Working With Unregulated Care Providers

Updated 2013

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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. Nurses1 are often expected to teach, supervise or assign health care to others.

A nurse cannot assume that a UCP2 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,3 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 client4 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.5

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.

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1 In this document, nurse refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).
2 The term UCP refers to a paid UCP, family member or member of the household. UCPs are accountable to their employer.
3 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 RHPA: Scope of Practice and Controlled Acts Model at www.cno.org/docs.
4 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.
5 For more information, see the Authorizing Mechanisms practice guideline at 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*. 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 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**

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

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

7 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?

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

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 Authorizing Mechanisms 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 Authorizing Mechanisms.

**When is delegation required?**

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

<table>
<thead>
<tr>
<th>Teaching</th>
<th>Delegating</th>
<th>Assigning</th>
<th>Supervising</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>Deciding to teach, providing instruction and determining competence to perform a procedure</td>
<td>Transferring the authority to perform a controlled act procedure to a person not authorized to perform that act</td>
<td>Allocating responsibility for providing care</td>
</tr>
<tr>
<td>What does it apply to?</td>
<td>Any procedure</td>
<td>Controlled act procedures only</td>
<td>Any procedure</td>
</tr>
<tr>
<td>Who may do it?</td>
<td>A nurse who meets the six requirements discussed on page 5</td>
<td>A nurse who meets the requirements in Authorizing Mechanisms</td>
<td>A nurse with the necessary knowledge and judgment</td>
</tr>
</tbody>
</table>

For additional information on teaching, delegating, assigning and supervising, assigning and supervising, see the Authorizing Mechanisms practice document at 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.

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, 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.
Appendix A

Decision Tree: Making Decisions About Activities Performed by UCPs

If you answer no to most of the factors, then carefully consider the implications of having a UCP perform.

1. Can a UCP perform this activity considering the factors?
   - **YES**
     - If you answer yes to most factors then proceed.
     - **YES**
       - Is there a mechanism to determine ongoing competence of the UCP and to regularly review the client’s condition, the associated risks and environmental supports?
         - **YES**
           - Teach care provider.
           - Determine competence.
           - Identify and communicate conditions for performing, indicators for seeking assistance and parameters for reporting.
         - **NO**
           - Return to Steps 1, 2 and 3 to reassess situation as needed.
   - **NO**

Factors

The Client Assessment
- The client has established, well-defined care needs, support systems and coping mechanisms
- The client’s condition is well controlled/managed
- The client’s condition is not expected to change, and
- The client or representative may direct his/her own care

The Benefits and Risks Assessment
- The activity and client response has been established over time
- There are identifiable outcomes that are easily recognized
- There are no negative systemic effects
- The client’s response to the procedure is predictable, and
- The activity will be performed frequently enough for UCP to maintain competence

The Environmental Supports
- There are clear policies, and
- The appropriate resources are readily available for consultation or intervention. In the community, this can mean by telephone
Appendix B

Decision Tree: Teaching a Procedure

Nurse considers teaching a procedure.

Am I competent to perform the procedure?  
**YES**  
Am I competent to teach the procedure?  
**YES**

Consider:
- risks and benefits of performing procedure  
- predictability of outcomes  
- safeguards and resources available, and  
- other factors in situation.

Can I safely teach the procedure, considering the factors?  
**YES**

Is care provider available with potential to perform procedure?  
**YES**

- Teach care provider.  
- Determine competence.  
- Identify conditions for performing and indicators for seeking assistance.

Is there a mechanism to determine ongoing competence?  
**YES**

Ensure that a monitoring mechanism is in place.
Bibliography


