Saskatoon Health Region	Policies & Procedures Title: **DELEGATION OF TASK TO FORMALLY EDUCATED UNREGULATED CARE PROVIDERS** I.D. Number: 1168
Authorization [x] SHR Nursing Practice Committee	Source: Nursing Practice & Education Date Approved: November 22, 2017 Scope: **SHR and Affiliates**

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For the purpose of this policy, client will be used when referring to clients, patients, and residents.

For the purpose of this policy, manager will be used to refer to out-of-scope individual responsible for the day-to-day operations.

Introduction

Due to the potential operational impact of this policy, a transition period has been granted for sites and service delivery programs to meet the requirements outlined in this policy. During this transition period, it is expected that sites and service areas will plan for staffing mitigation to comply with the policy within one year, by December 1, 2018. As part of policy rollout and implementation, all sites and service areas will have access to education on the policy, professional roles and responsibilities, the delegation process, and specific task education by various methods.

Delegation of Task (DoT) is a process by which a licensed nurse allocates a task when the activity is part of the nurse's scope of practice and it is not included in the foundational educational training of the formally educated Unregulated Care Provider (UCP) (i.e. medication assistance, application of compression garments). A delegation of task will vary depending on the work setting, client population, and support available. Saskatoon Health Region (SHR) is committed to client safety and supports best practice by adhering to the Guidelines of nursing professional associations (SRNA, RPNAS, SALPN), in establishing policy and educational programs that support the DoTs in client care. It is the intent of the policy to define how tasks are approved and targeted through Nursing Practice Committee (NPC) and delegated from a nurse to an individual UCP for an individual client.

Definitions

Acuity: Degree of severity of a client's condition and/or situation.

Competence: Occurs when the UCP is found to have the knowledge, skill and ability to perform a delegated task following an educational training.

Complexity: Degree to which a client's condition and/or situation is characterized by a range of variables (i.e. multiple medical diagnoses, impaired decision making, challenging family dynamics).

Delegating Nurse: The nurse(s) that is knowledgeable of the individual client's care needs based on ongoing nursing assessment and is responsible for the overall care of the client.

Delegation: Allocation of a task when the activity is part of the nurse's scope of practice and outside the job description and educational training of the UCP (i.e. medication assistance, application of compression garments).

Formally Educated: An employee who has completed and received a certificate in a recognized educational program (i.e. Saskatchewan Polytechnic (Sask Polytech), Saskatoon Business College (SBC), Saskatchewan Indian Institute of Technologies (SIIT)).

Nurse: A Registered Nurse, Registered Psychiatric Nurse, or Licensed Practical Nurse.

Nursing Practice Committee (NPC): A cross sectorial nursing committee, reporting to the Director – Nursing Practice & Education, with a mandate to approve SHR nursing policy, guidelines and resources, including clinical procedures for unlicensed staff.

Predictability: Degree to which outcomes can be reasonably expected to follow an anticipated path with respect to timing and nature.

Quality Assurance: Measures taken to assess and maintain a high quality of health care by constantly measuring the effectiveness of a process.

Stability: Degree to which a client's health status can be anticipated, the plan of care readily established, as well as the degree to which it is managed with interventions that have predictable outcomes.

Supervision: The active process of directing, assigning, delegating, guiding and influencing the outcome of an individual's performance of an activity. Supervision is categorized as:

> **Direct Supervision:** Occurs when the nurse is physically present or immediately available while the activity is being performed.

> **Indirect Supervision:** Occurs when the nurse provides direction through various means of written and verbal communications.

> **Indirect Remote Supervision:** Where a nurse is readily available for guidance and consultation but is not physically located at the point of care, but can be easily contacted through the use of technology such as telephone, pagers or other electronic means to provide verbal assistance or guidance as required.

Unregulated Care Provider (UCP): UCPs do not have a regulatory body or a legally defined scope of practice. UCPs do not have mandatory curriculum education or regulatory practice standards. UCP refers to, but not limited to: Continuing Care Assistant (CCA), Personal Care Assistant (PCA), Home Health Aide (HHA), Home Care Aide (HCA), Daily Living Attendant, Special Care Aide (SCA), or Care Partner. Foundational educational programs best prepare the formally educated UCP for safe task completion (i.e. Sask Polytech, SBC, SIIT).

Variability: Degree to which a client's condition or situation changes or is likely to change. Considerations include predictability, stability, and patterns of change.

1. **PURPOSE**

    1.1   To standardize the process of DoT from a nurse to a UCP for a client throughout SHR. This will be in alignment and accordance with the professional regulatory bodies' nursing practice guidelines and standards.

    1.2   To ensure safe nursing practice and optimal client care through consistent NPC approval; UCP educational preparation; and employer and nurse application of the DoT process.

2. **POLICY**

    2.1   The authority to delegate a task must adhere to legislation and to sector specific policies and procedures regarding what is within the scope of practice (SRNA 2015).

    2.2   Each targeting request (see Appendix A) for a task will have a Work Standard and accompanying learning package to be reviewed by the SHR NPC.

    2.3   DoT occurs when one nurse delegates one task to one UCP for one client.

    2.4   The delegating nurse will educate the UCP utilizing the learning package. This education may be done in either a group setting or 1:1 instruction (nurse:UCP). The type of instruction will depend on the task category (all tasks in Category B and C require 1:1 instruction) (See Appendix B).

    2.5   SHR NPC shall approve delegated tasks (see Appendix B) that are reasonable, appropriate and may be delegated to the UCP in the targeted setting based on evidence-based practice.

    2.6   A list of tasks that may be delegated to the UCP will be maintained and accessible as an appendix with this Policy (see Appendix B). Managers may request targeting for the task for their specific practice area with supporting documentation (Targeting Request: Appendix A).

    2.7   The decision to delegate will be done through a collaborative/consultative process based on the Three Factor Framework - The Client, The Nurse & The Environment (Appendix C). All factors (the client, UCP, and environment) will be evaluated by the delegating nurse and manager prior to initiation, at least annually or when any change is identified.

    2.8   A DoT is dependent upon a system approach to quality control that involves the delegating nurse and timely receipt of relevant information. This information may include, but is not limited to, medication safety reports, report of concerns by the UCP, or results of ongoing evaluation of a UCP's competence.

    2.9   A nurse may only delegate to a formally educated UCP. Formal education is not a substitute for the delegating nurse's assessment of the UCP's knowledge of foundational principles and competence.

    2.10 Safe DoT relies on the UCP's foundational knowledge, as learned through formal education, including, but not limited to, principles of infection control, personal competence, medical terminology and anatomy, personal care, communication and interpersonal skills.

2.11 All UCPs who will be performing a delegated task will require employer-provided education for the specific task (i.e. eLearning, learning package or simulated lab).

2.12 The assessment of the UCP's competence for a DoT will be done by the nurse upon initial training, reviewed a minimum of annually, or more frequently as required through a return demonstration of the task. The performance will be documented in the sector–specific tracking record (i.e. competency checklist) and filed in the employee file or sector-specific tracking binder for delegation.

2.13 The delegating nurse is responsible for the overall assessment, planning and coordination of the DoT.

2.14 Supervision of the DoT will be done by a delegating nurse according to their sector standards.

2.15 Additional education and supervision shall be provided to the UCP as required.

2.16 The delegating nurse will provide additional education and monitoring of the UCP as required no less than annually and document on appropriate record.

2.17 If the client's condition or the environment is no longer found to be predictable and/or stable the DoT will be suspended until a delegating nurse reassesses the client and/or environment (see DoT Withdrawal Procedure section 4).

2.18 Each task (see Appendix B) shall have an evidenced-based Work Standard and learning package of the procedural steps of the task only. The Work Standard and learning package should be generic and will not include any sector-specific processes, documentation or reporting structure.

    2.18.1 The Work Standard may be individualized specifically to meet the client's needs by the delegating nurse. Example: the standardized instruction for positioning the client for bowel care may read "client is to be positioned on left side" but with assessment the delegating nurse may revise the Work Standard so that the "client is to be positioned on their right side".

2.19 **Portability**: Portability of DoT is NOT transferrable between SHR sites or care areas, clients, or environments as it is dependent on the individual client, environmental factors, employee knowledge, skill and ability as assessed by the delegating nurse (refer to 2.3).

3. DoT Procedure

3.1 The manager will ensure that the DoT is only performed by a UCP who has received a certificate from an approved formal education program (i.e. Sask Polytech, SBC, SIIT) and will communicate the UCP's formal educational status to the delegating nurse.

3.2 The manager will communicate to the delegating nurse any concerns regarding the UCP's job performance in relation to the DoT. For example, a work accommodation that would interfere with their ability to perform a physical task (i.e. shoulder injury and DoT for application of compression garments).

3.3 The delegating nurse will use the DoT Procedure Checklist to ensure all components for the provision of safe care for the client and the provider have been addressed (See Appendix D). File the completed checklist in the client's chart.

3.4 The delegating nurse will complete an initial client assessment to determine the acuity, complexity and variability of the client's needs related to the DoT.

3.5 The delegating nurse will ensure the DoT meets all of the following criteria:

- The task is safe for the client. (Does not endanger the client's life or well-being)

- The task recurs frequently as part of the client's routine care.

- The task can be performed according to an established sequence of steps.

- The task involves little or no modification from one client care situation to another.

- The task can be performed with a predictable outcome.

- The task does not inherently involve ongoing nursing assessment, interpretation or decision making.

- The environment is conducive to safe provision of care and risks are manageable. (i.e. animal in the home or requires personal protective equipment)

CRITICAL DECISION POINT: If <u>ANY</u> of the above criteria are <u>NOT</u> met, <u>STOP, DO NOT DELEGATE</u>.

3.6 The manager, in collaboration with the nurse, will confirm the task is on the approved DoT list and the practice area has been targeted (see Appendix B).

3.6.1 If the task is listed in Category C (tasks identified for delegation on a case-by-case basis) consultation with the Nursing Practice Professional Lead is required as well as with other disciplines as necessary (i.e. Clinical Nurse Educator, Clinical Nurse Lead, Supportive Care Projects Coordinator, Occupational Therapist, etc.).

3.6.2 If the task is not on the approved list or targeting is required consult with the Nursing Practice Professional Lead. The manager, in consultation with the nurse and the Nursing Professional Practice Lead, identifies a need for DoT within the practice area (i.e. Home Care Rural or St. Anne's Home) and submits a written request (Appendix A - Targeting Request).

3.7 The delegating nurse will obtain the Work Standard and learning package and will utilize the Three Factor Framework to individualize the Work Standard to meet the client's needs, when necessary.

3.7.1 The delegating nurse will ensure the Work Standard is available at the point of care.

3.8 The delegating nurse will provide initial education on the task to the UCP, utilizing the Work Standard and learning package, and updates the UCP's training record (i.e. newly hired UCP or new DoT).

3.8.1 When the task requires 1:1 instruction (see Appendix B) the delegating nurse will provide the education to the UCP at the point of care with the client and updates the training record (i.e. an inhaler or brace).

3.9 The manager will collaborate with the delegating nurse in the coordination of the educational requirements related to the task, and keep a current record of UCP training which will be available to the nurse.

CRITICAL DECISION POINT: The Task Competency Checklist is a required component of each learning package. It will be developed as a standardized evidenced-based checklist of steps which will be the foundation for other sector-specific tools (i.e. auditing tool). **The UCP must successfully complete the Task Competency Checklist with the delegating nurse.** If the UCP is **not** successful in performing the task independently, as evidenced by the Task Competency Checklist, the delegating nurse must notify the manager, mitigate the needs of the client (i.e. defer the DoT to a UCP with training) and the UCP (i.e. additional education).

3.10 The UCP will be responsible for providing competent care to the client and is accountable to communicate to the delegating nurse when they are not adequately educated (i.e. were away on a leave), or when the client's condition or environment changes and they are unable to safely follow the task instructions for any reason.

CRITICAL DECISION POINT: When any factors (see Appendix C) jeopardize the safe practice for the UCP or the client, and the delegating nurse is currently not available to provide direction, the DoT should be reviewed immediately and indirect remote supervision should be considered (i.e. new DoT, or UCP performance concerns, or complex 1:1 task).

3.11 The UCP will refer to the Work Standard and plan of care before each task is performed.

3.12 The UCP will document on the appropriate client record.

3.13 The delegating nurse will provide ongoing education, support and/or guidance on the task for the UCP as required (i.e. at request of UCP or manager) and document on the appropriate record.

3.14 The manager will ensure that the UCP's competence and skills are maintained through education and frequent task performance.

3.15 The manager will provide the quality assurance information (i.e. Medication Safety Report) to the nurse regarding the UCP's performance in the task.

3.16 The delegating nurse will review the quality assurance information as provided by the manager regarding the UCP's job performance related to delegation and follow-up as necessary.

3.17 The delegating nurse will supervise the DoT as per their sector standards, and work collaboratively with the manager when the:
- UCP's competence in safely performing the task is in question or job performance is under review.
- Task is no longer appropriate (see 3.5).
- Quality assurance information indicates that a review is necessary.

3.18 The UCP will immediately report any concerns related to the DoT to the delegating nurse. If the delegating nurse is not immediately available the manager will be notified and will follow the instructions as directed by delegating nurse through indirect supervision or indirect remote supervision.

3.19 The manager and the delegating nurse will work collaboratively in the DoT withdrawal procedure when appropriate (see 4 DoT Withdrawal Procedure).

3.20 The manager will work with Labor Relations when necessary throughout the investigation process.

4.   DoT WITHDRAWAL PROCEDURE

4.1 Withdrawal of the DoT will occur when:

- **The client assessment determines that the task is no longer predictable and the stability of the client has changed.**

  o   The delegating nurse shall withdraw the DoT.
  o   The delegating nurse will notify the manager and will work collaboratively to mitigate the needs of the client.
  o   The delegating nurse will document the withdrawal of the delegated task in the appropriate client record.

- **The delegating nurse determines the UCP does not have the competence to perform the task by completing a competency assessment.**

  o   The delegating nurse shall assess and determine a mitigation plan for resolution for the client (i.e. defer DoT to another trained UCP or caregiver) and for the UCP (i.e. additional education and coaching) and notify the manager.
  o   If resolution of the issue cannot be achieved, and the UCP's competence remains in question, the nurse will notify the manager of the outcome.
  o   The manager will notify the UCP and ensure that the UCP is removed from the task.
  o   The manager will schedule the UCP for further education and coaching in consultation with the delegating nurse.
  o   The manager will update the UCP's training record to indicate the withdrawal of the DoT.

4.2 **Reinstatement of DoT**

4.2.1   **Related to client:**

4.2.1.1 The client's predictability, stability, and complexity has been assessed by the delegating nurse and deemed appropriate for the DoT.

4.2.1.2 The delegating nurse will reinstate the DoT (refer to 3 DoT Procedure).

4.2.2   **Related to the UCP's competence in performing the task:**

4.2.2.1 When the competency assessment has indicted failure of comprehension, practical demonstration, or absence of foundational knowledge or understanding the manager will arrange for repetition of all components of education.

4.2.2.2 The delegating nurse will repeat the competency assessment. If UCP is successful the delegating nurse will reinstate the DoT (see *DoT Procedure* section 3).

4.2.3   **Related to the UCP's job performance:**

4.2.3.1 When the competency assessment has not identified any specific learning needs but failure to safely perform the task remains evident the manager will investigate the cause and seek support.

4.2.3.2 The manager must notify the delegating nurse when job performance issues have been resolved.

4.2.3.3 The delegating nurse will repeat education, if necessary, and the competency assessment. If the UCP is successful the delegating nurse will reinstate the DoT (see DoT Procedure section 3).

5.   REFERENCES

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TARGETING REQUEST   **APPENDIX A**

Saskatoon **Health** Region	SHR Nursing Practice Committee **Unregulated Care Provider (UCP)** **Delegation of Task Targeting Request**

Use this Request form for addition of a specific UCP task delegation for your unit. Please consult with a Nursing Practice Leader, complete the form and submit to the SHR Nursing Practice Committee c/o SHR Nursing Office shrnursingoffice@saskatoonhealthregion.ca.   Agenda items must be received 5 weeks prior to the meeting date. Contact SHR Nursing Office for meeting dates.

1. Is this request for targeting of a delegation that is new to SHR?
    ☐ Yes   ☐ No
    If yes, attach the policy to this request form.

2. Name of Task Delegation you are requesting to be added to your unit targeting:

    _____

3. What is your rationale for making this request?_____

    _____

4. How many times will a UCP perform this task:
    ☐ in a month?_____
    ☐ in a year?_____
    Explain how this is adequate to maintain competence:_____

    _____

    _____

5. What is the client population that this task delegation shall be performed on?
    ☐ Home Care ☐ LTC   ☐ Acute Care   ☐ Other: _____

6. Who will be supervising the UCP performing this task?
    ☐ RN   ☐ RPN   ☐ LPN   ☐ Other: _____

7. What kind of supervision shall be provided, select all that apply (refer to Definitions on page 1)?
    ☐ Direct   ☐ Indirect   ☐ Indirect Remote

8. If the targeting request is approved, describe any limitations or restrictions:____

    _____

    _____

9. Outline or attach your plan for education. Please include how education will be provided, how knowledge will be tested, how skills will be demonstrated and recertification plans.

    _____

    _

    _____

10. Name of contact person(s) for this request: _____

     Phone #: (_____) _____-_____

    Manager/Site Leader signature: _____

    Unit/program: _____ Site: _____ Date: _____

Committee response is found on page 2.

Committee Use:

Items received with Request	N/A	Yes	No
Approved Nursing Policy			
DRAFT Nursing Policy			

Targeting for UCP Task Delegation:

Approved ☐   Approved with conditions ☐   Not Approved ☐

Date _____

Conditions for Approval:

<div align="right">**APPENDIX B**</div>

List of Tasks

Refer to the Nursing Practice & Education Infonet page for the current available Work Standard, learning package, and other educational resources for each task (i.e. video link).

Learning packages must be submitted to, and reviewed by, Nursing Practice & Education (Professional Practice Lead) to ensure the information is evidenced-based and generic for use in all sectors. Consultation must be cross sector in the development of the learning package.

Category A – Tasks Identified for Delegation

Compression garments (i.e. hosiery)
Medication – ear drops
Medication – eye drops – routine administration for chronic conditions (excludes post-surgical)
Medication – nasal spray
Medication – oral meds (**excludes** controlled (i.e. narcotics or benzodiazepines), chemotherapy, and hazardous meds)
Medication – prescription shampoo
Medication - Topical medicated creams/ ointments - includes prescription or over-the-counter creams or ointments that contain medication and it is used to treat a specific sign or symptom
Medication – Topical patches (i.e. Nitro-patch) (**excludes** narcotic patch)
Sp02 reading as part of the routine measurement of vital signs

Category B – Tasks Identified for Delegation with 1:1 instruction

Braces and splints
Medication – inhalers (must use a spacer when able – i.e. Metered Dose Inhaler)
Medication – nebulizer
Medication – rectal suppository (i.e. regularly scheduled hemorrhoid medication for a stable client for the treatment of a chronic condition)
Ostomy appliance change – simple ostomy
Wound care – simple dressing

Category C – Tasks Identified for Delegation on a case-by-case basis (all would be 1:1 instruction)

Blood Glucose Monitoring - cueing the steps for the client to perform only
Blood Glucose Monitoring – UCP to perform task steps
Bowel care – digital stimulation
CPAP/BiPAP – assist with application and removal
Medication – eye drops – stable post-surgical (i.e. post cataract after assessment by surgeon)
Medication – insulin – verify dose of insulin pen (client must be able to manage all other steps independently)
Medication – chemotherapy – oral only
Medication – hazardous - oral or topical only (i.e. finasteride, Premarin) (includes assistance by CCA or client self administration with cueing by CCA)
Medication – scheduled oral controlled medications (i.e. narcotics or benzodiazepine) (**excludes** all other routes and PRN meds)
Medication – Tuberculosis (TB) meds – observation of
Medication – vaginal creams or suppositories (i.e. chronic hormonal condition)

<u>**TASKS on the DO NOT DELEGATE LIST:**</u>

Autoclave instruments

Bowel Care - Manual Disimpaction

Compression bandaging (i.e. Coban 2®): application of, unwrapping, or removal of

Hypo/hyperglycemia: Independent initiation of treatment protocol

Medication - narcotics, handling of - any route except oral (i.e. FentaNYL patch)

Medication – topical chemotherapy

O2 Troubleshooting (i.e. assessing SOB, changing setting, etc.)

Pedal pulses

Set up sterile instrument trays

Specimen collection – Antibiotic Resistant Organisms (ARO): specimen collection is not a component of their foundational training. The safety of staff and the client would be at risk.

Specimen collection – elimination (stool or urine) - as an independent function: Steps may be assigned to the UCP by the nurse i.e. putting the hat in toilet for a urine specimen. This excludes transportation of the specimen from site to site if the UCP is not trained in Transportation of Dangerous Goods)

Suctioning – Refer to Policy 1019 – Suctioning Artificial Airways – Adults – Ventilated and Non-Ventilated

Tube Feed – Refer to Policy 1020 – Enteral Tube Feeding: Adult
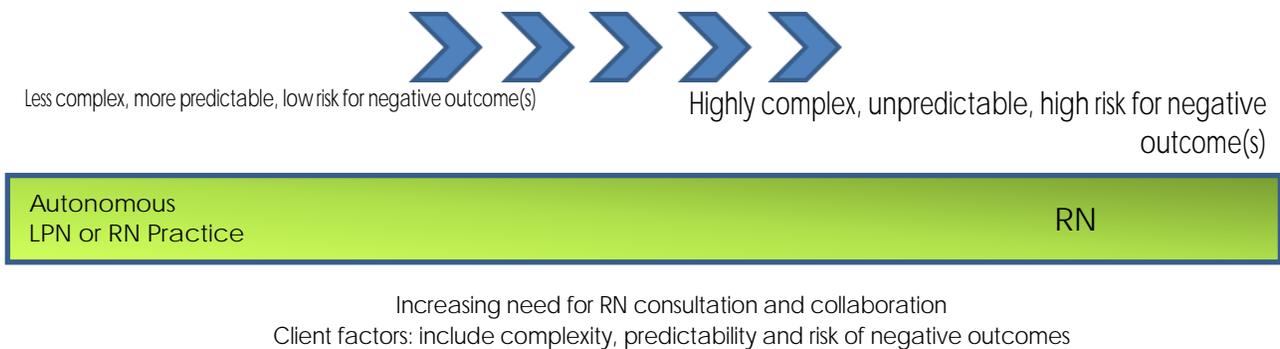
APPENDIX C

The Ontario Context

The College of Nurses of Ontario – Three Factor Framework

Developed by the College of Nurses of Ontario (2011c), the Three-Factor Framework is a useful resource to support decision-making regarding the appropriate level of care provider (RN or LPN). The framework takes into consideration not only the patient care needs but also factors regarding the nurse and the environment, i.e., the context in which the care is being delivered. It is the consideration of all three factors that allows for effective decision-making and appropriate utilization of both LPNs and RNs in the provision of safe, quality patient care.

All factors are viewed along a continuum (e.g., less to highly complex care needs, more to less stable environments), and it is the continuum that determines the degree of autonomous practice for LPNs. For example, it is within the LPN scope of practice to care for patients with complex care needs when in collaboration with RNs. However, LPNs can function autonomously in the care of less complex patients. As the complexity of patients increases, there is the need and expectation for greater consultation and collaboration with RN colleagues. For patients with highly complex care needs, the RN is the most appropriate care provider. As with all the factors,
it is the point along the continuum (see Figure 1) that needs to be considered when determining whether it is within the scope of practice for LPNs.

For more information on how to apply the Three Factor Framework Webcast (approximately
15 minutes): College of Nurses of Ontario. RN and RPN Practice: The Client, the Nurse and the Environment. Available online via College of Nurses website: http://www.cno.org/en/learn- about-standards- guidelines/educational-tools/ webcasts/rn-and-rpn-practice- the-nurse-the-client-and-the-environment-webcast/

1.   **Client Continuum**

Less complex, more predictable, low risk for negative outcome(s)

Highly complex, unpredictable, high risk for negative outcome(s)

Autonomous
LPN or RN Practice   RN

Increasing need for RN consultation and collaboration
Client factors: include complexity, predictability and risk of negative outcomes

2.   **Nurse Factors**

3. **Environment Continuum**

More stable environment   Less stable environment

Autonomous
LPN or RN Practice   RN

Increasing need for RN consultation and collaboration

Environmental factors: availability of practice supports, consultation resources, and the stability/predictability of the environment
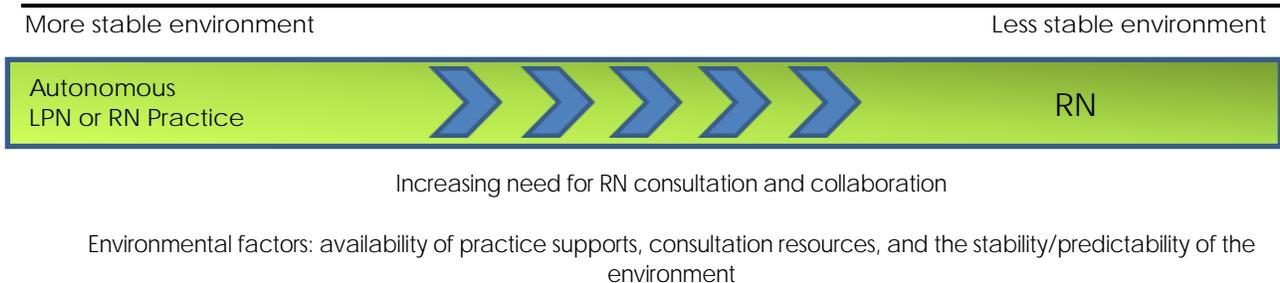
Figure 1: Adapted from "RN and RPN Practice: The Client, the Nurse and the Environment," College of Nurses, 2011c, p. X. Copyright 2011 by College of Nurse

Appendix D

Delegation of Task (DoT) Procedure Checklist for the Delegating Nurse – page 1:

Saskatoon Health Region

Delegation of Task (DoT) Procedure Checklist for the Delegating Nurse

Client Label

Task: _____

The delegating nurse(s) to date, initial, and check off if criteria is met or not met:

Date	Initial	Criteria Met YES	NO	Criteria
				Initial client assessment has been completed to determine the acuity, complexity and variability of the client's needs related to the DoT.
				The task is safe for the client. (Does not endanger the client's life or well-being)
				The task recurs frequently as part of the client's routine care.
				The task can be performed according to an established sequence of steps.
				The task involves little or no modification from one client care situation to another.
				The task can be performed with a predictable outcome.
				The task does not inherently involve ongoing nursing assessment, interpretation or decision making.
				The environment is conducive to safe provision of care and risks are manageable.

CRITICAL DECISION POINT:
    If **ANY** of the above criteria are **NOT** met, **STOP, DO NOT DELEGATE**:

		Criteria NOT met; **STOP, DO NOT DELEGATE**
		Criteria to this point are ALL met; continue with DoT procedure below

DoT procedure checklist continued:

			The task is on the approved DoT list
			The practice area has been targeted for DoT
	☐ N/A		The task is listed in Category C, consultation is required and has occurred (see P&P 3.6.1)

(DoT Procedure Checklist for the Delegating Nurse – page 2:

Saskatoon Health Region

Delegation of Task (DoT) Procedure Checklist for the Delegating Nurse

Client Label

Date	Initial	Criteria Met		Criteria
		Yes	**No**	
				The Work Standard and learning package have been obtained.
		☐ N/A		The Work Standard has been individualized to meet the client's needs, if necessary.
				Copy of the Work Standard is available at the point of care.
		☐ 1:1		Initial education on the task has been arranged to be provided to the UCPs (identify if 1:1 instruction is required and coordinate as necessary)
				Ensure task is on the appropriate care record(s) for care for the UCP as required in the practice setting (i.e. Home Care CCA Delegation of Task Flow Sheet and client Care Plan or the LTC myPLAN)
				No factors jeopardize safe practice for the UCPs or the client.
				The delegating nurse is available to provide supervision as per their sector standards. Indicate type(s) of supervision (refer to P&P definitions): ☐ Direct supervision ☐ Indirect supervision: comment:_____ ☐ Indirect remote supervision: comment: _____

CRITICAL DECISION POINT:
    Review all of the above criteria:

		Criteria are NOT ALL met; <u>STOP, DO NOT DELEGATE</u> to the UCP
		ALL criteria are met; DoT is safe to delegate to the UCP. Follow the DoT procedure in the policy.

Checklist completed by (delegating nurse(s)):

Name (printed)	Signature and designation	Initial	Date