The College of Nurses of Ontario presents Delegation: An Overview.
Delegation is when the authority for a controlled act is transferred from a health care professional to another person.

Refer to the College’s *Authorizing Mechanisms* practice guideline.

This webcast is about delegation, one of the three ways you can get the authority to perform a controlled act procedure.

Delegation is when any health care professional transfers the authority to perform a controlled act to another person.

The person delegating the controlled act is called the delegator. The person receiving the delegation is called the delegatee.

This webcast will explain when you can delegate a nursing controlled act, and the requirements for accepting a delegation from other health care providers. We’ve included practice examples so you can get a clear idea of what we mean.

This presentation refers to the College’s *Authorizing Mechanisms* practice guideline. You will find it helpful to review the document while you watch the webcast.

This is one of four presentations that talks about authorizing mechanisms and controlled acts. The other webcasts are an overview of:

- Controlled Acts
- Initiation, and
- Orders.
After watching this webcast, you should:
• Know when a procedure is a routine activity of living
• Understand the requirements for delegating and accepting a delegation, and
• Know how to document the delegation.
How You Get the Authority

Three authorizing mechanisms:
1. Orders
2. Initiation
3. Delegation

There are three ways that you get the authority to perform a controlled act procedure. These are called authorizing mechanisms.

First is an order. This is when you get the authority to perform a controlled act from a physician, Nurse Practitioner, dentist, midwife or chiropodist.

Second is initiation, when the procedure is one that you have the authority to initiate yourself.

Third is delegation, which is the focus of this presentation.

For more information and practice examples on Orders and Initiation, please watch the related webcasts.
When a Nurse Delegates

Nurses can delegate to:
- An unregulated care provider
- Another health care professional

You cannot delegate a controlled act that has been delegated to you.

We will first look at the process when you delegate to someone who does not have access to nursing controlled acts.

For example, you can delegate the wound care of a client to a member of that person’s family or to a personal support worker.

You can also delegate to another health care professional that does not have access to the controlled act. For example, you can delegate the procedure of urinary catheterization or inhalation therapy to an occupational therapist.

You are not allowed to delegate a controlled act that has been delegated to you. This is called sub-delegation.
Delegation is not required for a procedure that is considered a routine activity of living.

How do you decide if an activity is a routine activity of living?

Ask yourself these questions:

Has the need for a specific procedure been identified?  
Has the frequency of performing the procedure been established?  
Does the person respond or react to the procedure in a consistently predictable way?  
Is the outcome of performing the procedure the same?

If you answer yes to all these questions, then it is a routine activity of living.

Performing a procedure below the dermis, such as wound care, is not considered a routine activity of living. This must always be delegated.
How do you know when you can delegate a nursing controlled act to others? It depends on the procedure and the person performing it. Use the chart on the slide to see which procedures need delegating and when. Here are three examples of when nurses delegate.

In our first example, Bill is an insulin-dependent client with stable blood glucose readings who requires the same dose of subcutaneous insulin everyday. Since this falls under the category of routine activity of living, administering the injection does not require delegation.

However, if Bill receives subcutaneous insulin based on a sliding scale, and the insulin dose varies according to the blood sugar levels, then the administration of this insulin is no longer considered routine, and it would require delegation.
The second example is about Wendy, a client who needs intermittent catheterization every four hours for urinary management. This type of bladder catheterization can be considered routine for Wendy and does not require delegation. However, if Wendy develops acute urinary retention and requires an increased number of catheterizations, then it would no longer be considered routine, and delegation would be required.

The last example is about Rosa, who lives at home and receives monthly vitamin B12 injections. This is considered a routine activity of living and the personal support worker has been administering her injection. The doctor has now ordered heparin injections for Rosa. Since this is a new medication, the outcomes of the procedure have not yet been established, so the heparin injection would not yet be considered routine. If you decide that the personal support worker should administer the heparin, then this would require delegation.

You don’t need to delegate procedures that are not controlled acts, for example, administering oral and topical medications.
If you delegate a controlled act, then you are accountable for that decision.

The *Authorizing Mechanisms* practice guideline lists the 10 requirements you must meet before delegating. They are:

1. You have the authority under the *Nursing Act* to perform the controlled act. RNs and RPNs cannot delegate dispensing. And NPs cannot delegate prescribing, dispensing, selling and compounding medication, ordering the application of a form of energy, or setting a fracture or dislocated joint.

2. You have the knowledge, skill and judgment to perform the controlled act safely and ethically. You must be competent to perform a procedure before delegating it to someone else. For example, you must have the knowledge, skill and judgment to perform the procedure of inserting an NG tube before you can delegate the procedure.
3. You have a nurse-client relationship with the individual before performing the controlled act. If you do not have this relationship, then you cannot delegate the controlled act. If the nurse-client relationship ends, then the delegation ends as well.

4. You make sure the delegation of the controlled act is appropriate. Just because you have the authority to delegate a procedure, it does not mean that it is appropriate to do so. You have to keep in mind the best interests and needs of the client. You may assess that your client is appropriate for delegating the sliding scale insulin, as the blood glucose level remains within a range such as 4 to 9. However, you may also have a client whose blood sugar levels are not stable; therefore, you determine it is not appropriate to delegate that client’s insulin injections.

5. You make sure sufficient safeguards and resources are available so the procedure can be performed safely and ethically. Ask yourself: Does the delegatee know whom to call if their assessment shows a change in the client’s status? Is there a resource readily available that the unregulated care provider can contact?
6. Conditions
7. Knowledge of the delegatee

6. You consider whether the delegation should be subject to any conditions to make sure that it is performed safely and ethically. For example, Bill, our insulin dependent client, is receiving insulin on a sliding scale. A condition could be “withhold the insulin if blood glucose reading is less than 4 or greater than 9, and notify the nurse.”

7. You are satisfied that the delegatee can accept the delegation, and is:
• A nurse who has a nurse-client relationship with the person; for example, an NP may delegate to an RN or RPN who is part of the circle of care
• A health care provider who has a professional relationship with the client
• A person in the individual’s household, or
• A person who routinely provides assistance or treatment for the client.
8. You are satisfied that the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically. When the delegatee is not a health care professional, you have the additional responsibility to determine that the delegation is appropriate for the client.

For example, an unregulated care provider has been caring for Alice, a client, for three years and has a delegation for inserting a rectal suppository. The unregulated care provider cannot use this delegation with another client. The nurse involved in the client’s care would have to assess if it is appropriate before authorizing the delegation. Similarly, the unregulated care provider may administer vitamin B12 injections at home on a routine basis to a family member. However, this does not mean that the unregulated care provider is able to perform the procedure with other clients in their workplace setting. You would have to assess the competency of the unregulated care provider for their client and their workplace environment before you authorized the delegation.

9. You must stop the delegation immediately if you believe the delegatee no longer has the ability to perform the controlled act safely and ethically. Delegation may also be stopped if there is a change in the client’s condition and it is no longer appropriate for the unregulated care provider to perform the procedure.

10. You must document the particulars of the delegation. We will explain “particulars” later in the presentation. For now, let’s focus on the three ways that the documentation can be completed:

First, there could be a written record of the delegation available in the place where the controlled act is to be performed. This means that the record of the delegation could be available in the practice setting.
Second, there could be a written record of the delegation, or a copy of the record, in the client’s chart at the time the delegation takes place, or within a reasonable period of time afterward.
Third, the nurse can provide a written record of the delegation in the client’s chart at the time delegation takes place or within a reasonable period of time afterward.
As with delegating a controlled act, the considerations for having a controlled act delegated to you must include the following:

1. You have the knowledge, skill and judgment to perform the procedure safely and ethically.
2. You have a nurse-client relationship with the person.
3. You make sure performing the controlled act is appropriate, keeping in mind the best interests and needs of the client.
4. You are satisfied that there are sufficient safeguards and resources available so that the controlled act can be performed safely and ethically.
5. You know the delegator is permitted to delegate the act.
6. You make sure any conditions have been met.
7. You make sure that the particulars of the delegation have been documented.
Documenting the Particulars

- Date of the delegation
- Delegator’s name, if the controlled act was delegated to the nurse
- Delegatee’s name, if the controlled act was delegated by the nurse
- Conditions, if any, applicable to the delegation

We mentioned documenting the “particulars” of the delegation in the client record. These particulars are:
• the date the delegation occurred
• the name of the individual delegating the procedure to the nurse
• if the nurse is authorizing the delegation, then the name of the individual to whom the procedure has been delegated, and
• any conditions that apply to the delegation.
For more information on controlled acts and the ways you get authority to perform them, review the College documents listed on the slide.

All of these documents can be found on the College’s website.
We would like to know what you think of this webcast. Please use the “evaluate this webcast” link to send us your feedback.
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