

# Guidelines

## Guidelines on Delegation and Supervision for Nurses

### Purpose

The purpose of these guidelines is to assist nurses in Australia to make decisions in relation to delegation and supervision within a nursing context in a variety of health care settings. These guidelines will also assist employers of nurses to understand the accountability and responsibilities of nurses in relation to delegation and supervision.

### Introduction

The purpose of the Australian Nursing Council (ANC) is to lead a national approach with state and territory nurse regulatory authorities in evolving standards for statutory nurse regulation. The membership of the Australian Nursing Council consists of all state and territory nurse regulatory authorities and two public members.

Registered nurses<sup>1</sup> and enrolled nurses<sup>2</sup> in Australia are regulated and accountable to the community for providing quality care through safe, ethical and effective practice. To assist in achieving this, the state and territory nurse regulatory authorities set standards for nursing practice. The *ANC National Competency Standards for the Registered and Enrolled Nurse* have been adopted by the nurse regulatory authorities in all states and territories. These competency standards have been developed and are maintained by ANC and include reference to delegation and supervision. In addition nurse regulatory authorities, in accordance with provisions of legislation under which they function, may establish policies for supervision.

### Delegation and Supervision

Within these guidelines the terms delegation and supervision are used as follows:

- In the nursing context **delegation** is the conferring of an authority to perform activities of care for a patient/client on an individual.

<sup>1</sup> Division 1 in Victoria

<sup>2</sup> Division 2 in Victoria

- **Supervision** incorporates the elements of direction, guidance, oversight and co-ordination of activities. The requirements for supervision of the enrolled nurse, either direct or indirect, may be specified in relevant state/territory legislations and/or policies. Supervision may be direct or indirect.
- **Direct supervision** is provided when the registered nurse is actually present, observes works with and directs the person who is being supervised.
- **Indirect supervision** is provided when the registered nurse is easily contactable but does not directly observe the activities.

On initial registration, registered nurses may require support and guidance to develop confidence in delegation and supervision. Enrolled nurses will require support to make decisions on determining whether delegated activities are within their scope of practice.

The following guidelines are intended to provide guidance for registered and enrolled nurses on delegation and supervision. They can also be used as cues or indicators that a nurse is demonstrating the relevant competency standards. These guidelines are complementary to the ANC National Competency Standards for registered and enrolled Nurses in Australia.

### Guidelines For Delegation And Supervision

1. The registered nurse must determine the level of skill and knowledge required to ensure the safety, comfort, and the security of the client prior to delegating care. This determination must be based on an accurate health assessment of the person including consideration of the complexity of the care required rather than the tasks to be performed.<sup>3</sup>

<sup>3</sup> Nurses Board of Western Australia Position Statement For Registered Nurses Relating to Section 50 of the Nurses Act 1992: Unlawful Delegation

2. The delegation of nursing care occurs between registered nurses, and registered nurses to enrolled nurses. The registered nurse may also delegate aspects of care, within a healthcare setting, to other healthcare workers.
3. The employer must ensure that there are clear role descriptions for other healthcare workers, supervision/ delegation policies and communication systems to support the registered nurse in this role.
4. It is the registered nurse's responsibility to provide direct or indirect supervision according to the nature of the delegated tasks. The registered nurse should understand the role and function of the enrolled nurse as well as the role and function of other healthcare workers to ensure that they are not required to function beyond the limits of their education, competence, experience and lawful authority.
5. Registered and enrolled nurses and other healthcare workers should only undertake activities for which they have the legal authority and the competence to perform. The registered nurse retains accountability for evaluating whether the person carrying out the delegated activities maintains the relevant standards and outcomes. The person performing the delegated activity is accountable for his or her own actions and to the registered nurse.
6. Registered and enrolled nurses should maintain current knowledge and awareness of the appropriate legislation and bylaws relating to delegation and supervision in their state/territory of practice. Nurse regulatory authorities policies and position statements reflecting the relevant legislative requirements, may be an additional resource for nurses delegating care.
7. The registered nurse is responsible for assessing each activity to determine that:
  - the delegation of activity and supervision (direct or indirect) is lawful;
  - the delegation is appropriate to the context taking into consideration environment, resources, access and skill mix;
  - delegation follows appropriate consultation and planning;

- the person has the appropriate level of knowledge, skill, experience and competence to perform the delegated activity;
- the person who has been delegated the activity understands and acknowledges the delegated activity, and knows when and who to ask for assistance to whom to report;
- ongoing monitoring of the individual's health status is planned; and
- the necessary support and supervision will be provided to the person performing the delegated activity.

These determinations must occur prior to the commencement of any delegated activity.

8. Registered nurses should be fully supported to enable supervision to occur. Processes for seeking contact and support with the supervising registered nurse should be clearly documented and communicated within the nursing setting. Registered nurses should not be restricted in any way from providing contact, support and supervision.
9. An appropriately educated and experienced registered nurse may supervise across more than one setting. This is providing that the processes for supervision, and the context, are appropriate.

## Snapshots of Practice: Delegation and Supervision

The following snapshots of practice are provided to illustrate how the *Guidelines on Delegation and Supervision for Nurses* can be used. They are not necessarily relevant to all practice settings and are meant only to provide triggers for discussion on issues relating to delegation and supervision. Also, they are only snapshots, which do not provide the full context. You will need to make assumptions in order to respond to the issues raised in them.

The discussion following each snapshot is not meant to be a recipe for action, nor the only approach, nor are all of the issues necessarily identified. One essential consideration relates to what is legal for nurses in each jurisdiction. Another is the need to ensure that the organisation in which you work has the policies to

support your actions. You may find it useful to discuss any specific issues that you have identified with the nursing Board or Council in your State or Territory.

### Background for Snapshots 1, 2 and 3

The team assigned to 15 patients in a medical unit for the morning shift is:

- 1 RN, 3 years post-registration, who has worked in the unit for 12 months
- 1 EN, (EN Smith) who is legally able to administer medications, and was transferred 3 weeks ago from the surgical unit that he had worked in for 18 months.
- 1 EN (EN Jones) who is not authorised to administer medications who has worked on the unit for 3 months since she graduated from her EN course.

#### Snapshot 1

The following patient care activities are identified by the team at the commencement of the shift as needing early attention:

- a) assisting a man, admitted with unstable angina 2 days previously, who wants to have a shower
- b) assisting a female patient with activities of daily living, she was admitted the previous evening with asthma and a respiratory infection and is on intravenous antibiotics
- c) showering of 2 patients who are 1-2 weeks post-stroke and who have mild hemiparesis
- d) assisting, where necessary, 10 patients who self-shower
- e) assisting visiting physiotherapists with mobilizing the 2 patients in (c) above
- f) delivering the menus for the next day to all patients, assisting them to complete these and return them to the catering staff
- g) closely supervising a female patient with dementia who is awaiting placement in a nursing home, she has a history of violent outbursts and wandering away from the unit

#### Discussion

*What issues would need to be considered in deciding how to delegate / assign these activities?*

- i. The ENs, through their initial educational preparation, should both be competent to undertake the activities of daily living, assisting with showering / mobilising.

- ii. Whenever both are required at the same time / for the same patient [eg potentially with the patients in (c)] the RN should be made aware of this so that the patient in (g) can still be supervised.
- iii. The RN may be the most appropriate staff member to deal with the patient with unstable angina (as a minimum, a nursing assessment by the RN would be required to determine if a shower was appropriate).
- iv. The RN would most likely be the only person legally able to administer the IV antibiotics, although in some jurisdictions, ENs may be legally able to do so.
- v. In the absence of any support / non-nursing staff to deliver the menus, any one of the staff would be able to undertake the task, however if there were any special dietary requirements, the RN may need to deal with those patients.

#### Snapshot 2 - continuing from Snapshot 1

Later in the morning, the RN becomes busy with two new admissions. The EN who is not able to administer medications has finished her assigned care and the family of the patient with dementia is visiting. The RN decides to delegate the following activities she had previously planned to undertake:

- a) administration of oral medications for all patients
- b) dressings on a man with recently diagnosed mature onset diabetes who has a leg ulcer and toes which are showing signs of gangrene

EN Jones offers to do the dressing. EN Smith suggests that he give out the medications as he “needs the practice”.

#### Discussion

*What are the issues related to the activities the RN is considering delegating?*

- i. The dressing is complex and EN Jones is a recent graduate. The RN would need to be assured that the EN has the competence necessary for this activity.
- ii. The RN would also need to assess the ulcer and toes when the dressing was removed and that EN Jones knew to report to the RN if anything unusual was noted (and there should be some discussion about what “unusual” means).

- iii. It may be possible to combine some direct and some indirect supervision while EN Jones does the dressing to ensure that the RN's accountabilities are met.
- iv. It would be prudent for the RN to check exactly what EN Smith means by his comment about "needing practice". It may be an indication that there are some areas of medication administration that should not be delegated to him without further competence assessment / supervision.
- v. The RN could consider asking one of the ENs to collect the admission data for one or both of the new patients, and to use that data in completing the assessment and planning for the patients.

### Snapshot 3 - continuing from Snapshots 1 and 2

At 1.30pm, the RN is checking the clinical outcome sheets as she is recording the taped handover for the afternoon team. She notes that the dressings have not been signed for, but the patient confirms it has been done. The RN signs for the dressing. A patient also reports that she had not received her dose of Warfarin and the RN gives the tablet.

#### Discussion

*What are the implications of these actions?*

- i. The legal issues of documentation are the most significant ones. It is possible that the RN was supervising EN Jones sufficiently closely during the dressing to be aware that it was completed satisfactorily. However, it would be prudent for there to be a record somewhere of who actually performed the dressing and the RN's assessment of the status of the ulcer / toes.
- ii. The issues regarding the missed dose of warfarin are more complex. Unless the RN was absolutely sure that the patient had missed the dose, it would be essential for the RN to make further enquiries of the EN and, perhaps, to check with the pharmacy about the medication stock dispensed for the patient, before giving the "missed" dose.
- iii. The RN would need to follow up with the two ENs about their responsibilities in documentation and medication administration and the unit manager, if they became aware of the situation, would need to discuss the RN's actions with the RN as well.

### Snapshot 4

In a medical ward in a rural hospital, the staffing is two RNs (one who is a new graduate) and one EN who also works in Accident and Emergency Department (A&E) with the RN rostered there when needed. Just after midnight the EN and the RN from A&E respond to the front door buzzer. A patient has been brought by their family experiencing chest pain. The patient has collapsed, has a faint pulse and shallow respirations. With a team of 2 in the department, the patient needs to have an ECG, cardiac monitor attached, observations done, O<sub>2</sub> commenced, IV bung inserted, blood taken, and the doctor needs to be contacted.

#### Discussion

*What can be delegated to the EN?*

- i. Given the staffing situation and the rural context, it is likely that the EN would have undertaken skill development in areas such as performing an ECG, collecting blood and / or inserting an IV bung. The RN would presumably be aware of the level of competence of the EN in a number of such activities that are not normally part of the EN role. The EN would also be competent to complete observations although the RN may wish to do these, or some of these, as part of patient assessment. Depending on the distance that the doctor would need to travel, it would most likely be best for the RN to contact the doctor in order to discuss any medical treatment that might need to be initiated on verbal orders prior to the doctor's arrival.
- ii. The RN would need to have undertaken some patient assessment prior to commencing the oxygen to ensure that the levels of O<sub>2</sub> to be administered were appropriate.
- iii. The decision about who should undertake which activities would depend on the RN's knowledge of the EN's competence and also on the policies in place in the hospital.
- iv. There may be a need to consider exchanging the EN with one of the RNs from the ward area for a short time, but this would depend on the patient requirements in the ward at the time.

*In what ways would the decisions about delegation be different in a larger metropolitan hospital?*

- i. There would be likely to be more medical, allied health and support staff available to undertake some of the activities, for example blood collection / ECG.
- ii. There may not be policies in place to support delegation of these activities to an EN, even if the RN was aware that the EN was competent to perform some of them.

#### **Snapshot 5** – continuing from Snapshot 4

The patient is stabilised and sent to the medical ward with suspected myocardial infarction. On the medical ward, observations need to be done on two thirds of the 30 patients, 6 need Ventolin and peak flow measurements, 4 patients need blood sugar levels measured, 3 need to be weighed before breakfast, 3 need urinalysis, 3 need pressure area care, a wash and their bed changed. There are also medications, 2 IVs medications and an insulin injection to be given. One patient in the ward is trying to get into another patient's bed, and an IVAC pump is alarming because the fluid bag is empty.

#### **Discussion**

*What are the issues relating to delegation / supervision in this snapshot?*

- i. Assuming that the EN has returned to the ward with the A&E patient, the more experienced RN would need to consider the level of competence of the new graduate RN and the EN in deciding how to allocate care.
- ii. It might also be necessary to consider whether any assistance was needed and to contact other areas of the hospital to seek that help – for example, there may be a non-nurse who could stay with the confused patient help them to remain oriented
- iii. All three staff would be competent to undertake the usual basic nursing care responsibilities for their level. The decision about who should do what would depend on their experience / competence and the legal situation. For example, while the EN may very well be legally able to administer insulin in this context, it would probably make more sense for one of the RNs to undertake this responsibility, while the EN deals with other patients.

## Glossary of Terms

### **Accountability**

Accountability is the state of being answerable for one's decisions and actions. It cannot be delegated.

### **Competence**

The combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional/occupational area.

### **Competency**

An attribute of a person that results in effective performance.

### **Delegation**

In the nursing context delegation is the conferring of authority to perform activities of care for a patient/client on an individual.

### **Health care workers**

Health care workers are those who deliver health care. In the context of this position statement this includes registered nurses, enrolled nurses, assistants in nursing and other unlicensed care assistants

### **Supervision**

Supervision incorporates the elements of direction, guidance, oversight and co-ordination of activities. The requirements for supervision of the Enrolled nurse, either direct or indirect, may be specified in relevant state/territory legislations and/or policies.

### **Direct supervision**

Is provided when the Registered nurse is actually present, observes, works with and directs the person who is being supervised.

### **Indirect supervision**

Is provided when the Registered nurse is easily contactable but does not directly observe the activities.

### **Responsibility**

The obligation that an individual assumes when undertaking to carry out planned/delegated functions. The individual who authorises the delegated function retains accountability for evaluating whether the person carrying out the delegated activities maintains relevant standards and that the expected outcomes have been achieved.

### Scope of Practice

That which nurses are educated, authorised and competent to perform. Scope of practice is further influenced by: the settings in which practice is undertaken, the health needs of the people, the policy requirements of the service provider

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