

# Unregulated Care Providers in Community Settings

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**2019**

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This interpretive document outlines the responsibilities and accountabilities of the Registered Nurse (RN) when collaborating with the client, family, health care professionals and employers to meet the needs of a client in the community setting through authorizing unregulated care providers to perform a nursing tasks associated with a client's **routine activities of daily living**.

## Background

Unregulated care providers include, but are not limited to, health care aides, support workers, personal care attendants, and student support workers whom are not regulated by legislation and have a variance in educational preparation; from on the job training to formal educational courses. Unregulated care providers have a scope of employment usually specified in a job description and are accountable for their individual actions and decisions, within this scope of employment, and to their employers.

Unregulated care providers have a valuable role in supporting the independence of individuals with health care needs in the community (e.g. home support agencies, and personal care homes). One important role is performing nursing tasks associated with the client's routine activities of daily living, that is not automatically within their scope of employment.

## Authorization

The RN, in collaboration with the client, family, health professionals, and an employer can authorize an unregulated care provider to perform a select nursing task. As a result, the responsibility for authorizing and preparing unregulated care providers can be shared among health professionals/stakeholders. For example, a community health RN will provide education to the unregulated care provider and the ongoing monitoring of the unregulated care provider's performance and the client's health status is assessed by an LPN employed by an agency. Therefore, communication of responsibilities between team members is crucial.

The RN establishes authorization through selecting one of the following methods (Appendix A):

### 1. Assistance

A client, or client's family, who is directing their own care or that of a family member; may request assistance of a registered nurse to provide education (theory and practical) to an unregulated care provider to perform a nursing task.

The RN delivers the education and confirms with the client /family that monitoring of the unregulated care provider's performance remains the responsibility of the client /family. The unregulated care provider is accountable to the client/family for the nursing task provided.

The RN instructs the unregulated care provider, client and/or family to seek health care services if there is a change in the client's status in response to the care.

#### Example

Due to his arthritis, Mr. Smith can no longer draw up and administer his own insulin. Mr. Smith requests an RN to provide education to an unregulated care provider to assist him in safely preparing and administering his insulin.



## 2. Direction

An employer (e.g. personal care home) may request assistance of an RN to provide education to an unregulated care provider to perform a nursing task.

The RN delivers the education and confirms that an individual, other than the client/family, is designated as the individual responsible to monitor the client's health status, care and unregulated care provider's performance.

The unregulated care provider is accountable to the client and the designated individual for the nursing task provided.

The RN instructs the unregulated care provider to notify the designated individual if there is a change in the client's status in response to the care.

### Example

Mrs. Jones lives in a personal care home and requires intermittent urinary catheterizations. The RN is requested to provide education to an unregulated care provider who will perform this nursing task for Mrs. Jones.

If, while performing the catheterization for Mrs. Jones, the unregulated care provider cannot advance the catheter; the unregulated care provider would be expected to contact the designated individual responsible (as determined by the employer) for monitoring the client's health status and care.

## 3. Delegation

Delegation occurs when an individual designated as responsible to monitor the client's health status, care and unregulated care provider's performance; is not available. As a result, delegation is initiated by the RN extending authority to the unregulated care provider to carry out a nursing task associated with the client's routine activities of daily living. However, the accountability for the monitoring and outcomes of care remain the responsibility of the RN(s) involved with the delegation.

Delegation is client specific and the nursing tasks must not be performed with another client. The practice of nursing cannot be delegated, that is, the overall assessment, care planning and evaluation of care outcomes (CNPS, 2000).

When delegating, the RN:

- Facilitates or provides education.
- Retains responsibility for ongoing monitoring of the client's health status, care, and performance of the unregulated care provider.
- The RN instructs the unregulated care provider to notify the RN if there is a change in the client's status in response to the care.



### Example

Mr. Smith lives alone and requires twice daily tube feedings. He has a visual and cognitive impairment. The RN provides education to an unregulated care provider who will provide this nursing task for Mr. Smith. There is no family involvement in the monitoring of the unregulated care provider's performance. The RN assumes the role of individual designated to monitor care.

If the RN, is unable to provide the required level of monitoring, authorization by delegation should not be implemented and a different method of authorization should be explored or a different method to provide the nursing tasks may be required (e.g. RN perform the task).

### Selecting the Method of Authorization

There is no established list of nursing tasks that unregulated care providers can perform. As a result, determining the appropriateness of authorizing the unregulated care provider requires the RN to:

1. Assess the client's situation to determine if it is appropriate and safe for an unregulated care provider to perform the nursing tasks.
  - Is the client's health status stable?
  - Are the care needs and outcomes of care **predictable**?
  - Is the nursing tasks considered to be a part of the client's activities of daily living?
  - Will the nursing tasks be performed routinely as to maintain the unregulated care provider's level of performance?
  - What is the level of monitoring required?
    - Does the monitoring require the judgement and skill of a RN?
    - Are there supports available to monitor the unregulated care provider's performance and provide assistance if required?
    - Does the client/family have complex needs and/or are receiving services?
    - (e.g. mental health and addiction services, child protective services.)
    - Are there employer policies<sup>1</sup> which outline the required education, monitoring, and documentation practices expected within each employment area?
2. Determine the method of authorization (Appendix A). Authorization to an unregulated care provider is always client specific, tasks specific, and non-transferable. For example, an unregulated care provider authorized to perform a nursing task for a specific client cannot perform this task for another client; this would require a separate authorization.

One common nursing task that is authorized is medication administration. The authorization is based on an RN's assessment which justifies medication administration for a specific client on a non-transferable basis. The authorization is completed by either of the three methods based upon the RN's assessment of the client's situation.

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<sup>1</sup> RNs in self-employment are required to establish written policies to guide their practice.



3. Confirm that the client/family or designated individual will monitor the client's health status, care and unregulated care provider's performance based on the method of authorization chosen. An exception exists if the method of authorization is delegation; the RN is the monitor in this method.
4. Provide formal/informal education (theory and practical) or facilitate the delivery by the most appropriate health professional.
5. Respond to requests for additional education.
6. Complete appropriate documentation<sup>2</sup>.
7. If the RN has any concern, including the following, which they are unable to resolve; a different method of authorization should be explored:
  - Unregulated care provider's ability to perform the nursing tasks;
  - The client's, family's, or designated individual's ability to monitor the client's health status, care, and the unregulated care provider's performance.
  - A change in the client's health status and /or situation.

A decision-making process, as outlined in Appendix B, can be used to help determine the appropriateness of authorizing the unregulated care provider.

## Conclusion

In addition to this interpretive document, RNs practice within their scope of practice, employer identified roles, relevant employer policies, Standards of Practice, and the Code of Ethics. ARNNL Policy and Practice staff are available for consultation.

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<sup>2</sup> Refer to ARNNL Documentation Standards and employer policies.



## Glossary

**Health Professional:** All of the regulated health care professionals who could be involved in the decision and/or the process of preparing support workers to perform nursing tasks. Examples include: RNs, physicians, LPNs, physiotherapists, respiratory therapists, etc.

**Predictable:** The extent to which one can identify in advance a client's response on the basis of observation, experience or scientific reason (CRNNS, 2017).

**Routine Activities of Daily Living:** Tasks are considered routine activities of daily living when the need, response, and outcome of performing the procedure have been established over time and are predictable. The procedures are done frequently enough to enable the unregulated care provider to maintain the knowledge and skill necessary to safely perform the tasks. For example, a client has a colostomy and requires assistance to change the appliance daily or the client has a permanent tracheostomy and requires frequent suctioning. The client care needs and outcomes are predictable.



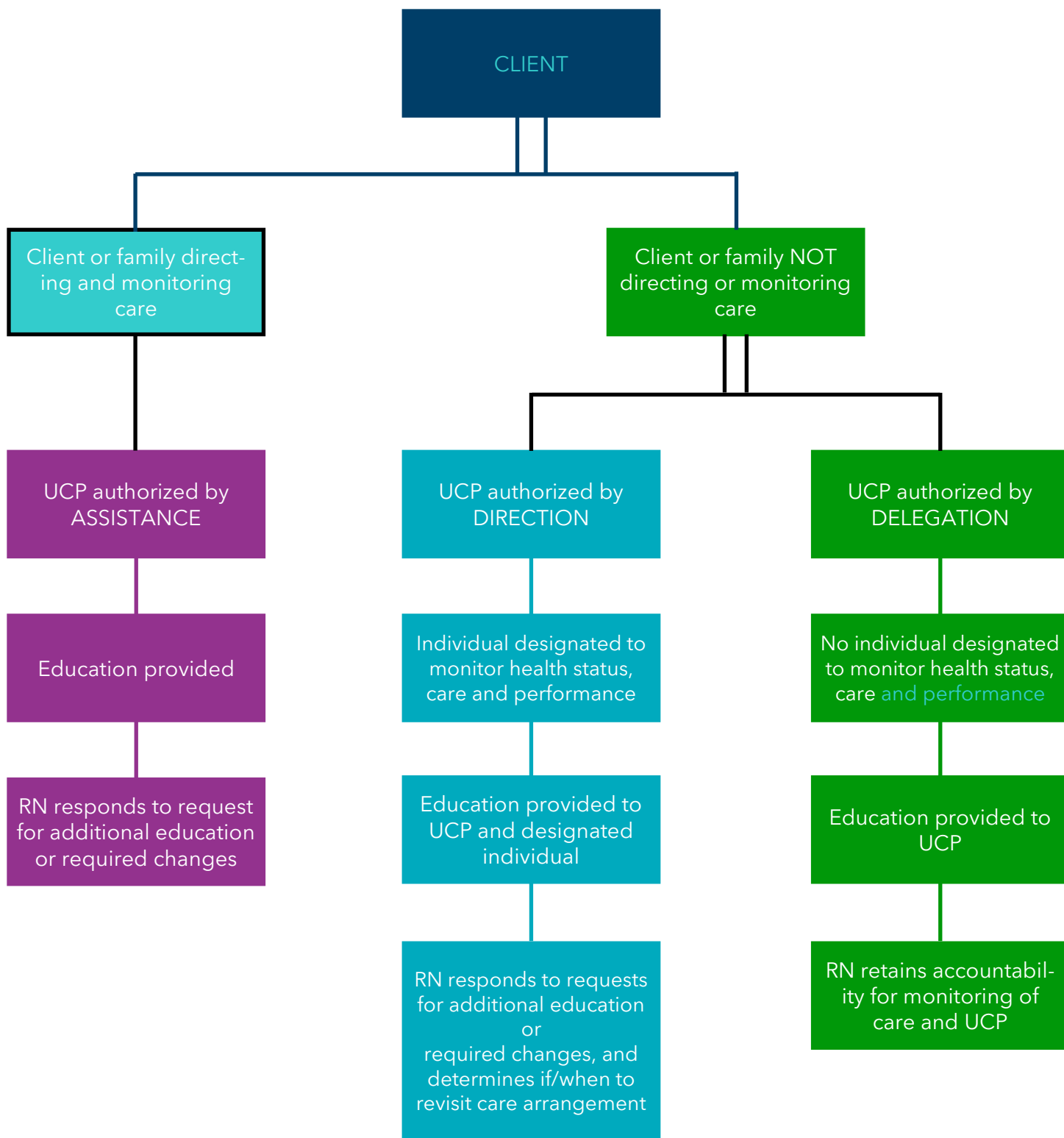
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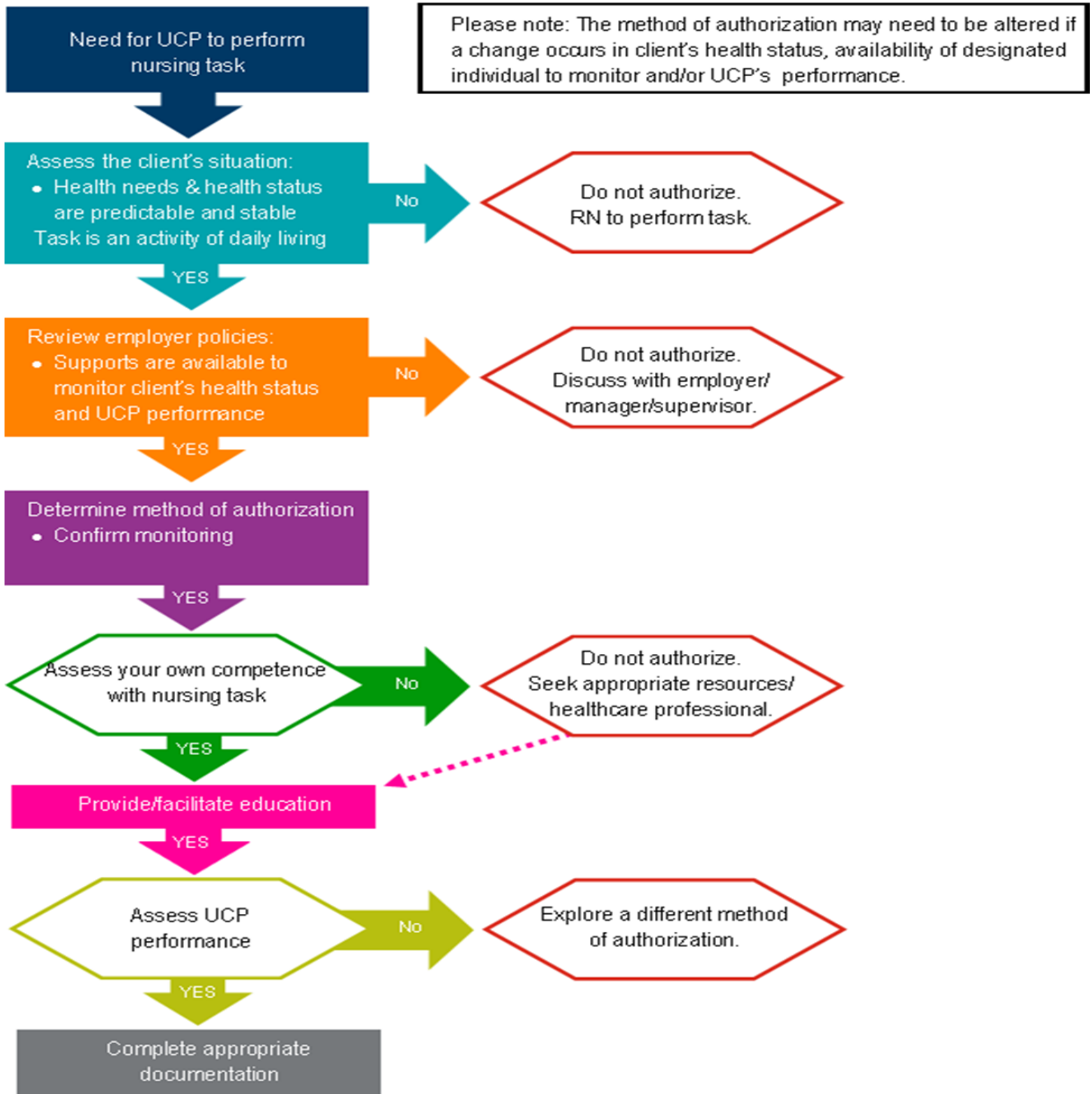


## Appendix A. Methods of Authorization





# Appendix B. Appropriateness of Authorization Decision Making Process







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