

REFERENCE GUIDE SARS-CoV-2:

Working with Unregulated Care Providers in Hospital



**ONE GOAL.
ONE TEAM.
ONE VISION.**

WE ARE NURSES

PURPOSE:

To ensure that our nursing members who work in the hospital sector are meeting their CNO obligations while providing safe care during SARS-CoV-2.

As healthcare human resources dwindle, we are finding that employers are opting to hire workers with no clinical training and education, or certifications. This undermines the standards and practices set out by regulatory bodies. Specifically, our nursing membership must meet various obligations set out by the CNO that guide their practice working with Unregulated Care Provider (UCP).

This guide is to ensure that any employer who is adopting these practices within the current context, should meet the following policies and procedures. .

How are Employers Accountable to the Policies and Practices that are Set Out

Hospitals	Nurse Managers/Supervisors, Resource Nurses, Nurse Team leaders, Registered Nursing Staff - Any individual working in a hospital who holds a current license with the College of Nurses. All nurses in a supervisory role that hold a registration with the CNO, has an obligation to ensure that policies and practices are in place to ensure that the nurse can meet her obligations to the College of Nurses. This is inclusive of any healthcare providers that the nurse has delegated a controlled act to (i.e UCPs).
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- A) The employer must be recognizing points of vulnerability in the workplace when they choose to introduce workers with no clinical education, experience, or certification.

Who are Unregulated Care Provider?

- Deemed a person who has no clinical education, is not responsible to a professional college, and has no accountability for the quality of care that they provide.
- These workers can be student nurses, volunteers, or any employee hired without a regulatory body.

Why are UCPs not qualified to provide care to hospital patients?

- Hospital patients typically have more acute care needs than that of patients and therefore should not be cared for by individuals with no clinical education.
- UCPs lack the ability to know the risks and outcomes of certain tasks that they are being asked to perform care for patients with multiple comorbidities.

As per the CNO Practice Guideline on Working with Unregulated Care Providers, nurses can only delegate Unregulated Care Providers to perform activities considering these specific factors:

CLIENT FACTORS MUST BE MET:

- That the client they are providing care for has established, well-defined care needs, support systems, and coping mechanisms
- That this client's condition is well controlled/managed and is NOT expected to change
- That this client may direct his/her own care

RISK ASSESSMENT MUST BE ASSESSED REGULARY TO DETERMINE:

- That the activity and client response has been established over time
- That there are identifiable outcomes that are easily recognized
- That there are no negative systemic effects
- That the client's response to the procedure is predictable
- That the activity will be performed frequently enough for UCP to maintain competence

ENVIRONMENTAL SUPPORTS ARE PUT IN PLACE BY EMPLOYER:

- That there are clear policies
- That there are appropriate resources readily available for consultation or intervention

Source: [College of Nurses of Ontario Practice Guideline: Working With Unregulated Care Providers](#)

A. ENSURE THAT THE NURSE MUST BE AWARE OF HER RIGHTS AS WELL AS HER ACCOUNTABILITIES TO THE PROFESSION

CNO Practice Guideline: Working with UCPs

Expectations for nurses who work with UCPs

A nurse who teaches, assigns duties, or supervises a 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
 - » Knows when, how, and to whom to report the outcome of the procedure
- Ensures that there is an ongoing assessment of the client’s health care needs, develops a plan of care, evaluates the client’s condition, and judges the ongoing effectiveness of the UCP’s interventions.

Source: [College of Nurses of Ontario Practice Guideline: Working With Unregulated Care Providers](#)

	Teaching	Delegating	Assigning	Supervising
What is it?	Deciding to teach, providing instruction, and determining competence to perform a procedure	Transferring the authority to perform a controlled act procedure to a person not authorized to perform that act	Allocating responsibility for providing care	Monitoring and directing performance of specific activities for defined time period; may be direct or indirect
What does it apply to?	Any procedure	Controlled act procedures only	Any procedure	Any procedure
Who may do it?	A nurse who meets the six requirements discussed on page 5	A nurse who meets the requirements in Authorizing Mechanisms	A nurse with the necessary knowledge and judgment	A nurse with the necessary knowledge and judgment

Delegation:

RNs and RPNs can delegate and accept delegation if they are registered in the general, extended or emergency assignment class. RNs and RPNs cannot delegate the controlled act of dispensing a drug.

Several requirements need to be met to ensure the delegated procedure is performed safely. One of the requirements is being satisfied that the delegate has the knowledge, skill, and judgment. One of the ways to ensure this is through teaching.

Requirements for Teaching:

As per the CNO practice guideline, 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
- » 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.

College of Nurses of Ontario Practice Guideline: Working With Unregulated Care Providers

A nurse educator with the appropriate knowledge, skill, and judgement may teach a group of nurses how to adjust a pacemaker. Following the education session, the nurses will have the competence, but they will not have the authority to perform the controlled act until it is delegated by an authorized practitioner.

Third Party Charting:

Documentation provides a record of the judgment and critical thinking used in professional practice and provides an account of the nurse's unique contribution to patient care.

Nurses are accountable for ensuring their documentation of client care is accurate, timely, and complete. A nurse cannot document any care that she has not provided herself.

B. ENSURE POLICES ARE CREATED AND IN ACCORDANCE WITH CNO STANDARDS AND PRACTICES

Policies for nurses working with UCPs MUST include the following elements:

- A documented process to ensure that UCPs have the necessary training and ability to demonstrate competency of a procedure or activity safely for the client in the given circumstances.
- Directive to Charge Nurse: must provide first-hand knowledge of the UCP's competence. This includes the verification that the UCP:
- Understands the extent of her or his responsibilities in performing the procedure(s)

- Knows when and who to ask for assistance
- Knows when, how, and to whom to report the outcome of the procedure.
- When Nurses are unable to verify the competency of the UCP through first-hand knowledge, the nurse can refuse to delegate controlled acts based on the UCP's lack of clinical judgement.
- Only a charge nurse who meets the CNO's six requirements for teaching may teach a controlled act procedure to a UCP.
- Policies and practices regarding nurses working with UCPs must reflect and abide by the expectations outlined in the CNO practice guidelines; [Working with UCPs](#) and [Authorizing Mechanisms](#).
- Directive to Charge Nurse: must 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.

Ongoing Assessment of the Client's Health Care Needs Must Follow CNO Guidelines:

RISK ASSESSMENT MUST BE ASSESSED REGULARLY TO DETERMINE:

- That the activity and client response has been established over time
- That there are identifiable outcomes that are easily recognized
- That there are no negative systemic effects
- That the client's response to the procedure is predictable
- That the activity will be performed frequently enough for UCP to maintain competence

College of Nurses of Ontario Practice Guideline: Working With Unregulated Care Providers

- Should a controlled act be taught and delegated to the UCP by the charge nurse, the accountability for the competence of the UCP will rest solely on the charge nurse
- Ensure that Ontario Health and Safety Act is upheld by UCPs. Ensure that UCPs are educated to:
- Report Workplace Incidents
- Follow Health and Safety Regulations
- Follow WHIMIS Practices and Procedures
- UCPs must be provided with the ability to access tools to document tasks or care provided to patients in hospital, in an accurate, timely, and complete manner with a clear indication of who completed the procedure/activity.
- Clear indication that a nurse is not allowed to document any care that she has NOT provided herself.
- UCPs lack the knowledge, skill, and judgement to provide health teaching to clients and families and therefore should not be required to perform this activity.
- The nurse cannot be held liable for any misinformation provided by the UCP regarding any delegated acts.
- Given the lack of an Accredited Background Check (Vulnerable Sector Screening) for the UCP, establish a control which includes a reporting system that maintains the protection and safety of patients.
- Employer should identify person from management to whom staff can report any incident that may threaten vulnerable people, while providing the staff person with whistleblower protections.