Care Providers* and *Utilization of Unregulated Care Providers* practice documents.

## Expectations for nurses who work with UCPs

A nurse who teaches, assigns duties to or supervises UCPs must:

- know the UCP is competent to perform the particular procedure or activity safely for the client in the given circumstances. When teaching a UCP, a nurse is expected to have first-hand knowledge of the UCP's competence. A nurse who assigns or supervises is expected to verify that the UCP's competence has been determined.
- ensure that the UCP:
  - understands the extent of her or his responsibilities in performing the procedure(s)
  - knows when and who to ask for assistance, and
  - knows when, how and to whom to report the outcome of the procedure.
- ensure that there is an ongoing assessment of the client's health care needs, develop a plan of care, evaluate the client's condition and judge the ongoing effectiveness of the UCP's interventions.

UCPs perform a variety of tasks based on their employment setting and on the role or employment description the employer provides.

Nurses who delegate to UCPs must do so in accordance with regulation.<sup>5</sup>

When the employer and/or nurse are determining appropriate tasks for a UCP, they should assess:

- each client's situation and condition
- the activity and associated risk, and
- the environmental supports.

<sup>1</sup> In this document, nurse refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

<sup>2</sup> The term UCP refers to a paid UCP, family member or member of the household. UCPs are accountable to their employer.

<sup>3</sup> The *Regulated Health Professions Act, 1991* provides several exceptions that allow persons who are not authorized as members of a regulated health profession to perform controlled acts. For more information, see the *Scope of Practice standard* at [www.cno.org/docs](http://www.cno.org/docs).

<sup>4</sup> The client is the person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may include family members of and/or substitute decision-makers for the individual client. The client may also be a family, group, community or population.

<sup>5</sup> For more information, see the *Scope of Practice standard* at [www.cno.org/docs](http://www.cno.org/docs) and O. Reg. 275/94 under the *Nursing Act, 1991*.

UCPs are accountable to their employers. They are not accountable to an external body, and there is no regulatory mechanism to set standards or monitor quality of service.

For more information, review Appendix A (Decision Tree: Making Decisions About Activities Performed by UCPs) on page 8.

### Controlled acts and exceptions

Controlled acts are activities that are considered to be potentially harmful if performed by unqualified individuals. This document addresses three of the controlled acts authorized to nursing under the *Nursing Act, 1991*.<sup>6</sup> They are:

1. Performing a prescribed procedure below the dermis or mucous membrane
2. Administering a substance by injection or inhalation, and
3. Putting an instrument, hand or finger:
  - i. beyond the external ear canal
  - ii. beyond the point in the nasal passages where they normally narrow
  - iii. beyond the larynx
  - iv. beyond the opening of the urethra

- v. beyond the labia majora
- vi. beyond the anal verge, or
- vii. into an artificial opening in the body.

A UCP only has the authority to perform a controlled act through an exception or when an individual who has the authority to order or perform the act delegates<sup>7</sup> this authority to the UCP. The *Regulated Health Professions Act, 1991* identifies a number of exceptions that allow individuals who are not members of a regulated health profession to perform some controlled act procedures. These exceptions include:

1. treating a member of her/his household, and the procedure falls within the second or third controlled acts authorized to nursing, and
2. assisting a person with routine activities of living, and the procedure falls within the second or third controlled acts authorized to nursing (see the table below).

A procedure is considered to be a routine activity of living when its need, response and outcome have been established over time and are predictable.

### Authority to perform procedures

Procedure	Member of household (family member)	Other (paid care provider)
Performing procedure below the dermis or mucous membrane	Not included in exception; requires delegation	Not included in exception; requires delegation
Administering a substance by injection or inhalation	Exception permits performance in any circumstance	Exception permits performance if part of routine activity of living
Putting an instrument, hand or finger into a body orifice or artificial opening into the body	Exception permits performance in any circumstance	Exception permits performance if part of routine activity of living; otherwise requires delegation
Procedures not included in the controlled acts	No authority required to perform	No authority required to perform

<sup>6</sup> For more information, see *An Introduction to the Nursing Act, 1991* at [www.cno.org/docs](http://www.cno.org/docs).

<sup>7</sup> Delegation is discussed on page 6.

## Teaching, Delegating, Assigning and Supervising

### Teaching

Teaching involves providing instruction and determining that a UCP is competent to perform a procedure.

### When is teaching required?

Procedure	Member of household (family member)	Other (paid care provider)
Performing procedure below the dermis or mucous membrane	May teach if part of delegation	May teach if part of delegation
Administering a substance by injection or inhalation	May teach	May teach if a routine activity of living or part of delegation
Putting an instrument, hand or finger into a body orifice or artificial opening into the body	May teach	May teach if a routine activity of living or part of delegation
Procedures not included in the controlled acts	May teach	May teach

### Requirements for teaching

A nurse may teach a controlled act procedure to a UCP when the nurse meets all of the following six requirements:

#### Requirement 1

The nurse has the knowledge, skill and judgment to perform the procedure competently.

#### Requirement 2

The nurse has the additional knowledge, skill and judgment to teach the procedure.

#### Requirement 3

The nurse accepts sole accountability for the decision to teach the procedure after considering:

- the known risks and benefits to the client of performing the procedure
- the predictability of the outcomes of performing the procedure
- the safeguards and resources available in the situation, and
- other factors specific to the client or setting.

#### Requirement 4

The nurse has determined that the UCP has acquired, through teaching and supervision of practice, the knowledge, skill and judgment to perform the procedure.

#### Requirement 5

The nurse may teach the procedure to a UCP to perform for more than one client if she or he has determined that the factors in Requirements 3 and 4 are conducive to performing the procedure for more than one client.

#### Requirement 6

Considering the factors in Requirements 3 and 4, the nurse evaluates the continuing competence of the UCP to perform the procedure or reasonably believes that a mechanism is in place to determine the UCP's continuing competence.

If the nurse is also delegating the controlled act to the UCP, see the section on delegation in this document and the *Scope of Practice standard* practice guideline for additional requirements that the nurse must meet.

For more information, review Appendix B (Decision Tree: Teaching a Procedure) on page 9.

### Delegation

Delegation is the transfer of authority to perform a controlled act procedure from a person who is

authorized to perform the procedure to a person who is not otherwise authorized to perform the procedure. Nurses who delegate to UCPs must ensure that they follow the requirements for delegation, which are described in *Scope of Practice standard*.

### When is delegation required?

Procedure	Member of household (family member)	Other (paid care provider)
Performing procedure below the dermis or mucous membrane	Requires delegation	Requires delegation
Administering a substance by injection or inhalation	Does not require delegation	Requires delegation if not a routine activity of living
Putting an instrument, hand or finger into a body orifice or artificial opening into the body	Does not require delegation	Requires delegation if not a routine activity of living
Procedures not included in the controlled acts	Does not require delegation	Does not require delegation

### Assigning

Assigning is the act of determining or allocating responsibility for particular aspects of care to another individual. This includes assigning procedures that may or may not be a controlled act. Ideally, a range of care needs, rather than specific procedures, are assigned. Depending on the nature and responsibilities of their positions, nurses with the necessary knowledge and judgment may assign care to a UCP. In some instances, the delegator or the teacher may also assign care to a UCP.

### Supervising

Supervising involves the monitoring and directing of specific activities of UCPs. It does not include ongoing managerial responsibilities. Often, the person who assigns a task also supervises the performance of that task. Supervision can be direct or indirect, depending on the circumstances. For direct supervision, the supervisor is physically present during the provision of care. For indirect supervision, the supervisor is not physically present but monitors activities by having the UCP report regularly to the supervisor, or by periodically observing the UCP's activities.

## Expectations for Nurses Who Work With UCPs

	Teaching	Delegating	Assigning	Supervising
<b>What is it?</b>	Deciding to teach, providing instruction and determining competence to perform a procedure	Transferring the authority to perform a controlled act procedure to a person not authorized to perform that act	Allocating responsibility for providing care	Monitoring and directing performance of specific activities for defined time period; may be direct or indirect
<b>What does it apply to?</b>	Any procedure	Controlled act procedures only	Any procedure	Any procedure
<b>Who may do it?</b>	A nurse who meets the six requirements discussed on page 5	A nurse who meets the requirements in <i>the Scope of Practice standard</i>	A nurse with the necessary knowledge and judgment	A nurse with the necessary knowledge and judgment

For additional information on teaching, delegating, assigning and supervising, see the *Scope of Practice standard* at [www.cno.org/docs](http://www.cno.org/docs) and any other relevant legislation.

### Conclusion

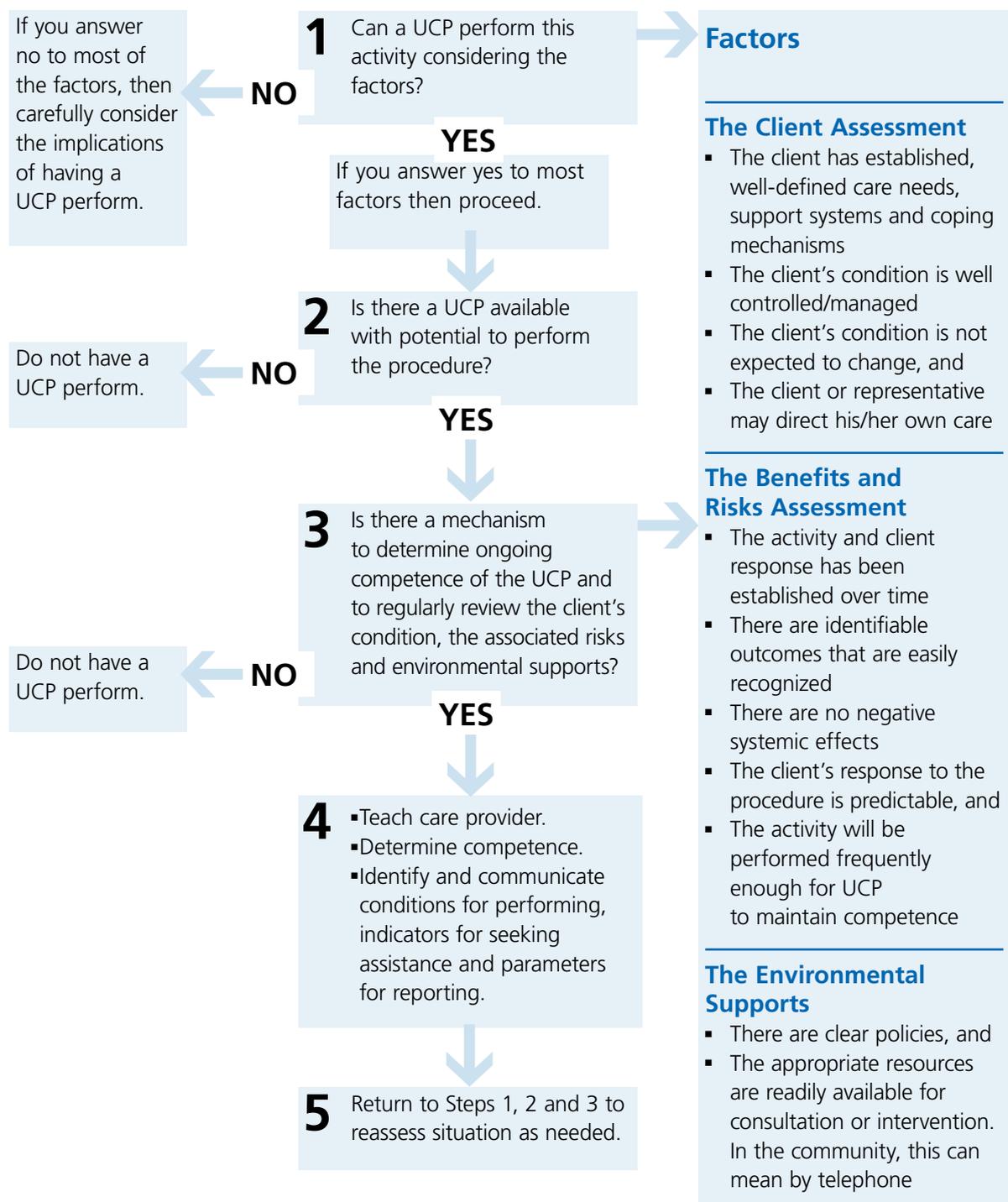
This document explores the essential factors that must be considered when working with UCPs. Nurses who work with UCPs have certain accountabilities related to teaching, delegating, assigning and supervising, depending on the nature of their role.

the activity and its associated risks, and the environmental supports that are available. A thorough decision-making process is a critical component in promoting client safety when UCPs are involved in client care.

When the employer and/or nurse is determining what tasks are appropriate for a UCP, she or he should assess each client's situation and condition,

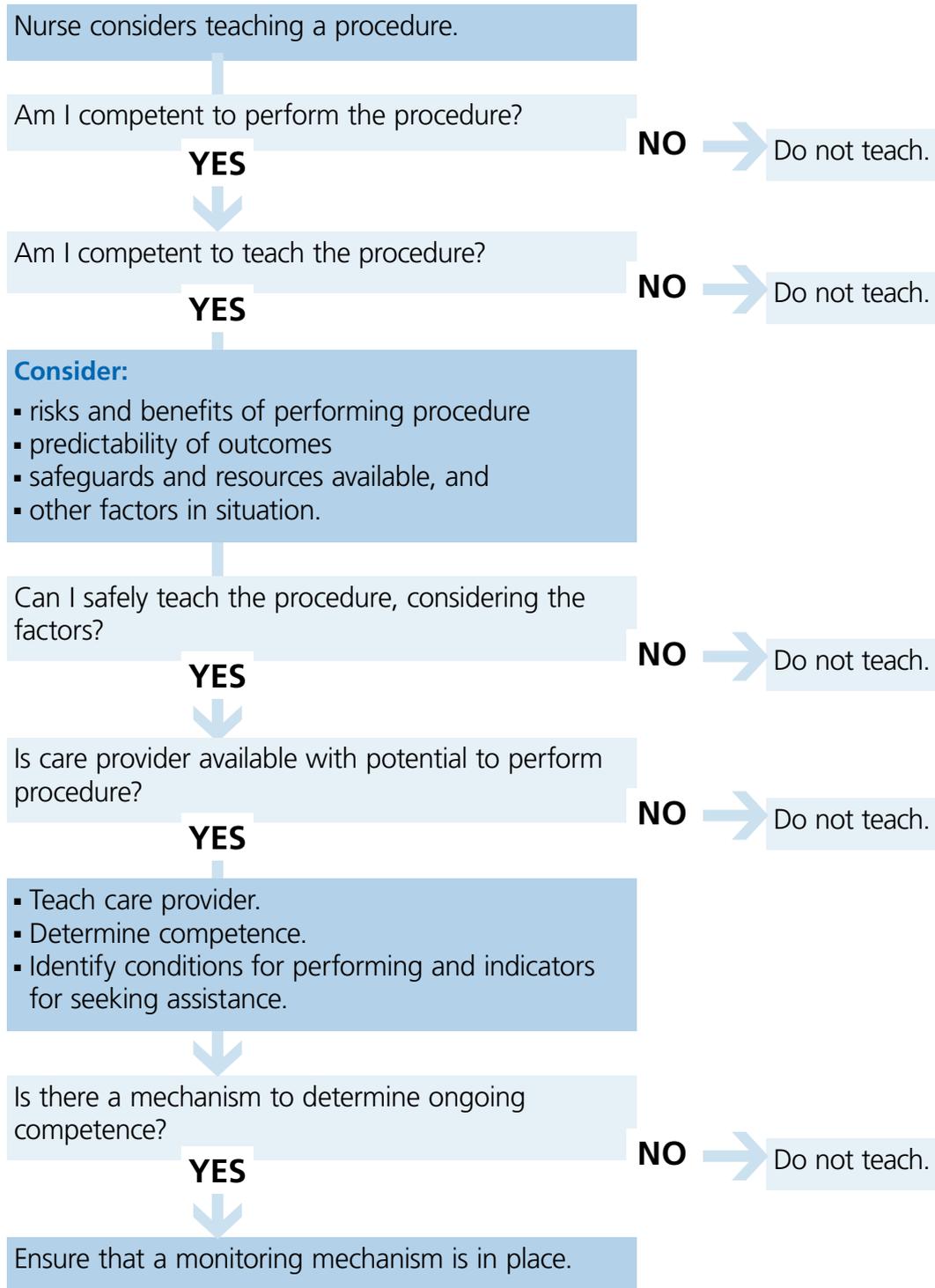
## Appendix A

## Decision Tree: Making Decisions About Activities Performed by UCPs



## Appendix B

### Decision Tree: Teaching a Procedure



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