



PRACTICE GUIDELINE:

A Collaborative Approach to Assigning,
Delegating and Teaching in Health Care



Nurses Association
OF NEW BRUNSWICK



Association of New Brunswick
Licensed Practical Nurses

Practice Guideline: A Collaborative Approach to
Assigning, Delegating and Teaching in Health Care
Revised April 2019 (1/13)



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INTRODUCTION

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) and the Nurses Association of New Brunswick (NANB) regulate licensed practical nurses (LPN), registered nurses (RN) and nurse practitioners (NP), for the provision of safe, competent and ethical care in the interest of the public. In this document, the term nursing professional will refer to all three classifications.

The current health care system and care delivery models in New Brunswick (NB) are affected by the number, placement and utilization of nursing resources. Changes to skill mix and care delivery models have created new working relationships between regulated health care nursing professionals and **unregulated care providers** (UCPs).

In all practice environments, nursing professionals are expected to collaborate with one another and practice in a manner that optimizes their roles while delivering safe, competent and ethical care to their clients. **Assignment, delegation** and **teaching** within the nursing team and to the UCPs have increasingly become an important aspect of practice for health care professionals and should occur intracollaboratively. When health care teams work intracollaboratively it promotes the best possible outcomes for clients. For more information on this topic please see [LPNs and RNs Working Together; Intraprofessional Collaboration Guidelines](#).

The [Code of Ethics for Registered Nurses](#) (CNA, 2017) states that “nurses collaborate with other health care providers and other interested parties to maximize health benefits to persons receiving care and those with health care needs, recognizing and respecting the knowledge, skills and perspectives of all” (p.10).

The [Code of Ethics for Licensed Practical Nurses](#) (CCPNR, 2013) states that “licensed practical nurses collaborate with colleagues in a cooperative, constructive and respectful manner with the primary goal of providing safe, competent, ethical and appropriate care to individuals, families and communities,” (p.7).

This document is intended to provide nursing professionals guidance, instruction and direction about assigning, delegating and teaching delegated **tasks** to meet client’s needs by the correct nursing care provider.

To ensure clarity, assignment and delegation will be explained separately within this document.



REGULATED AND UNREGULATED CARE PROVIDERS

A regulated health care professional is a member of a health profession group that is governed by legislation and regulated by their respective professional association. Legislation defines the **scope of practice** for the profession while the regulatory authorities establish regulatory tools to support its members to be competent and qualified, so they follow clearly defined standards of practice and ethical principles.

UCPs in NB are members of the healthcare team who are not governed by legislation, do not have a legally defined scope of practice, and do not have a regulatory authority that sets standards of practice or monitors the quality of care they provide (CNPS, 2015). UCPs have a scope of employment that is defined by their job description which is provided by their employer. Therefore, UCPs are accountable to their employer. They may be referred to as resident attendants, personal support workers, client care attendants, home support workers or continuing care assistants. Their title is determined by their employer. UCPs are accountable for their individual actions and decisions within their job description, which is provided by the employer and supported by employer policies.

GUIDELINE 1: ASSIGNMENT

What is assignment?

Assignment is the allocation of clients or client care responsibilities/interventions that are within the provider's scope of practice and/or scope of employment. Assignment describes the distribution of work that each staff member is to accomplish (CRNNS & CLPNNS, 2017). Assignment occurs not only at the beginning of a shift, but as required throughout the shift in order to meet the changing needs of the clients. RNs, or LPNs under the direction of and in collaboration with an RN, have the authority to **assign** tasks as client conditions permit.

The RN, or the LPN in collaboration with the RN, determines the initial assignment while considering the five elements below (CRNNS & CLPNNS, 2017):

- The scope of practice and job description of the health care provider;
- The employer's policies;
- The individual's **competency** level;
- The client's condition (predictability, risk for negative outcome and complexity); and
- The practice environment.



Registered Nurses and Licensed Practical Nurses

When client care is assigned to an RN or LPN, they may perform the assignment autonomously as they are accountable for their own decisions and actions. Nursing professionals are responsible for the ongoing assessment and collaboration as the status of the client changes. The initial assessment and assignment are done by an RN who can assign clients to another RN, LPN or client care tasks or interventions to an UCP.

Once the LPN has received her client assignment, it may be appropriate for the LPN to assign client care tasks or interventions to another LPN or UCP. If a client condition changes the RN and LPN are expected to have effective and professional communication and make necessary changes in assignments to achieve quality client outcomes.

In the event the RN in charge oversees other health care workers remotely, for example, when they are responsible for more than one site in a long-term care facility, it may be appropriate to communicate remotely if employer policy supports it and the RN feels she has enough information and understanding to provide direction to the LPN about client care management. (CNPS, 2012)

Please note: This document is about collaborative practice between RNs and LPNs. If a situation arises when RNs and LPNs are not working together, you are encouraged to contact your regulatory body for guidance.

Example A: An RN assigns another RN to a highly complex, unpredictable client who has atrial fibrillation and is in respiratory distress. Caring for complex, unpredictable clients is within the RNs scope of practice. The RN accepting the assignment is responsible to complete the client's care safely, ethically and competently.

Example B: The RN in charge assigns an LPN to a less complex more predictable client who is 2 days' post op knee replacement. This is within the scope of practice for an LPN. The LPN accepting the assignment is responsible to complete the client's care safely, ethically and competently.

Example C: An RN and LPN are working as a collaborative team in the Emergency Room. The needs of their clients are highly complex and unpredictable; therefore, the RN assigns specific responsibilities to the LPN to assist the RN in the care of the client such as; initiating an IV, collecting a blood specimen, monitoring vital signs and inserting a foley catheter.



Unregulated Care Providers

When client care tasks or interventions are assigned to an UCP, it must fall within their job description as defined by the employer and within their individual level of competency.

The employer is responsible and accountable for:

- Developing and making available a job description that clearly outlines the activities that can be assigned to an UCP;
- Ensuring that the UCP has completed the required training to perform the activities;
- Addressing any identified gaps or deficiencies that may be in the UCPs competency;
- Ensuring that there is ongoing **supervision** of the UCP; and
- Ensuring the RNs and LPNs assess the UCPs ability to perform the assigned activities within the job description.

Prior to assigning a client care task or intervention to an UCP, consideration should be given to the following:

- The competency level of the UCP (novice vs. experienced);
- The appropriateness of the assignment (have they performed this intervention before); and
- The intervention is within the UCP's job description.

Regardless of the assignment, RNs and LPNs who have assigned the task or intervention to the UCP remain responsible and accountable for providing supervision and feedback to the UCP.

Example D: An LPN assigns an UCP to ambulate her post op client. The UCP is responsible to ambulate the client and report back findings regarding how the client tolerated the ambulation. The LPN is responsible for the overall client's care and for the ongoing assessment and collaboration as the status of the client changes.

Example E: An LPN or RN assigns tasks to an UCP for a group of clients in a long-term care facility. The UCP is responsible to perform the activities as outlined in their job description, observing and reporting any changes to the team leader in a timely manner for nursing interventions to be applied as required by a nursing professional. The LPN or RN is responsible for the ongoing assessment and collaboration as the status of the client changes.

Example F: In a long-term care facility, after completing an assessment, an RN or LPN assigns an UCP to assist with activities of daily living such as bathing, dressing, and feeding. This is part of the UCPs training and job description in this establishment. For this reason, this is considered an assignment of tasks for the shift.



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GUIDELINE 2: DELEGATION

What is delegation?

Delegation is the extension of authority by a nursing professional to another nursing professional or an UCP who does not have the authority to perform the task as part of their scope or scope of employment. Delegation is client specific, meaning that the task can only be done one time for that specific client (CLPNM, CRNM & CPRNM, 2017).

The nursing processes cannot be delegated, only interventions can be delegated. “Delegation does not involve transferring **accountability** for the outcome of the function or intervention although the **delegate** (health care provider accepting the task) is responsible to successfully perform the intervention or task” (CRNNS & CLPNNS, p. 2, 2017).

Responsibilities of delegation

As noted above, the delegating nursing professional is responsible and accountable for the decision to delegate and for the process of delegation, which includes the education and the ongoing supervision of the individual’s competence to perform the delegated tasks/procedures. It is important to note that:

- A delegated task is always client and time specific and cannot be further delegated or transferred to another client; and
- The delegated task does not become part of the health care professionals’ employer defined scope of practice.

Example G: An LPN or RN in a nursing home delegates to an UCP a task (i.e.: SpO2 monitoring) that is currently not within the job description of that UCP. The RN or LPN demonstrates to the UCP how to do the task and what, when and to whom to report the results. The UCP is responsible to perform the activities as demonstrated. The RN or LPN remain responsible for the decision to delegate and for the outcome of that decision.

The nursing professional is responsible for monitoring and for providing ongoing supervision to assess the nursing professional or UCP’s ability to perform a delegated task (CNPS, 2012). The level of supervision is determined by the clients care needs, the education and experience of the nursing professional or UCP and the predictability of outcomes. And, it and should be based on careful assessment of the client by the RN or LPN (CRNNS & CLPNNS, 2017).



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Steps to delegation

There are two steps to delegation; making the decision to delegate and engaging in the process of delegation (CLPNM, CRNM & CPRNM, 2017):

1) Making the decision to delegate:

- Assess that the safety and wellbeing of client will not be jeopardized and that it is within the client's best interest;
- Consider the level of predictability, complexity and risk of negative outcome of the client's health condition to confirm the appropriateness of the delegation;
- Assess the level of competency of the nursing professional or UCP to perform the delegated task; and
- Ensure that an employer policy is in place to support delegation and follow the outlined procedure.

2) Engaging in the process of delegation:

- The decision to delegate is made collaboratively with the nursing professional or UCP's involvement;
- Teaching and support are provided until all professionals involved feel confident that the delegated task can be performed successfully;
- Monitoring and evaluation of the nursing professional or UCP's competence occur throughout the task;
- The nursing professional delegating maintains the responsibility for the decision to delegate;
- Documenting the delegated task, including to whom it was delegated;
- The nursing professional may terminate the delegated task at any point prior or during if the client's condition changes or the level of competence of the person performing the delegated task is deemed no longer appropriate for the client.

NOTE: There may be rare circumstances in which an RN would delegate a task to an LPN or UCP for clients whose status may be unpredictable and because it is in the best interest of the client. In an emergency when the LPN or UCP has not received the necessary formal education, a task/procedure may be delegated if the RN believes that the risk to the client safety is greater if delegation does not occur. The RN would need to provide appropriate instruction and supervision in this situation.

It should be noted that nursing professionals do not delegate to clients, family members or third parties (i.e. teachers, friends), rather they **teach** these individuals (CRNNS & CLPNNS, 2017).



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GUIDELINE 3: TEACHING

In some situations, RNs and LPNs may be required to teach clients, clients' significant others or other third parties how to perform a nursing task. Here are some examples:

- An elementary school teacher has a student with a feeding tube and requires instructions on how to change the dressing or irrigate throughout the day.
- A home care agency has an UCP caring for a client that requires catheterization for residual urine post voiding.
- A client is being discharged on Peritoneal Dialysis, the family and client need to be educated to perform dialysis at home.

Conditions for Teaching Nursing Tasks:

Both RNs and LPNs may teach nursing tasks if the following criteria are met:

- The appropriateness of teaching the client, family member or third party has been assessed and it has been determined that it is in the client's best interest;
- It has been determined that the person being taught has the necessary skills and knowledge to perform the intervention safely and competently;
- It has been determined that the nursing professional can competently provide the teaching and that the teaching is supported by evidence-based knowledge;
- The effectiveness of teaching can be assessed, and appropriate resources are available to the person being taught; and
- Ongoing evaluation occurs to determine if the care continues to meet the client's needs.

Example: A diabetic client is unable to administer insulin to himself and it is necessary for the client's wife to administer the insulin to the client as it is in the client's best interest. The RN or LPN may teach this task to the wife once it has been established that the wife has the necessary abilities to carry out the task safely and competently, the effectiveness of the teaching has been assessed and appropriate resources and evaluation can be provided.



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CONCLUSION

Nursing professionals' practice within a health care team which includes the client, clients' significant others, other regulated health care providers and unregulated health care providers. Assigning, delegating and teaching, are part of the nursing professionals' role within a collaborative team approach to the provision of safe, competent and ethical care. RNs and LPNs have a professional obligation to be knowledgeable about their role when assigning, delegating and teaching, and to intervene if they become aware of any situation that is deemed unsafe or unethical.

GLOSSARY

Accountability: The obligation to acknowledge the professional, ethical and legal aspects of one's role, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (CRNNS & CLPNNS, 2017).

Assign/Assignment: Assignments describe the distribution of work of the staff members. It is the allocation of clients or client care responsibilities or interventions that are within the provider's scope of practice (CRNNS & CLPNNS, 2017).

Competency: The integrated knowledge, skills, judgment and attributes required of an RN to practise safely and ethically in a designated role and setting (Attributes include, but are not limited to, attitudes, values and beliefs) (CNA, 2015).

Delegate/Delegation: Extending authority to perform a specific client care task to a nursing professional or to an unregulated care provider who does not otherwise have the scope of practice or authority to perform the task. Delegation is client specific, meaning the task can be done one time for that specific client (CLPNM, CRNM & CPRNM, 2017).

Scope of Practice: The roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. For members of a regulated profession (e.g. RN, LPN) these roles, functions, accountabilities and limitations are also defined by legislation (CRNNS & CLPNNS, 2017).

Supervision: Involves initial direction, periodic inspection and corrective action when needed (CNPS, 2012).

Task: one part of client care which has clearly defined limits (CLPNM, CRNM & CPRNM, 2017).

Teach/Teaching: Providing instruction for a task where the goal is to determine that the person receiving instruction is competent to perform the task (CLPNM, CRNM & CPRNM, 2017).

Unregulated Care Provider: Paid health care providers who are neither licensed nor registered by a regulatory authority (CNA, 2017).



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