THRIVING IN COMMUNITY

Delegating Health Care Tasks in the Community Living Sector

A Guide and Recommended Policy for service providers committed to supporting individuals with developmental disabilities and complex care needs

Revised April 2015

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SECTION 1 LETTER OF INTRODUCTION

June, 2012

We are pleased to introduce the Thriving in Community Project, the result of the joint efforts of Community Living BC, the Provincial Clinical Consultant for Adults with Developmental Disabilities, and the Richmond Society for Community Living.

For over 30 years, families, government, and agencies have been committed to the ideal that, regardless of an individual's abilities, an individual has a right to be supported to live in community. Guiding the assignment and delegation of tasks from a regulated health care professional to an unregulated care provider is the cornerstone of maintaining this philosophy.

The purpose of the Guide and Recommended Policy is to cast a spotlight on the areas of the Personal Assistance Guidelines (Ministry of Health Services) November 2008 (the 2008 PAGs) that specifically relate to the community living sector. The Guide and Recommended Policy will also assist service providers in applying the 2008 PAGs within the community living sector.

The Guide and Recommended Policy are intended for CLBC service providers to adapt and use within their own agencies. In that regard, included in this package is a disk containing the 2008 PAGs, sample delegation of task forms, the delegation of task process flowchart applied to the Chris scenario, and references and related links (see Appendices 1 through 4). Also on the disk is a Word version of the Recommended Policy that can be lifted and adapted by agencies. We encourage you to make full use of these documents within your organization.

Implementation of the different elements outlined in this package provides a model for all stakeholders of a collaborative process that involves the individual, Health, CLBC, and the service provider. This collaborative process is aligned with current Health and CLBC approved practices and/or policies.

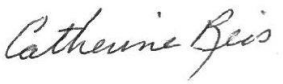
CLBC representatives, Health Services for Community Living clinicians, and service providers alike are encouraged to discuss and distribute the Thriving in Community Guide, the Recommended Policy, and the supporting materials to everyone who is connected to the health and well-being of an individual with developmental disabilities and complex care needs living in community.

We sincerely thank everyone who has contributed to the development and review of these materials and welcome feedback now, and into the future. Please see Appendix 5 for acknowledgements and contact information.

Warm regards,

Carol Goozh,

Vice President, Policy and Program Development, Community Living BC (CLBC)



Cathy Reis RN BSN MS,

Provincial Clinical Consultant for Adults with Developmental Disabilities

Janice Barr,

Executive Director, Richmond Society for Community Living

SECTION 2 THRIVING IN COMMUNITY GUIDE

History and context

The 2008 PAGs replaced the 1997 Transfer of Function Guidelines with the intent to "clarify the boundaries of practice, roles and responsibilities for the Unregulated Care Provider (UCP), the Health Authority (HA), Home and Community Care (HCC) staff and service provider staff. " (2008 PAGs, page 1). Further, it is acknowledged in the 2008 PAGs that "much has changed since 1997, with a shift in the nature and type of assignable and delegable tasks performed by UCPs…" (2008 PAGs, page 1).

A notable change in the 2008 PAGs is that the term "Transfer of Function" is replaced with the term "Delegation of Task" reflecting the principle that the health care professional can only delegate a specific health care task and that she retains responsibility to provide ongoing assessment, planning, training, implementation, and evaluation functions for that task.

The 2008 PAGs were designed to cover a wide range of care-provision situations, including support in the community living sector. However, greater clarity and context was needed within the community living sector. The intention behind this Thriving in Community project is to provide this clarity.

The rationale, therefore, in creating the Thriving in Community Project is threefold:

- to bring clarity in understanding how the 2008 PAGs apply in the community living sector;
- to clarify the boundaries that exist among professional bodies, service providers and unregulated care providers so as to create a framework for all those who work to safely support individuals with developmental disabilities and complex care needs in their own communities; and
- to highlight the need to prepare for an increasing number of individuals with complex care needs using community living services.

The community living sector

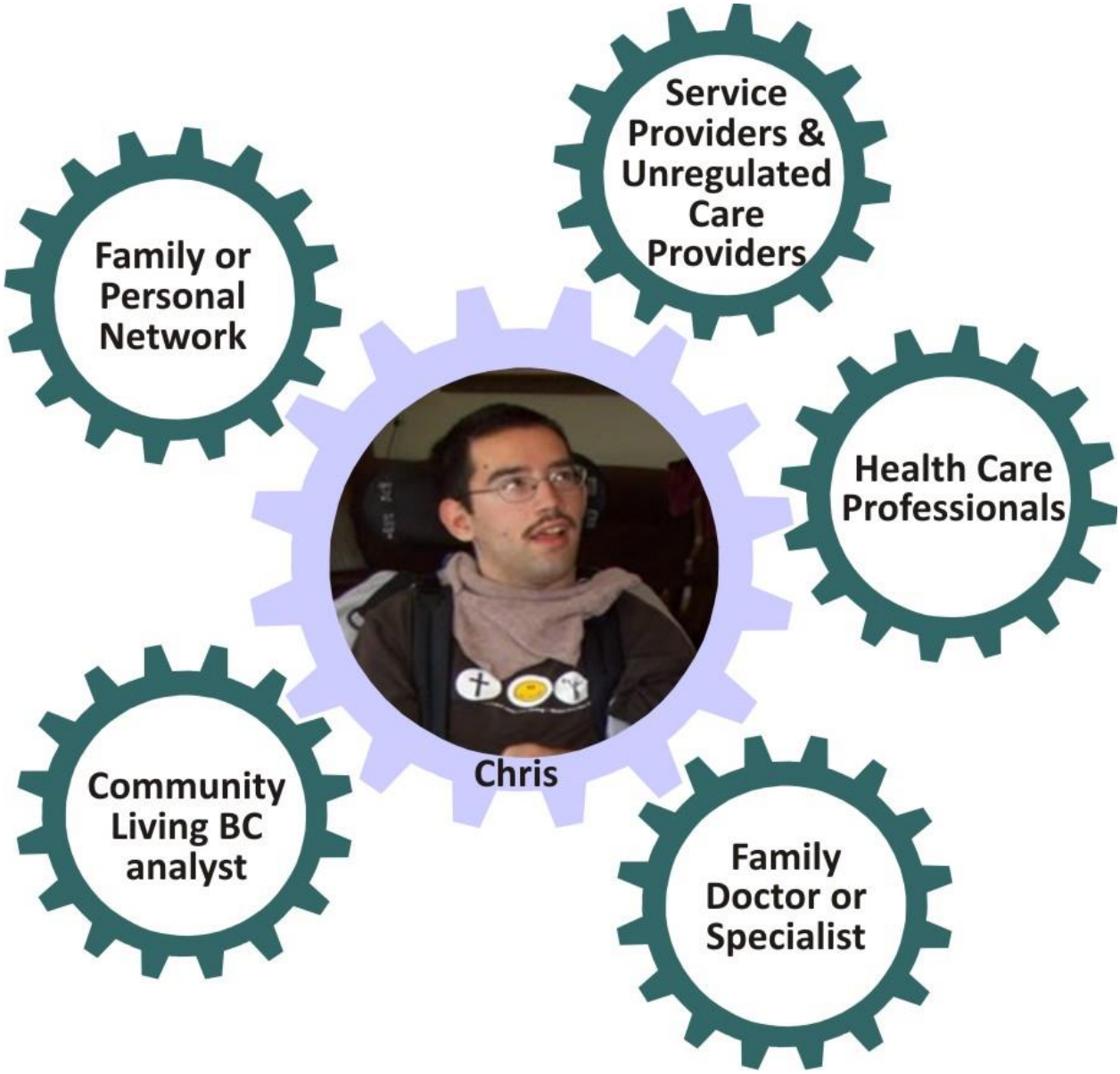
In situations where the health care professional and the unregulated care provider are employed by the same health authority, the process related to the delegation of a health care task is fairly straightforward, primarily because it allows for more linear decision-making and monitoring processes.

In the community living sector, however, most decisions are made within a dynamic set of relationships that require consistent collaboration, cooperation, and communication. In the illustration on the next page, five important "cogs" support Chris. If one cog stops, then Chris's life is disrupted. What the wheel needs to move forward is the input, guidance, and communication of all five cogs that, together, make up the network of supports for Chris.

The network of stakeholders supporting an individual in the community living sector does not have its own regulatory body. The onus, therefore, is on the respective stakeholders to ensure that all parties understand and implement best practices when participating in the delegation of task process.

Introducing Chris

Chris is an engaging young man with an infectiously-positive attitude. In a couple of words, Chris's passions could be summed up as "faith" and "family." Chris lives at home and is provided with 12 hours a day of caregiver support by a local service provider.



2.1 The service provider and the unregulated care provider

Background

Service providers offer an array of services and supports that enable individuals with developmental disabilities and complex care needs to live in community. The willingness of service providers to engage in the delegation of task process speaks to their commitment to these valued individuals.

The role of senior staff

The senior staff of service providers play a critical role in both safeguarding the health of the individual receiving service, and in making sure that their unregulated care providers have been adequately trained and are provided with ongoing assessments of their abilities. A senior staff person must also learn the task to a standard that enables her to monitor the unregulated care provider's compliance with the health care plan and related protocols. See Section 3.3.1(b) of the Recommended Policy.

The significance of the unregulated care provider (UCP)

A UCP is usually either a staff person employed by a service provider, or a home share provider. She is in day-to-day contact with an individual receiving support, often accompanying that individual to medical appointments. A UCP may be the first to recognize a change in the individual's health status. And often, the UCP becomes a trusted advocate. Because of this important role, both the service provider and the UCP must always be conscious of the differences between those tasks which may be performed routinely by a UCP and are within the UCP's role description and basic training (assignable tasks), and those tasks which fall outside the UCP's role description and basic training and will require individual-specific training on the specific health care task (delegable tasks).

2.1.1 THE HEALTH CARE PLAN

Although the health care plan is written by a health care professional who is usually external to the service provider, it effectively becomes the standard of health care support for which the service provider is accountable.

A health care plan guides the service provider, their UCPs, and other professionals in the care and treatment of an individual with complex care needs. The health care plan also identifies:

- expected health care outcomes
- strategies to meet the needs and health goals of the individual
- educational or training requirements of UCPs
- critical points when a health care professional must be informed
- emergency protocols
- monitoring, communications, and back-up plans
- an evaluation process of the health care interventions and outcomes.

The individual's health care plan is central to the delegation of task process because it documents the care provision expected of the service provider, and it includes the delegation of task protocols.

2.1.2 THE DELEGATION OF TASK PROCESS

When a UCP is requested to perform a task that she suspects is outside of her usual role, she must immediately communicate this situation both to the person making the request and to her supervisor (the service provider senior staff). If the situation is not addressed with the person making the request, the service provider must contact the appropriate health care professional to review the situation. See the delegation of task process flowchart in Section 3.5.

If the individual receiving service has no existing relationship with a health care professional, a referral can be made to Health Services for Community Living (HSCL) or the local Health Authority's Home and Community Care. Referral processes vary from region to region, and it is advisable to determine the specific procedures in your local area before the need arises.

While a health care plan and delegation of task protocols are in process, interim solutions can be explored such as, for example, the health care professional could perform the task in the individual's home, at an outpatient clinic, or in a hospital.

Where the intervention is needed immediately, and when one of the following circumstances exists:

- the service provider and/or the UCP suspects that a task lies outside of the UCP's typical work
- the UCP and/or service provider has already been told by a health care professional that a task requires delegation
- there is a question about the training/ability of the UCP to carry out the health care task,

then the health care task must be carried out in the interim by a health care professional or the individual and/or family.

Before accepting or declining a delegable task, the service provider must first conduct its own internal review and evaluation. See Section 3.3.1(a) of the Recommended Policy.

Only the health care task is delegated by the health care professional, and not the professional functions of ongoing assessment, planning, training, implementation, and evaluation.

With the consent of the individual and the agreement of all stakeholders, the health care professional will initiate the delegation of task process. This could be for a task that is usually delegated or for a complex care task delegated by exception. See Appendix 2 for sample delegation of task forms.

Both the UCP and the senior staff person must be trained by and demonstrate competency to the health care professional in the performance of the delegable task. The process requires effective communication between the health care professional and the service provider.

A UCP is prohibited from training another UCP on the delegable task. Further, a UCP may not perform the same health care task on another individual without first being trained by the delegating health care professional on that specific individual (see Section 3.2 of the Recommended Policy). It is the responsibility of the service provider to ensure that this part of the Recommended Policy is strictly adhered to and to work with the health care professional to coordinate the training of the UCPs as necessary. See Section 3.3.1 of the Recommended Policy.

After the health care plan has been consented to by the individual receiving service and agreed to by all stakeholders, the service provider will initiate the review process and ensure that it is updated annually, or as specifically identified in the health care plan or in the delegation of task protocols and agreement.

The service provider should inform the CLBC analyst as soon as is practical of any changes to care and support that result from a delegation of task and may impact the contractual relationship

and/or service provision. Examples of changes may include hours of service, minimum staff competency requirements, and any potential restrictions to the individual's routine or activities.

A health care professional cannot provide health care unless the individual provides consent. There is a formal obligation on the health care professional to ensure that the individual has consented to the health care procedure in question. See Section 3.1 of the Recommended Policy.

The service provider has the responsibility to maintain a record of the adult guardianship status and any roles assigned by the individual receiving support under the *Representation Agreement Act, RSBC 1996, Chapter 405*.

Where a health care decision is required that is related to a delegable task, the service provider has the responsibility to inform the health care professional of an existing Committee of the Person or Representation Agreement.

The service provider has the responsibility to keep the individual and their support network informed and to invite them to be part of the review of the health measures being taken.

2.2 The health care professional

Background

Health care professionals are required to adhere to the Standards of Practice of their respective governing bodies and must be mindful of these obligations as they facilitate all aspects of a delegation of task.

Many health care professionals are employees of a health authority or other health service agency, which means they must also work within the policies and guidelines of their employing bodies.

The role of the health care professional

The health care professional plays a formal role in identifying when a health care task is delegable and in documenting the required provisions in the health care plan and the delegation of task protocols.

The health care professional is responsible for the specific training involved, assessing the UCP's skill, agreeing to the delegation, evaluation of the individual's health care outcomes, and in every case will use professional judgment in determining that these processes are safe. Further, the health care professional must be satisfied that the service provider has clearly written internal policies, procedures, and monitoring systems in place.

The health care professional may not be the first stakeholder to be aware that a delegation of task may be required. In practice, a service provider or the UCP is often the first to understand that an individual's health care status has changed and that a delegation of task may be required. In this case, the service provider will inform the health care professional.

The health care professional will write the health care plan and delegation of task protocols and, in collaboration with all stakeholders, develop the delegation of task agreement. He will also assess the competency of the UCP(s) to carry out the task as taught. Over the entire length of time that the delegated task is performed, the health professional must continue to provide ongoing assessment, planning, re-training, implementation, and evaluation functions.

Ultimately, the health care professional who delegates the task must continue to be satisfied that the delegation is meeting the standards set out in the 2008 PAGs. If, in the judgment of the health care professional, the health and safety of the individual receiving service is compromised, or if the UCP's competencies and/or support systems are placing the individual at increased risk, then she will mitigate this risk or take other actions so that the care provided meets the standards set out in the 2008 PAGs and in the individual's health care plan. The health care professional also has the authority to require that the task be performed by a health care professional until the situation is resolved. Informing and discussing the issues with the care team and other stakeholders such as the CLBC analyst, the physician, or the health care professional's employer, may be required.

The health care professional must formally obtain the individual's consent to provide health care, which may include delegating a task to a UCP. See Appendix 2A Consent by the Individual or Substitute Decision Maker to the Delegation of Task.

2.3 The family doctor or specialist

Background

In the life experience of many people with disabilities, the physician, whose services are supplemented by specialists and other clinicians, is the focal point of primary care.

Health care orders

Health care related orders from a physician/specialist are often given directly to the UCP. The UCP is not often accompanied by a health care professional at these appointments.

The doctor may not be fully aware of the caregiving situation, the support system in place, the relative depth of health care professional involvement, and/or the individual competencies of the service provider and UCPs. When the UCP is given orders from a physician that he suspects falls outside his typical role, then he must immediately alert his supervisor and/or senior staff.

Once the UCP alerts his supervisor/senior staff, the service provider has three responsibilities:

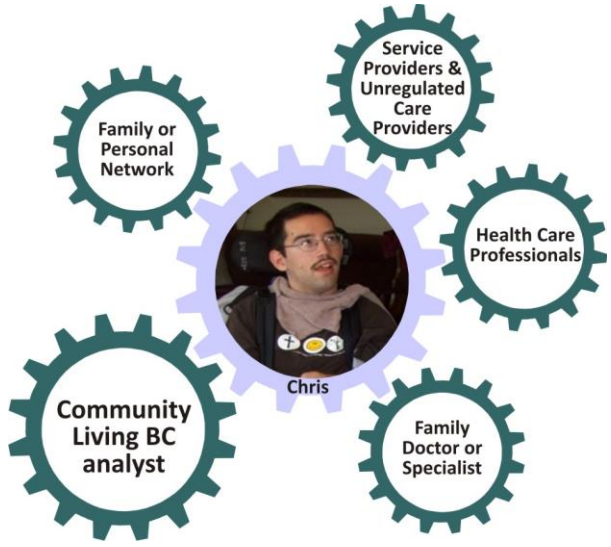
- decide if the task is outside role descriptions and usual activities performed by the UCP and, therefore, may need to be delegated
- ensure that there is no delay in the safe implementation of the doctor's order
- ensure that a referral is made to the appropriate health care professional.

A physician or discharging hospital can communicate directly with— or make a referral for— Health Services for Community Living or Home and Community Care staff. To facilitate this, the service provider may have to supply the contact information. Direct communication between the physician (or discharging hospital) and the health care professional is preferable to ensure that treatment orders will be processed as intended. If that is not possible, the service provider must contact the health care professional to initiate any changes to the health care plan and the delegation of task protocols.

The health care professional will, if required, obtain signed physician orders that relate to the health care plan and delegation of task protocols. The health care professional will notify the physician of any key information in the health care plan.

2.4 The Community Living BC analyst

Background



Contracts for service provision in the community living sector are typically issued by CLBC. The CLBC analyst, therefore, plays an important role in ensuring that the individual has contracted services that adequately meet their requirements. The analyst also carries the monitoring role within CLBC.

The role of the CLBC analyst

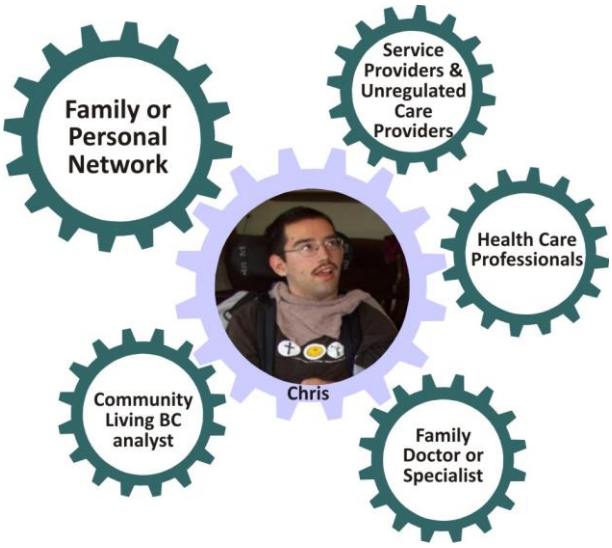
The CLBC analyst works both in developing new contracts and in addressing existing contracts where a delegable task may be required. When changes occur in existing services, the service provider has a responsibility to inform the CLBC analyst of any changes for the individual that require a delegable task. The service provider and the CLBC analyst will discuss how changes may impact the contract; for example, changes in hours of service, minimum staff competency requirements, training requirements (initial and ongoing), and restrictions to the individual's routine or activities.

The CLBC analyst has a responsibility to collaborate with the service provider to determine the optimal method of service delivery and explore options so the individual is able to continue to live in community. This may include consideration of additional contract funds.

In some situations, CLBC contracts directly with home share providers who do not have the support of an agency with a monitoring infrastructure. In these situations, the CLBC analyst will consider other options to fulfill this function. A CLBC analyst will not assume the responsibility to monitor the UCP's compliance with the health care plan.

2.5 The family or personal support network

Background



The critical role of families and personal support networks is a principle guarded and nurtured by those involved in the community living sector. From the earliest days of helping individuals with disabilities to live in the community, the involvement of an individual's personal support network has been recognized as a safeguard for the health and safety of that individual receiving service.

The role of the family or personal support network

The individual may want members of their personal support network to advocate for their needs and to be involved in health care decision-making. For this reason, it is vital that members of the personal support network are aware of and comfortable with the role they play in the health and safety of the individual.

Family and personal support network members are likely to have other roles as either a Committee of the Person, Representative, or Temporary Substitute Decision Maker. Where the family or personal support network members have that kind of a formal role in decision-making, in addition to the duties and responsibilities set out in the Adult Guardianship legislation, they also have a duty and responsibility to engage in the processes set out in this Guide and Recommended Policy to ensure that the individual's interests are being served.

The health care professional *teaches* individuals and families, she does not *delegate* to them and, therefore, the 2008 PAGs do not apply to families, informal caregivers such as a friend or neighbour, and private caregivers hired by the individual and/or family.

SECTION 3 RECOMMENDED POLICY

Purpose

TO cast a spotlight on the areas of the Personal Assistance Guidelines (Ministry of Health Services) November 2008 (the 2008 PAGs) that specifically relate to the community living sector.

TO ensure best practices regarding the principles, processes, and protocols relevant to the delegation of professional health care tasks.

TO clarify boundaries of practice and ensure that the internal practices of ***[insert service provider name here]*** (the "service provider") reflect:

- the 2008 PAGs
- the Thriving in Community Guide and this Policy.

A list of terms can be found in the Glossary in Section 3.6 of this Policy.

Guiding principles

NOTE*: The 2008 PAGs set out general guiding principles. These have been adapted here to reflect the values and processes within the community living sector, while still aligning with the PAGs.*

A number of factors must be considered when providing care and support to an individual who lives in community and needs assistance in managing their health care needs. These factors must:

- reflect the principle that health care professionals, service providers, unregulated care providers (UCPs) and funders cannot participate in a delegation of task process that they consider harmful to the quality of life and welfare of the individual
- ensure that the best interest of the individual guides decision-making
- respect the right of the individual to live at risk without putting others at risk
- respect the right of the individual, their family, and their advocates to be included in the process
- maintain a commitment to person-centred planning that honors the individual's informed consent and reflects their goals
- support collaboration among and respect for the roles of health care professionals, service providers, UCPs and funders
- ensure that convenience or financial considerations are not the primary basis for decision-making.

Policy

3.1 Consent to treatment

Adults can only be provided with health care treatment or interventions with their informed consent (*Health Care (Consent) and Care Facility (Admission) Act (1996) Sections 15-18*). In the event that the individual receiving support is not able to give informed consent, the law sets out procedures that health care providers are required to follow. The service provider will assist the

health care professional to obtain the consent from a ranked list of substitute decision makers as follows:

- a court-appointed Committee of the Person
- a Representative authorized to make health care decisions as named in a Representation Agreement
- a temporary Substitute Decision Maker drawn from a ranked list of individuals
- the Public Guardian and Trustee of British Columbia.

The service provider will maintain accurate records of the contacts of the ranked list of substitute decision makers.

3.2 Strict prohibitions

A UCP is prohibited from training another UCP on the delegable task. Further, a UCP may not perform the same health care task on another individual without first being trained by the delegating health care professional on that specific individual. It is the responsibility of the service provider to ensure that this is strictly adhered to and to work with the health care professional to coordinate the training of the UCPs as necessary.

NOTE: *It is only the health care task that is delegated by the health care professional and not the professional functions of ongoing assessment, planning, training/re-training, implementation, and evaluation*.

3.3 Responsibilities

While it is acknowledged that there are distinct roles and responsibilities among the various stakeholders within the delegation of task process, the various roles and responsibilities require cooperation and collaboration across disciplines.

3.3.1 Responsibilities of the service provider

The service provider is responsible for:

a) conducting an internal review and evaluation of its capacity to accept and maintain the delegable task. The internal review will include consideration of:
   - the health stability of the individual receiving support (as assessed from the perspective of the service provider and the UCPs who know the individual)
   - the right of the individual to have safe, appropriate, and cost-effective care
   - the ability of the individual to direct or perform the task (as assessed from the perspective of the service provider and UCPs who know the individual)
   - the optimal way to maintain the functional independence of the individual
   - the support of his right to live at risk without putting others at risk
   - the input of the individual, her family and/or personal support network
   - the capacity of the home share provider/staff team and the service model that supports the individual
   - the availability of a health care professional to delegate the task and to work collaboratively with the service provider to provide training
   - the internal monitoring requirements
   - the policies, procedures, and systems that must be in place for the acceptance, maintenance, or decline of the delegable task.

b) the decision to accept or decline the task. The service provider will assign a senior staff person who will be responsible for:
   - collaborating with all stakeholders to develop the agreement for a delegation of task, and to problem solve to mitigate risk
   - arranging for the teaching of the task and ensuring that a current list of trained UCPs is maintained
   - learning the task to a standard that enables her to monitor the UCP's compliance with the health care plan and related protocols
   - satisfying herself that the UCP has acquired— and is maintaining— the necessary knowledge and skills to perform the task safely
   - including the individual's family and/or personal support network to assist in ensuring that the delegable task is in the best interest of the individual
   - internally monitoring the UCP to ensure compliance with the health care plan
   - ensuring that a UCP does not train another UCP on the delegable task
   - ensuring that the UCP does not perform the same task on another individual without being specifically trained by the health care professional
   - throughout the process, reporting any change in the health care status of the individual to the health care professional
   - notifying all stakeholders of the need to renew the health care plan and the delegated health care tasks annually, or when significant changes occur.

c) informing and discussing with the CLBC analyst as soon as is practical any changes to care and support that may impact the contractual relationship and/or service provision as a result of a delegation of task. Changes could include hours of service, minimum staff, competency requirements, and potential restrictions to the individual's routine or activities.

3.3.2 Responsibilities of the health care professional

The health care professional is responsible for making the decision to delegate a task to a service provider and will be accountable for:

- assessing all influencing factors regarding safety to delegate the task to a UCP: the individual, including his ability to direct his own care; the task; professional support; and UCP factors, including policies
- abiding by all applicable laws, professional standards, employer's policies and individual scope of practice
- the formal decision to delegate the professional task to a UCP, which may include complex care tasks delegated by exception (see Glossary in Section 3.6 and Appendix 2)
- developing and writing the health care plan which will include, among other things, the procedures to be followed by the UCP, and the circumstances under which the UCP must initiate contact with the health care professional
- in collaboration with all stakeholders, developing the agreement for a delegation of task, and problem-solving to mitigate risk
- consulting with the service provider's senior staff and the UCPs on the delegable task and satisfying herself that the service provider can support the delegation with clearly written internal policies, procedures, documentation systems, and monitoring plans
- collaborating and informing all members of the health care team as needed
- ensuring that informed consent to the health care plan and delegation of task protocols has been obtained from the individual
- training and re-training the UCP as required
- ongoing evaluation and reviewing the delegable task annually, or as specifically identified in the health care plan

- fulfilling the professional functions of ongoing assessment, planning, implementation, and evaluation
- mitigating any risks or taking other actions so that the care provided is safe, in the situation that she determines that the health and safety of the individual receiving service is compromised.

3.3.3 Responsibilities of the CLBC analyst

The CLBC analyst has a responsibility to collaborate with the service provider to determine the optimal method of service delivery and explore options so the individual is able to continue to live in community. This may include consideration of additional contract funds.

3.4 Training

3.4.1 Awareness training

The 2008 PAGs require that service providers inform, educate, and train their UCPs on the process involved when a health care professional determines that a health care task is delegable. It is essential, therefore, that the service provider ensures that staff has a basic understanding of the 2008 PAGs and how they apply to the community living sector.

3.4.2 Delegation of task training

The service provider must designate a senior staff member to be trained in the delegable task to the level that she is able to monitor compliance under the health care plan and the delegation of task protocols.

The health care professional and the service provider must work cooperatively to ensure that UCPs are adequately trained and that they are able to demonstrate the skill required. The number of UCPs to be trained depends on each situation and should be sufficient to ensure vacation and other coverage.

The 2008 PAGs state that "the unregulated care provider must receive training and demonstrate competence in the performance of the task" (2008 PAGs, page 3). The determination, however, on the specifics as to the modality, quantity of training, or how competencies should be tested is left to the discretion of the health care professional (2008 PAGs, page 6).

Elements of training could include the following:

- overview of the health issue (could include multiple UCPs in the session)
- demonstration of the skill by the health care professional with the individual receiving service (if the individual is comfortable with the arrangement, this could involve multiple UCPs)
- review and practice of steps— practice models identified by the health care professional can be used (could include multiple UCPs in the session)
- demonstration of the competency by each UCP with the individual and observed by the health care professional
- documentation by the service provider of the training status of each UCP during the process.

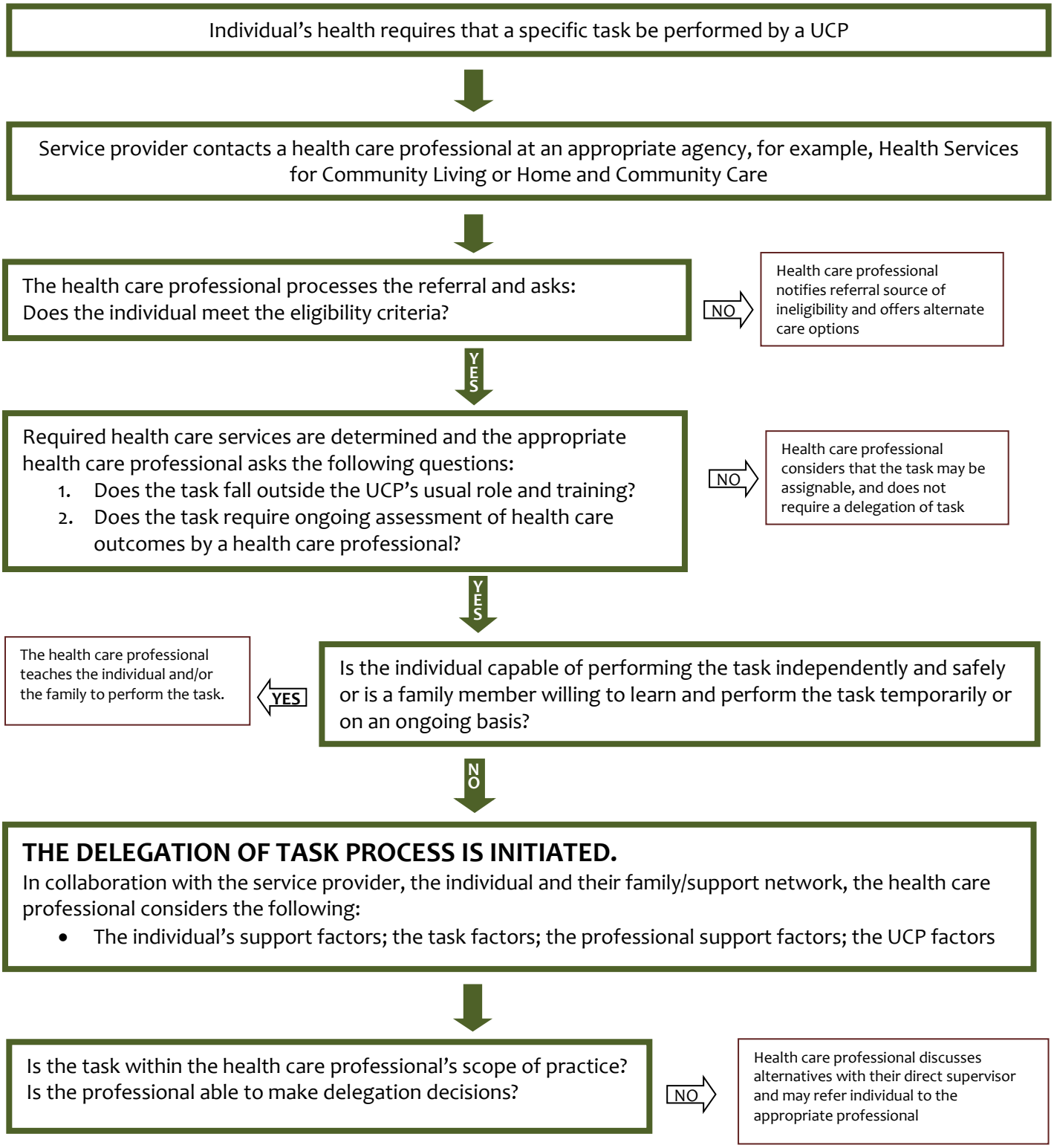
3.4.3 Re-training to maintain competency

A UCP's competencies may diminish over time, particularly with skills that are not frequently used. The health care professional may recommend the frequency the UCP should perform the task, or the frequency of re-training or re-testing to maintain the UCP's competencies.

A re-training plan should be identified in the health care plan or the delegation of task protocols. If, at any time, the health care professional or the service provider believes that the competency of a UCP is in question, or if there are significant changes in the individual's health or the delivery of the delegable task, then negotiations for additional training, funding, or other provisions may be required.

3.5 Procedures: delegation of task process flowchart

The following process sets out the steps when a task is considered to be delegable. This process will guide the service provider and the health care professional in assessing the health care needs of the individual, and in assessing the ability of the service provider and the UCP to provide safe care.



YES

Is the service provider willing and able to accept the delegable task? The service provider considers the following:

- availability and competency of the UCP
- training/educational requirements
- CLBC contract provides adequate resources
- availability of the health care professional
- ability to monitor compliance to the health care plan

NO

A number of options are explored including:

- the health care professional may alter the task to alleviate the concerns or collaborate with all stakeholders to consider a delegation of task by exception
- the health care professional may discuss other options with their supervisor
- the service provider may discuss options with CLBC

YES

Is the UCP willing to carry out the delegable task?

NO

A number of options are explored including:

- the health care professional may alter the task to alleviate the concerns raised by the UCP
- the health care professional may identify other training options
- the health care professional may discuss other options with the service provider
- the health care professional may discuss other options with their supervisor and/or CLBC

YES

In collaboration with the service provider, the health care professional develops the health care plan. See Glossary for definition of components.

The individual gives consent to the health care plan (which includes the protocols)

The service provider, the health care professional, and the UCP sign the delegation of task agreement/ acknowledgement and training record

The UCP begins performing the delegable task

The health care professional:

- reviews the delegable task and evaluates competency of the UCP annually or on an as-needed basis or as set out in the delegation of task agreement
- evaluates the health outcomes of the individual

The service provider:

- discusses any concerns or changes with the health care professional
- assigns a senior staff/supervisor to monitor the UCP's compliance with the health care plan

The UCP:

- performs the task as taught and in keeping with the health care plan
- communicates concerns and/or changes with the senior staff/supervisor

3.6 Glossary

ASSIGNABLE TASKS are those tasks that are within the UCP's typical role description and training as defined by the employer/supervisor. These tasks are not considered to be individual-specific and do not require ongoing assessment, judgment or evaluating by a health care professional. These tasks do, however, require ongoing monitoring by senior staff under the established training processes of the service provider. Examples: assistance with bathing and personal grooming.

> ***NOTE:*** *Some professional colleges use the terms "assignable tasks" and "delegable tasks" interchangeably. Please refer to the definitions in the 2008 PAGs and in this Glossary when reviewing professional standards of practice on the topic of delegating health care tasks in the community living sector.*

COMPLEX CARE TASKS DELEGATED BY EXCEPTION are complex care tasks that are not usually delegable but may be delegated to a UCP with extra provisions. The same conditions that apply to a delegation of task also apply to a delegable task by exception, but because the risk to the individual may be higher than for a regular delegable task, there is likely to be a more in-depth review involving senior levels of staff and consultation with clinical experts.

DELEGABLE TASKS are those tasks that are individual-specific, are typically performed by a health care professional, fall outside the typical role of the UCP, and require ongoing professional involvement of the health care professional. The task can be delegated to a UCP if it is in the best interest of the individual receiving support and when the conditions defined in the Recommended Policy are met. Examples, based on assessment, could include: gastrostomy-tube feeding and management, medication administration through a gastrostomy tube, wound care, and catheterization.

> ***NOTE:*** *Some professional colleges use the terms "assignable tasks" and "delegable tasks" interchangeably. Please refer to the definitions in the 2008 PAGs and in this Glossary when reviewing professional standards of practice on the topic of delegating health care tasks in the community living sector.*

DELEGATION OF TASK AGREEMENT/ACKNOWLEDGEMENT AND TRAINING RECORD formally acknowledges the responsibilities of the health care professional, the service provider, and the UCP and formally acknowledges and records the UCP's training and renewal plan.

HEALTH CARE PLAN is a plan written by one or more health care professionals that guides the individual, the service provider, the UCP, and other professionals in care and treatment of significant health care needs of the individual requiring care. The health care plan identifies the expected health outcomes; strategies to meet the needs and health goals of the individual; educational or training requirements of UCPs; critical points when a health care professional must be informed; emergency protocols; and monitoring, communication and back-up plans. An evaluation process of the health care interventions and outcomes is also identified. Delegable task protocols are components of the health care plan.

HEALTH CARE PROFESSIONALS are those professionals who are registered with a regulatory body. The 2008 PAGs identify Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), or Occupational Therapists (OT) as professionals who delegate health care tasks to the UCP.

INDIVIDUAL means the person receiving services funded by CLBC.

PERSONAL ASSISTANCE GUIDELINES MINISTRY OF HEALTH SERVICES 2008 (PAGS) is a set of guidelines prepared by Home and Community Care Branch, Health Authorities Division, Ministry of Health, to provide direction and to clarify the boundaries of practice, roles and responsibilities for the UCP, the health authority, Home and Community Care staff, and service provider staff.

SENIOR STAFF is a staff member of a service providing agency responsible for supervising staff and/or monitoring a home share provider.

SERVICE PROVIDER is a provider of services to an individual under contract with CLBC. Services include the following: staffed residential, home share, community inclusion, and respite.

UNREGULATED CARE PROVIDER (UCP) means a paid care provider who is neither registered nor licensed by a regulatory body and who has no legally defined scope of practice. Examples include a community support worker, care assistant, residential care worker, vocational support worker, home share provider, or life-skills worker. In no way is this definition meant to imply that workers in this category are unskilled or unprofessional.

APPENDIX

APPENDIX 1 THE MINISTRY OF HEALTH SERVICES PERSONAL ASSISTANCE GUIDELINES 2008

PERSONAL ASSISTANCE GUIDELINES

MINISTRY OF HEALTH SERVICES

BRITISH COLUMBIA
The Best Place on Earth

November, 2008

Prepared By

Home and Community Care Branch

Health Authorities Division

Ministry of Health Services

November, 2008

Table of Contents

Purpose

The Personal Assistance Guidelines (PAGs) document provides direction to clarify the boundaries of practice, roles and responsibilities for the Unregulated Care Provider (UCP), the Health Authority (HA), Home and Community Care (HCC) staff and service provider staff.

The PAGs document:

- Provides a set of decision making tools to assist the HA/HCC staff to determine whether a task is assignable or delegable.
- Identifies the process involved in an Assignment or Delegation of Task.
- Defines the responsibilities of all parties involved in an Assignment or Delegation of Task.

Overview

Personal Assistance Guidelines

This document is a revision to and replaces the Ministry of Health Services (The Ministry) 1997 PAGs. The updated content reflects current language and models of service delivery associated with Home and Community Care services. These guidelines should be used in conjunction with health authority and organization specific policy and procedures. This document will continue to be revised based on changes in legislation, policy and/or delivery of care services.

Much has changed since 1997, with a shift in the nature and type of assignable and delegable tasks performed by UCPs in response to several factors, including the increasing complexity of client care needs, client desires to remain at home for as long as possible, and demands from the acute sector for faster response time to move clients home.

As a result, health authorities have responded by developing and providing their own training over and above the curriculum for UCPs. Simultaneously, the Ministry has developed a *Framework of Practice for Community Health Workers and Resident Care Attendants (2007)*, which includes a set of occupational standards and competencies and reflects the change in current practice. Based on this *Framework,* the Ministry of Advanced Education has developed a new updated curriculum that reflects the expanded role UCPs play in the HCC sector. The curriculum is expected to be introduced across the province this year.

The new format for the PAGs document recognizes that as UCPs' competencies increase in certain areas and the practice environment evolves over time, certain tasks that were thought of as commonly delegable may become assignable, and tasks that have never been delegable previously may become delegable. The Personal Assistance Guidelines is an evolving document. Revisions may occur from time to time in response to client need and the challenges of service provision.

Unregulated Care Providers (UCPs) provide care to clients who require personal assistance with activities of daily living. UCPs are defined as paid care providers who are neither registered nor licensed by a regulatory body and who have no legally defined scope of practice (CRNBC, 2000). UCPs include, but are not limited to: resident care aides, home support workers, community health workers, health care assistants, assisted living workers, rehabilitation assistants and special education assistants. Their work setting includes client homes, group homes, assisted living residences, residential care facilities and schools.

The tasks performed by UCP's fall into two general areas:

1. **Assignable Tasks**

2. **Delegable Tasks** (or delegation of a professional task)

Assignable Tasks are tasks that are within the UCP's role description and training as defined by the employer/supervisor. These tasks are not considered to be client specific and do not require ongoing professional judgement or monitoring.

The Service Provider is responsible and accountable to develop role descriptions that clearly outline the tasks that can be assigned to a UCP in that agency/health authority. Service Providers should ensure the UCP has completed an appropriate training program and supplement this training if needed, with on-the-job training.

The UCP's supervisor, usually a health care professional, is responsible and accountable for providing ongoing supervision to assess the UCP's ability to perform tasks within the role description.

UCPs are accountable to their supervisor for the satisfactory performance of these tasks.

Delegable Tasks are tasks that are client-specific and are outside the role description and basic training of the UCP. Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), or Occupational Therapists (OT) are responsible for delegating a professional task to a Service Provider. Delegable tasks are normally performed by a RN, RPN, PT, OT, but under certain circumstances it may be in the best interest of the client to delegate the task to a UCP.

Although not able to delegate tasks to UCPs, Registered Dietitians (RD), Registered Respiratory Therapists (RRT), and Licensed Practical Nurses (LPNs) are able to provide consultation and training to UCPs for the delegable tasks. These professionals are usually health authority (HA) staff but may be contracted by the HA or employed by the service provider.

The UCP must receive training and demonstrate competence in the performance of the task. It is the task, not the function that is delegated to the UCP. The UCP's supervisor is responsible to ensure the UCP has been trained in the specific task and for ongoing assessment of the UCP's ability to perform the task as taught.

The health care professional who delegates the task remains responsible for the determination of client status, care planning, interventions and evaluation of care until the client no longer requires the task.

Since not all Service Providers employ a RN/RPN as a supervisor, the term "Service Provider Supervisor" will be used throughout this document.

General Guiding Principles

A number of factors must be considered in providing care and support to clients and their families or significant others who need assistance in managing their daily health care.

- The right of the client to receive safe, appropriate cost-effective care.
- The right of the client, their family and informal caregiver to be given all information necessary to make informed, voluntary decisions and to share responsibility in the planning and delivery of care.
- HA/HCC Professionals ensure that appropriate consent for the health care treatment or procedure has been obtained from the client or the client's substitute decision maker.
- The responsibility of the client to maintain optimal personal and functional independence wherever possible.
- The right of the client to live at risk without putting others at risk.
- The right of Service Providers to refuse a Delegation of Task from the HA/HCC professional without prejudice when they are unable to meet conditions of insurance liability and risk.
- The right of the UCP to refuse to perform a task not authorized by the Service Provider without prejudice.
- The right of the UCP to refuse to perform a task they do not feel competent to perform.
- The responsibility of health care professionals to maintain their practice competencies and abide by their standards of practice.
- Service to the client will be delivered as a result of a collaborative team approach and with the assurance of effective communication among all parties.
- Routine Practices will be followed at all times.

Assignable Tasks

Assignable Tasks

- Assignable Tasks are tasks that may be performed routinely by a UCP, who has the training, knowledge, and skills based on provincial core competencies.
- Employers may provide additional training to their UCPs as needed. HAs and Service Providers may develop training modules to teach UCPs specific tasks that then become part of the core competencies for that group of UCPs.
- Assignable Tasks must have a written service plan developed by the HA in collaboration with the client/caregiver and Service Provider.
- Adequate supervision of the UCP must be available from the Service Provider.
- Assignable Tasks may have additional complex practice components and therefore may require a Community Rehabilitation Therapist (OT, PT), Registered Respiratory Therapist (RRT) or Registered Dietitian (RD) consultation to assist the Service Provider to develop a written service plan (e.g. feeding issues when there are swallowing difficulties, prosthetics/orthotics where there is circulatory impairment, a client lift, or complex transfer).
- Even if a task is categorized as assignable, falls under the role of the UCP, and the UCP is competent in the performance of the task, it must not be assumed that it is safe or appropriate to assign the task in all situations. An example is the application of a non-prescription skin cream labelled “not to be ingested” for a client who has dementia with the obsessive habit of licking their skin. In this case, the task could not be assigned as safety controls would need to be put in place, making the task client-specific, and therefore delegable.
- See Table 5 (page 12) Roles and Responsibilities for information on roles and responsibilities for all involved parties regarding assignment and delegation of tasks.
- See Appendix I (page 13) for Agency and Community Collaboration for assignment and delegation.

Delegable Tasks

Professional staff (RN/RPN/OT/PT)* are responsible for the decision to delegate a professional task to a Service Provider. The Service Provider is responsible for the decision to accept the task. HA/HCC staff requesting a delegation must make the request directly to the Service Provider.

Delegation of responsibility for a specific task is not a transfer of professional responsibility and liability. Delegated tasks are client specific and therefore are not transferable between clients.
All delegable tasks require an individualized written service plan developed by the HA in collaboration with the client/caregiver and Service Provider. The client's ability to direct care is one of the key factors in determining whether a task may be delegated.

*****In most cases, the Professional Staff are employees of the HA, but in some situations it will be an employee of the Service Provider.

Professional Staff Responsibilities

When Professional Staff delegate a task to the UCP, the Professional Staff is accountable for:

- the decision to delegate the professional task to the UCP;
- assessing the client's ability to direct own care;
- educating the UCP in situations where the Service Provider does not employ the appropriate professional or where the Service Provider supervisor seeks direction;
- reviewing and/or developing the client's service plan;
- consulting with Choice in Supports for Independent Living (CSIL) Program client or Client Support Group (CSG) as employer on complex tasks, where appropriate;
- monitoring to evaluate client outcomes and effectiveness of interventions related to the delegated task until the client no longer requires the task.

See Appendix II (Assignment and Delegation Decision Tree).

Service Provider Responsibilities:

- accepting or declining the delegated task;
- determining that the UCP has the necessary knowledge and skills to perform the task safely either through Direct or Indirect Supervision (see Glossary of Terms);
- teaching the task to the UCP if the Service Provider has the appropriate Professional employed;
- supervising the UCP in the performance of the task;
- reporting any change in client condition to the delegating Professional Staff.

See *Table 5 (page 12): Roles and Responsibilities of Health Care Parties* for further information about both assignment and delegation of tasks to UCPs.

Note:

In areas where HA Community Rehabilitation Therapists are not available, or when the client is receiving therapy from a private therapist, private practice therapists may delegate tasks. The same procedures with regard to referral, training and care development are used.

User fees are the responsibility of the client.

A CSIL client or CSG, as employer, is responsible for teaching tasks to their employees. The Community Rehabilitation Therapist may be consulted for complex tasks.

Criteria for the Delegation of a Professional Task

A UCP may be requested to perform a delegable task when:

- A HA/HCC professional, and the client (where the client is able to direct their own care*) have determined that the task needs to be done.
- The delegation of task is considered after other alternative care options have been explored.
- The task cannot be managed by the client and there is no other person in the client's support system to do the task, or the regular caregiver needs respite.
- It is in the best interest of the client, and the client (or responsible family member) consents to the Delegation of the Task to a UCP.
- The client's health status is stable and/or the client's response to the proposed task or procedure is predictable.
- There is adequate supervision and monitoring of the UCP by the Service Provider or other Professional (i.e. Community Rehabilitation Therapist).
- The Service Provider accepts the Delegation of the Task.
- A UCP is available and demonstrates the competency (or has been previously trained or has equivalent competencies – see Glossary of Terms, Indirect Supervision) to do the specific task.
- An HCC professional is available from the HA for assistance with training, monitoring and back-up as needed.
- HAs and Service Providers have policies and procedures in place to implement task delegations.

*See definition of "Client Able to Direct Own Care" in Glossary of Terms

The following Tables (1 through 4) are meant to assist the delegating Professional to determine whether it is safe and suitable to delegate a task to a UCP, or to support a decision to not delegate the task. Mitigating strategies must be put in place to reduce the risk in situations deemed to be high risk.

Appendix III, Sample "Decision to Delegate Tool", is based on the four types of factors to be considered and may be used as a decision tool in determining if it is safe and suitable to delegate a task to a UCP or not. A decision may be made to assign the task instead.

Factors to be Considered Prior to Delegating a Task

(adapted from *Assigning and Delegating to Unregulated Care Providers*, CRNBC, 2000)

TABLE 1: CLIENT/FAMILY FACTORS - CONSIDER CARE NEEDS AND INFORMAL SUPPORTS

Lower Risk		Higher Risk
Client with a stable condition (physical and psychosocial). No changes anticipated	⟷	Client with unstable condition (physical and psychosocial). Changes anticipated
Well defined, straightforward care needs	⟷	Complex care needs
Client is willing and able to direct own care	⟷	Client unwilling or unable to direct care.
Family willing and able to direct care.	⟷	Family unwilling or unable to direct care.
Client environment conducive to task.	⟷	Environmental barriers to performing task.

TABLE 2: TASK FACTORS

Lower Risk		Higher Risk
Low risk for harm	⟷	High Risk for harm
High predictability; no/limited judgment required: • stable need for task • stable response to task • predictable outcome of the task	⟷	Low predictability; judgment required: • varying need for task • unpredictable or changeable response to task • unpredictable outcomes of task
Task has few steps and requires minimal technical/psychomotor skill	⟷	Task has numerous steps and requires a high degree of technical/psychomotor skill
Task done frequently to maintain skills and knowledge of UCP	⟷	Task done infrequently
Task is not altered in different settings	⟷	Task must be altered in different settings

TABLE 3: PROFESSIONAL SUPPORT FACTORS

Lower Risk		Higher Risk
Ongoing assessment, care planning and evaluation by health professional is available as needed.	⟷	Ongoing assessment, care planning and evaluation by health professional is limited or unavailable.
Adequate time for UCP training; clear written procedures available to UCPs.	⟷	Limited time for UCP training; no written procedures available to UCPs.
Appropriate supervision and support of UCP by health care professional. Available organizational support for delegation: • clear policies and procedures • clear responsibility and authority for delegation • Expert clinical consultation for health professional available	⟷	Limited supervision and support of UCP by health professional. Limited organizational support for delegation: • policies and procedures are unclear or unavailable • responsibility and authority for delegation unclear • no clinical consultation for health professional
Health professional is competent in delegation.	⟷	Health professional has limited competence in delegation.

TABLE 4: UCP SUPPORT FACTORS

Lower Risk		Higher Risk
Few UCPs needed; infrequent staff changes.	⟷	Large number of UCPs needed; frequent staff changes.
UCPs have a standard skill base e.g., resident care aide course.	⟷	UCP have no standard skill base.
Delegation requires minor upgrading of skills and knowledge of UCP.	⟷	Delegation requires significant upgrading of skills and knowledge of UCP.
Task commonly delegated in other similar circumstances.	⟷	Task not usually delegated in other similar circumstances.

Other

By Exception – Tasks not normally delegated:

Complex care tasks that go beyond the current expectations for the delegation of professional task to a Service Provider are sometimes requested. The decision to perform the intervention is made in consultation with the health care team, the client and family or the client's substitute decision maker.

The health care team must consider the client's best interest, client safety, quality of life, available resources and the safety of the UCP. HAs and Service Providers must develop procedures for review and approval of these kinds of requests.

Delegation and/or Assignment of Task does not apply to the following:

- Family members
- Informal caregivers (e.g. friends, neighbours)
- Private care hired by client and/or family

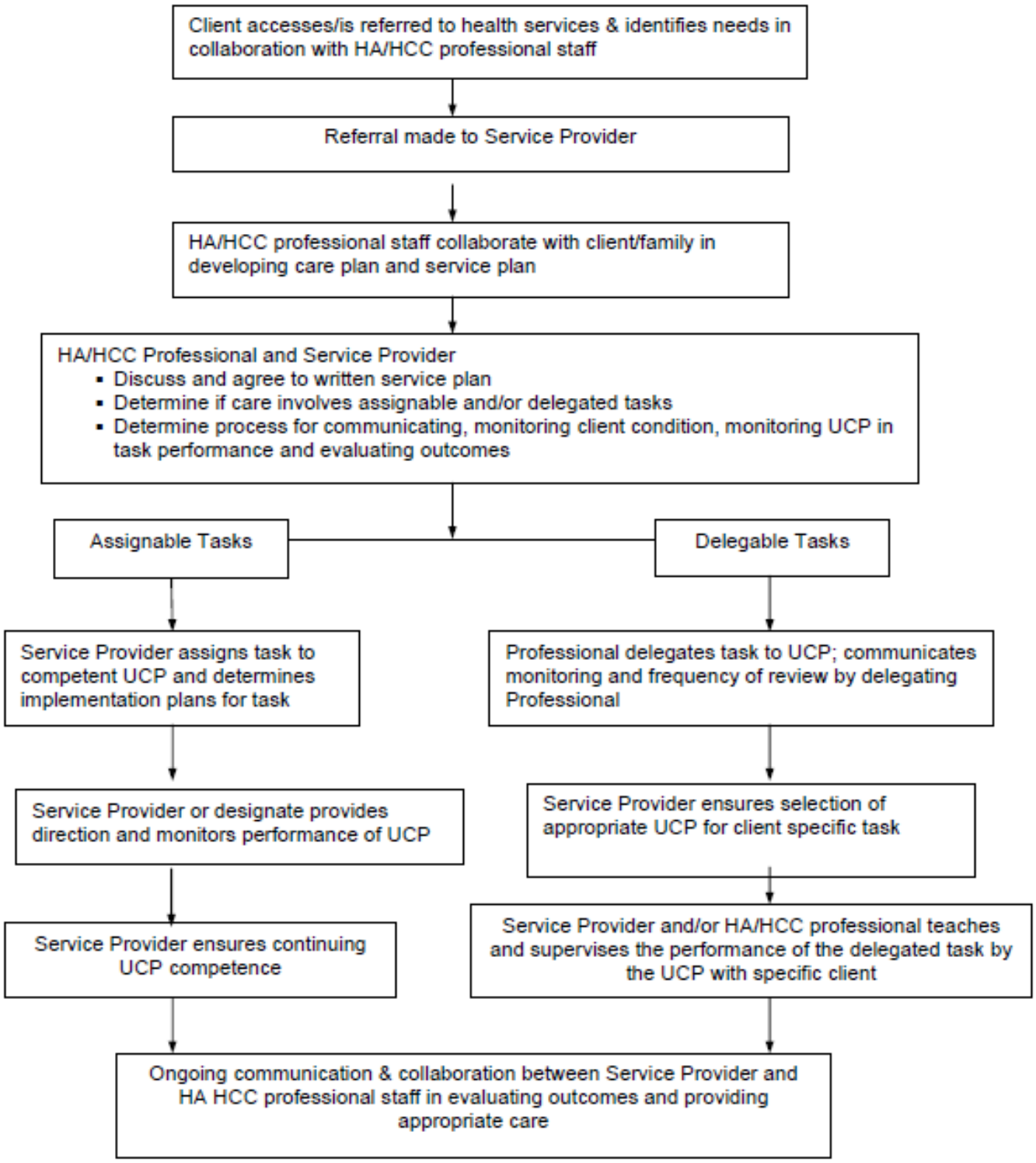
TABLE 5: ROLES AND RESPONSIBILITIES OF HEALTH CARE PARTIES

The provision of safe care is a shared responsibility and is achieved through the collaborative efforts of the regulatory professional bodies, health authorities, health care professionals, service providers and UCPs.

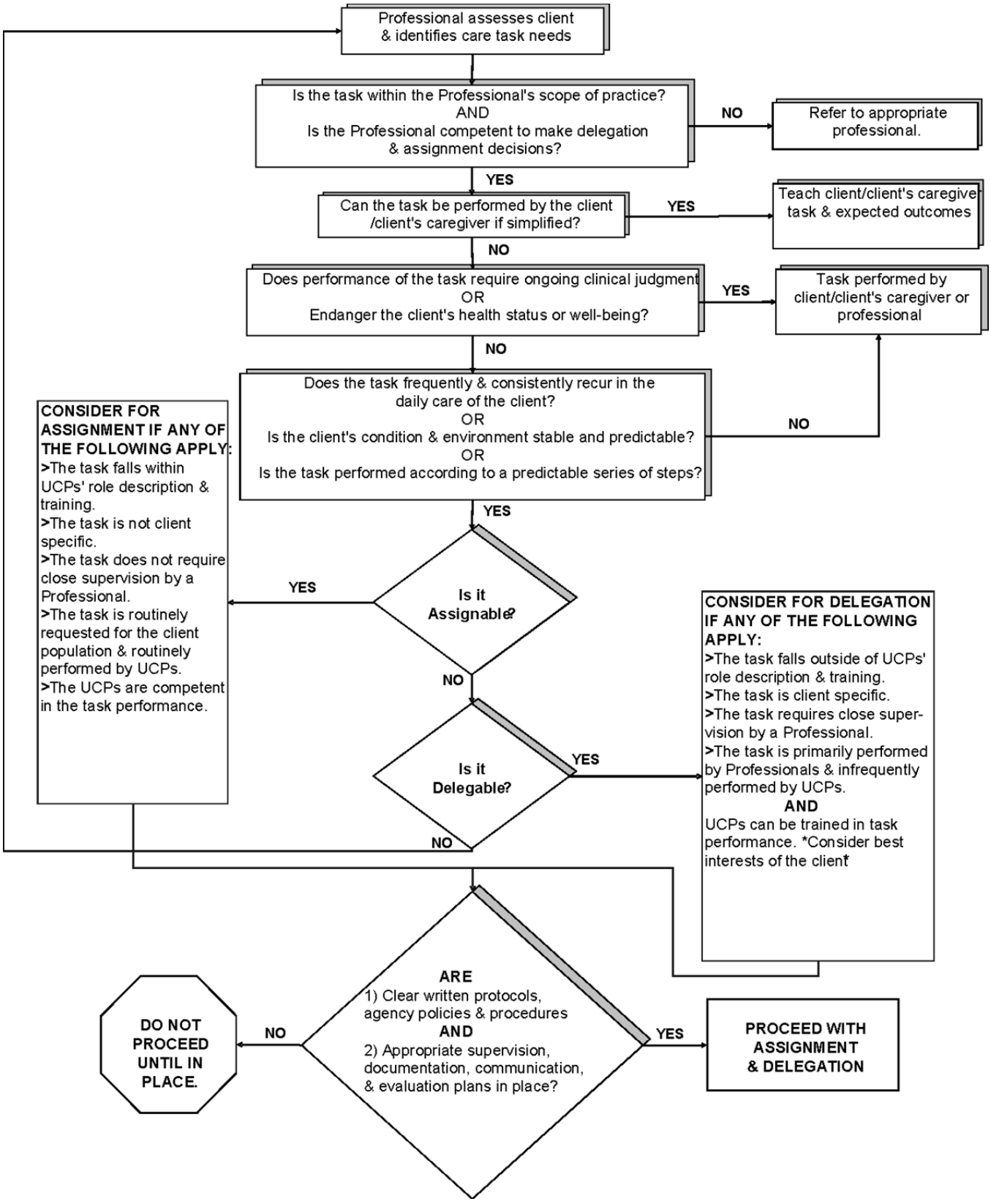
<table>
<tr><th colspan="2">Regulatory Professional Bodies</th></tr>
<tr><td colspan="2">Identify scope of practice for the health professionals
Establish professional standards of practice
Establish requirements for continuing competence
Provide support for health professionals to understand and apply standards of practice.</td></tr>
<tr><th>Health Authority Management</th><th>Health Care Professionals</th></tr>
<tr><td>Establishes current standards of practice, policies and procedures
Outlines the roles, responsibilities and accountability of individuals involved
Creates organizational supports to foster competent, safe and ethical practice
Establishes competencies for UCPs necessary to accept delegated tasks consistent with provincial practice standards for UCPs
Creates policy to effectively manage risk</td><td>Understand current policies, procedures and standards
Ensure that all alternate care options have been explored
In collaboration with the health care team, clarify whether the client can or cannot direct own care
Use professional judgment and clinical assessment skills to determine when a delegable task can be delegated
Demonstrate competence in the performance of the delegated task
Demonstrate competence in the process of delegating according to standards and within the scope of professional practice
Provide ongoing assessment, planning, implementation and evaluation functions
Collaborate and consult with health care team throughout the process</td></tr>
<tr><th>Service Providers – HA or Publicly Funded HS or AL Service Providers</th><th>Unregulated Care Providers</th></tr>
<tr><td>Establish operational policies and procedures relating to accepting a delegation of task
Ensure continued competence in UCPs and service provider health professionals
Assess ability of the organization to meet and maintain the requirement of a delegated task
Collaborate with health care team
Monitor and supervise employees for task performance
Report changes in client condition according to directions from service plan to responsible health care professional</td><td>Perform delegated tasks only when authorized by the Service Provider
Perform delegated tasks only when delegated by a Professional
Competently perform assigned tasks as written in the client-specific service plan
Competently perform delegated tasks as taught
Report changes in client condition according to directions from service plan and according to organizational/agency policies</td></tr>
</table>

APPENDIX I

ASSIGNMENT & DELEGATION: AGENCY AND COMMUNITY COLLABORATION



APPENDIX II: ASSIGNMENT AND DELEGATION DECISION TREE



APPENDIX III: SAMPLE "DECISION TO DELEGATE TOOL"*

Description of Delegation of Task Procedure:				
Client and Family Strengths:				
Risk Factor ***Note: A no response requires comment***	**Yes**	**No**	**Description of Client Specific Risk**	**How can risk be lowered?**
Client/Family Factors			Comments	
Is the client's condition stable?				
Are the client's care needs simple?				
Is the client/family willing and /or able to direct care?				
Is the client's environment conducive to completing the task?				
Task Factors				
Is the risk associated with the completion of the task harmless to the client?				
Can UCP perform task without judgement?				
Do the steps in the standard delegation of task procedure direct the UCP to complete the task?				
Is the task done frequently enough to maintain the skill and knowledge of UCP?				
Professional Support Factors				
Is professional staff available for ongoing assessment, care planning, evaluation and UCP support?				
Are there clear written delegation of task procedures available for UCPs that meet the client specific needs?				
Does the health professional feel competent to perform and delegate the task?				
UCP Support Factors				
Will the task be performed by a limited number of UCPs?				
Do the UCPs have sufficient skills and knowledge to complete the task?				
Would this task be commonly delegated in other similar situations?				

Decision: ☐ Yes, Proceed to delegate
☐ Yes, Trial Period and Delegate for_____ (specify time)
☐ No, Delegation not appropriate at this time. ☐ Assignable

Summary of rationale for decision: _____

_____

Decision Initiated by _____Signature: _____
(Print Name)

Date: _____

*Adapted from Fraser Health Authority document

APPENDIX IV: GLOSSARY OF TERMS

Glossary of Terms	
Care Plan	The part of the Clinical Process in which the over all plan to meet clients' needs and achieve the health goals is identified. The Service Plan and the plan for Delegated Tasks are components of the overall care plan.
Choice in Supports for Independent Living (CSIL)	A program in which eligible HCC Care clients are responsible for purchasing their own home support services and are funded directly. The client or Client Support Group (CSG) is the employer of the UCP and assumes all liability and accountability for decisions related to the delivery of their home support service including ongoing monitoring of UCP performance.
Client Able to Direct Care	One who is cognitively capable to make decisions regarding their care related to the task being delegated and can communicate effectively (verbally or nonverbally through communication devices) so as to be understood by any authorized caregiver. This client has the potential to make informed, voluntary decisions regarding care based on knowledge and adequate information provided by an appropriate health care professional, related to the task being delegated. Delegating Professional makes determination.
Client Unable to Direct care	One who is cognitively incapable to make decisions regarding their care relevant to the specific task and/or cannot communicate essential information in an adequate manner to the authorized caregiver. This client will not be able to make informed, voluntary decisions regarding the specific task. Delegating Professional makes determination.
Client Specific	Restricted to one particular individual, situation, relationship and outcomes.
Direct Supervision	To be physically present to direct, teach and to have a monitoring plan in place.
Function	A client care intervention. Performing a function includes assessing when to perform the function, planning and implementing the care and evaluating and managing the outcomes of the care (CRNBC, 2000).
HA/HCC Health Care Professional	Refers to nursing, physiotherapy, occupational therapy, nutrition, social work and case management. Where a particular discipline is referenced, that discipline will be noted in the document.

Health Care Team	Members may include the Service Provider Administrator, RN, RPN, LPN, Supervisor, Scheduler, UCP, Case Manager, PT, OT, Dietitian, Social Worker, Pharmacist, Respiratory Therapist and Physician.
Indirect Supervision	The Professional may delegate a specific task to a UCP who, in the Professional's opinion, has the necessary competencies to complete the task. The Professional does not have to be physically present to teach the task to the UCP if the following criteria are met: • The Professional has determined that the UCP has the necessary knowledge, skills and ability to perform the task. • The UCP's competency level in performing the task has been demonstrated. • The client's circumstance is known to the Professional. • There is an established written service plan in place for the delegated task and the plan is immediately accessible to the UCP. • The client's safety is not jeopardized. • A monitoring plan is in place.
Routine Practices	Precautions that are applied universally to all persons regardless of their presumed infectious status.
Service Plan	Outline of all tasks, both assigned and delegated as authorized by a HCC professional to be carried out by a UCP. Copy of the plan must be in a standardized area of the client's home.
Service Provider	The agency or organization that provides services directly to HCC clients. May include HA or publicly funded agencies. Refers to both professionals and UCPs.
Stable	The anticipated client response to the task or procedure is not likely to change.
Unregulated Care provider (UCP)	Paid care providers who are neither licensed nor registered by a regulatory body and who have no legally defined scope of practice e.g. community health workers, home support workers, assisted living workers, resident care attendants, health care assistants, therapy assistants, etc.
Without Prejudice	With no negative repercussions.

Acknowledgements

We would like to thank the following members of the Provincial Personal Assistance Guidelines Working Group who contributed their time and effort during the 2008 Ministry of Health Services revision of the Personal Assistance Guidelines:

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Interior Health Authority Donna Clark, Fraser Health

Authority Sandra Golightly, Fraser Health Authority

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Helen Taylor, Vancouver Coastal Health Authority

Julia Wilson, Vancouver Island Health Authority

Darcie Wolfe, Vancouver Island Health Authority

Chris Wells, Northern Health Authority Susan

McNeill, Good Samaritan Society

We wish to extend our appreciation to the following two individuals for their review of the document:

M. Laurel Brunke, Executive Director, College of Registered Nurses of British Columbia

John Mayr, Executive Director, College of Licensed Practical Nurses of British Columbia

And finally, we would also like to thank the Provincial Home Health Standing Committee for their ongoing support during this revision process.

Ministry of
Health Services

APPENDIX 2 SAMPLE DELEGATION OF TASK FORMS

A. Consent by the individual or substitute decision maker to the delegation of task

NAME: _____ Date of Birth: (dd/mm/yyyy)_____

Task Description: _____
Service provider or unregulated care provider accepting to perform the delegated task and will monitor compliance to the health care plan/task protocols: _____

Health care professional(s) delegating the task will provide training and will evaluate the individual's health outcomes:

_____

Elements of informed consent:

☐ I understand the reasons why the above delegation of task is needed.

☐ I understand (as outline in the delegation of task agreement) what the delegation of task involves and that a health care professional (for example a Registered Nurse or a Physical Therapist) will not be performing this task for me. The health care professional will be training unregulated care providers in the task and will evaluate the health outcomes noted in my health care plan. The service provider identified in the delegation of task agreement will monitor the unregulated care provider's compliance to my health care plan and task protocols.

☐ I understand the risks and benefits of either giving or refusing consent to the above delegation of task.

☐ I have had other medically appropriate options explained to me.

☐ My health care plan and delegation of task protocols outline my choice of medically appropriate options.

☐ I have had the opportunity to ask questions and they have been answered to my satisfaction.

I, (print)_____ **consent to the delegation of task as described above for the period of 12 months or until my condition changes or if I choose to withdraw my consent.**

_____ **Date:** _____**(dd/mm/yyyy)**
Signature

_____ **Date:** _____**(dd/mm/yyyy)**
Delegating Health Care Professional (print and signature)

Substitute Decision Maker ☐ Committee of the Person ☐ Representative
☐ Temporary Substitute Decision Maker (relationship: _____)

I, (print)_____ **consent on behalf of** (print)_____ **to the delegation of task as described above for the period of 12 months or until his/her condition changes or if I choose to withdraw consent.**

_____ **Date:** _____**(dd/mm/yyyy)**
Signature

☐ I confirm the above named individual is assessed as not capable of giving or refusing a valid informed consent

_____ **Date:** _____**(dd/mm/yyyy)**
Delegating Professional (print and signature)

APPENDIX 2 SAMPLE DELEGATION OF TASK FORMS

B. Delegation of Task Agreement / Acknowledgement and Training Record

NAME: _____ Date of Birth: (dd/mm/yyyy)_____

Task to be delegated: _____

The delegation of a professional task requires consent of the individual and the agreement of the health care professional, the service provider, and the unregulated care provider.

As the delegating health care professional, I accept responsibility for the delegation of the task, for the training of the task, and for evaluating the health outcomes every _____ (year, month). (Please refer to the health care plan.*)

As the service provider, I accept the responsibility to monitor the unregulated care provider's compliance to the health care plan and delegation of task protocols, and to communicate changes of the individual's condition, and further training requirements to ensure the individual's health and safety. (Please refer to the health care plan.*)

*The format of writing a health care plan may differ among health care professionals. The health care plan should identify the expected health outcomes, strategies to meet the needs and health goals of the individual, educational or training requirements of unregulated care providers, critical points when a health care professional must be informed, emergency protocols, monitoring plan, communications plan and a back-up plan. An evaluation process of the health care interventions and outcomes is also identified. If elements of the health care plan are presented in a document of a different title, (example: "The Training Plan" or "The Communication Plan") these documents should be referenced in the Delegation of Task Agreement / Acknowledgement and Training Record.

Delegating Health Care Professional: _____

Phone Number:_____ E-mail: _____

Signature: _____Date: _____

Agency: _____

Service Provider Representative: _____

Phone Number:_____ E-mail: _____

Signature: _____Date: _____

Delegation of Task Acknowledgement and Training Record

1. As an unregulated care provider (UCP) supporting the above named individual, I have read his/her health care plan and delegation of task protocols, and I will comply with the plan and protocols as written.
2. I have completed the training for this task and am aware that this is specific to this individual.
3. I am aware that the health care professional will be evaluating health outcomes, and the service provider will be monitoring my compliance to the health care plan and delegation of task protocols.
4. I am aware that if I am unable to perform the task that I contact my supervisor and or appropriate senior staff immediately.

By signing below, the unregulated care provider(s) acknowledges points 1-4 above.

Training renewal or withdrawal of UCP from task

Acknowledgement UCP Name/Signature	Health Care Professional Name/Signature	Date Initial|Initial	**Training** Renewal Initial|Initial	**Training** Renewal Initial|Initial	**Training** Renewal Initial|Initial
1.					
2.					
3.					
4.					
5.					
6.					

Acknowledgement UCP Name/Signature	Health Care Professional Name/Signature	Date Initial|Initial	**Training** Renewal Initial|Initial	**Training** Renewal Initial|Initial	**Training** Renewal Initial|Initial
7.					
8.					
9.					
10.					
11.					
12.					

APPENDIX 2 SAMPLE DELEGATION OF TASK FORMS

C. SAMPLE Complex Care Tasks Delegated by Exception

Logo	Name: _____ ID#:_____ Task: _____ Date: _____

Complex care tasks that go beyond the current expectations for the delegation of a professional task to an unregulated care provider are sometimes requested. The decision to perform the intervention is made in consultation with the health care team, the individual and family, or the individual's substitute decision maker. Individuals within the community living sector also have people from both CLBC and the service provider (residential and community inclusion programs) who need to be included in the consultation and collaboration process.

The health care professional and stakeholders must consider the individual's best interest, safety, quality of life, available resources, and the safety of the unregulated care provider (2008 PAGs).
All stakeholders must consider these principles and develop policy that ensures their application when there is consideration of a complex care task delegated by exception.

Most Responsible Health Care Professional: (consider individual's best interest, safety, quality of life, available resources and the safety of the involved stakeholders)

Summary of Decision to Delegate Assessment:

Discussion with Health Care Professional Supervisor/Clinical Specialist: (consider individual's best interest, safety, quality of life, available resources and the safety of the involved stakeholders)

Discussion with Individual, Family/ personal support network: (consider individual's best interest, safety, quality of life, available resources and the safety of the involved stakeholders)

Discussion with Service Provider: (consider individual's best interest, safety, quality of life, available resources and the safety of the involved stakeholders)

Discussion with CLBC: (individual's best interest, safety, quality of life, available resources and the safety of the involved stakeholders)

Opportunities for Risk Mitigation:	**Responsible Person**	**Date**

Outcome:

Can the task be delegated, despite the level of risk?
Is the risk too great to delegate?
If the task is not delegated, who will perform the task?
Further Comments:

Health Care Professional: _____ Date: _____

Individual: _____ Date: _____

SDM: _____ Date: _____

Supervisor: _____ Date: _____

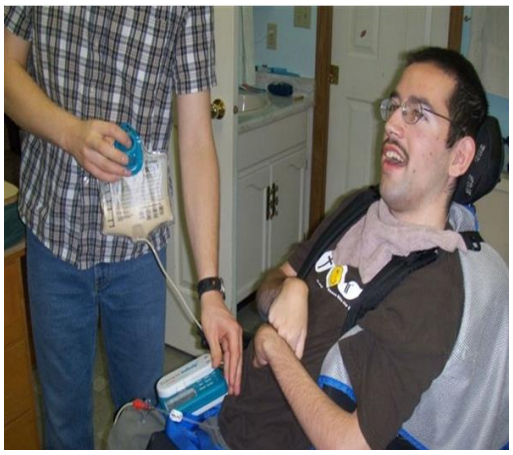
Service Provider: _____ Date: _____

CLBC: _____ Date: _____

Other: _____ Date: _____

APPENDIX 3 DELEGATION OF TASK PROCESS FLOWCHART

APPLIED: CHRIS SCENARIO



Chris and his family have kindly given their consent to use a scenario from Chris's life that will illustrate each step of the delegation of task process flowchart. See page 16 of the Recommended Policy for the flowchart. The original scenario was written by Shelley Guy RN.

The scenario below illustrates the guiding principles under the Thriving in Community Project including the level of collaboration required and the roles and responsibilities of all stakeholders when determining whether or not a health care task can safely be delegated to a UCP.

At each step throughout the process, Chris's safety, best interest, and quality of life are held paramount. In addition, the safety of all stakeholders, including the UCP, is considered. And finally, available resources also must be taken into account.

Evidencing the collaborative nature of delegating health care tasks in the community living sector, this scenario was written by Janice Barr, Executive Director, Richmond Society for Community Living and Cathy Reis RN, Provincial Clinical Consultant for Adults with Developmental Disabilities, and reviewed by Jule Hopkins, CLBC Manager, Service Accountability and Safeguards.

Chris in Community

Chris is a young man who lives in his family home with his parents. He is a positive and cheerful individual who wants to engage with others around him; top priorities in Chris's life are his family and his faith. Although Chris lives at home, he is provided with 12 hours a day of caregiver support by a local service provider.

Chris was born with cerebral palsy causing a developmental delay, dysphagia, muscle spasms, limited mobility, and an inability to verbalize. He requires total assistance with all activities of daily living including bathing, dressing, nutritional support, medication administration, and community inclusion activities (swimming, social gatherings, and church).

Chris is able to communicate his needs by signaling with his eyes to either side of his headrest where his Oma has stitched letters of the alphabet.

When the information is provided in a clear manner, often using pictures, Chris is able to give consent. He is able to sign for himself using a "hand over hand" method.

DELEGATION OF TASK PROCESS FLOWCHART APPLIED TO CHRIS

Step 1:

Individual's health requires that a specific task be performed by a UCP

During Chris's transition at the age of 17, CLBC met with Chris and his family to review his goals. A referral was made to Home Health (a health care agency) for possible shared funding to support his wish to remain in his family home.

When Chris turned 19, the Health Services for Community Living Nurse, Nursing Support Nurse, Chris, his mother, and the service provider met to review Chris's goals, his health, and plans for staff education and the delegation of his tube feeding, medication administration, and suctioning.

A complete review of Chris's health history and an assessment was conducted which included information from Nursing Support Services (NSS), previous health care plans, information from the family, Chris, and other health care professionals. This process produced a list of Chris's health needs including educational and other supports required.

The service provider believed that the following tasks were outside the role of the UCP:

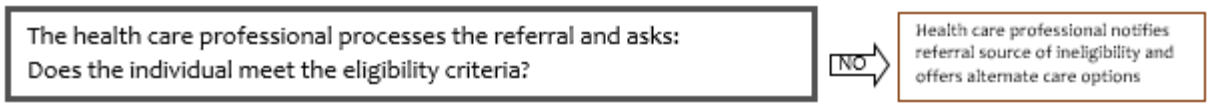
- Chris's tube feeding and maintenance
- medication administration through the feeding tube
- oral suctioning.

Step 2:

Service provider contacts a health care professional at an appropriate agency, for example, Health Services for Community Living or Home and Community Care

In Chris's scenario, he was already involved with NSS and, therefore, their transition process triggered an HSCL referral. The service provider met the HSCL team at transitioning meetings.

Step 3:



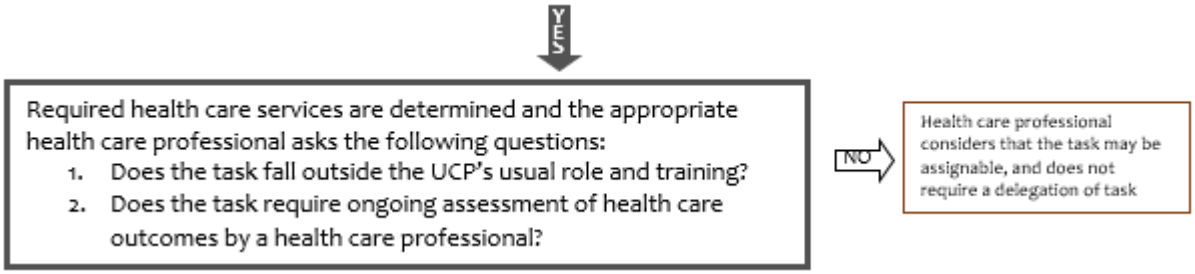
An HSCL team member met with Chris and determined that he was eligible for HSCL services.

Note:

1. Examples of ineligibility may include:

- the health care issues (routine oral care, over the counter medication PRN such as Tylenol) did not need ongoing assessment. Consultation may be made for an oral health care plan or PRN protocol, in which case the chart would be closed by the health care professional
- a request to provide the service in an area that is outside the boundaries of the service area
- providing service for a community program that is determined by that local health unit as "out of scope" – for example, a swim program. (Referral to the other catchment area or a community therapist may be other care options).

Step 4:



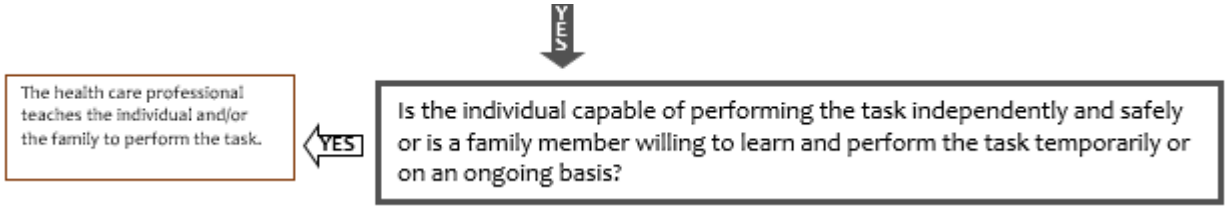
Chris required health care services from the following professionals:

- **Occupational Therapist** to recommend seating/positioning, reflux, dysphagia, skin breakdown prevention, comfort, and ease of accessibility within the community
- **Dietician** to recommend tube feeding schedule (including rate, flushes and formula) and to provide funding letters
- **Dental Hygienist** to determine oral hygiene techniques (suction tip for toothbrush to manage secretions)
- **Physiotherapist** (community-based) to evaluate respiratory needs
- **Nurse** to assess, develop a health care plan, implement, and evaluate the plan and health outcomes.

The above health care professionals make up the HSCL team that would be providing health care services for Chris.

The HSCL team determined that some of the tasks were outside the role of the UCP. The HSCL team also determined that ongoing assessment of the effectiveness of the health care plan and Chris's health outcomes was required.

Step 5:

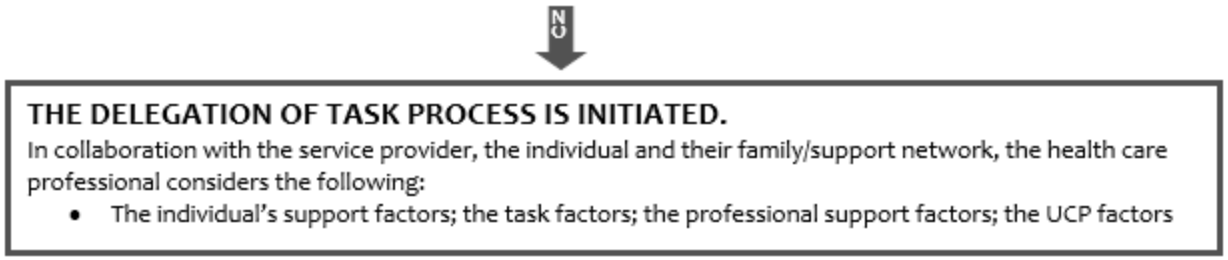


The HSCL team assessed Chris's ability to manage his care independently. Chris does not have the physical ability to do the tasks but can participate by providing direction. Chris's mother would perform the tasks in the home setting but Chris also wants to access his larger community.

Note:

1. In some circumstances the family and/or the individual, once taught, are able to manage their own health care tasks. The delegation of task process need not be done — for example, when the individual gives their own insulin or manages their own insulin pump.

Step 6:



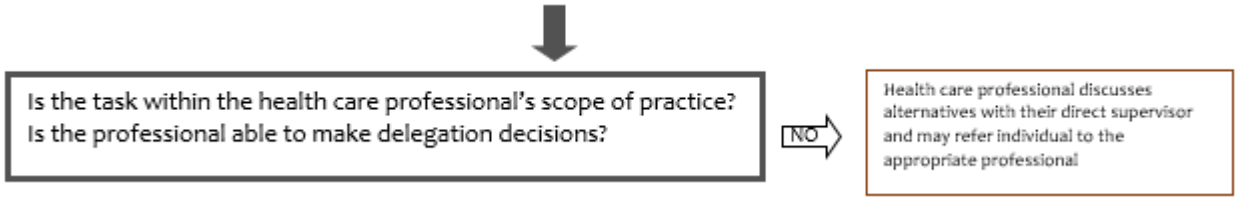
Through a collaborative process, it was determined that Chris would require assistance with the following:

1. Tasks that are within the typical role description and training of the UCP and, therefore, do not require training by the health care professional: bathing and dressing.

2. Tasks that may require initial training by a health care professional but with guidelines and initial training, become an assignable task and can be performed by the UCP (with ongoing training being the responsibility of the service provider/UCP):
    a. swim program, which includes transferring in and out of the pool, and pool exercises
    b. oral care with a suction tip
    c. nutritional support/positioning identified in meal time guidelines/ feeding schedules
    d. transferring and positioning by mechanical lifts and other methods.

3. Delegable tasks required for Chris's care:
    a. tube feeding
    b. medication administration through the tube feeding
    c. oral suctioning.

Step 7:



It was decided that yes, these tasks were within the health care professional's scope of practice, and the health care professional was able to make delegation decisions.

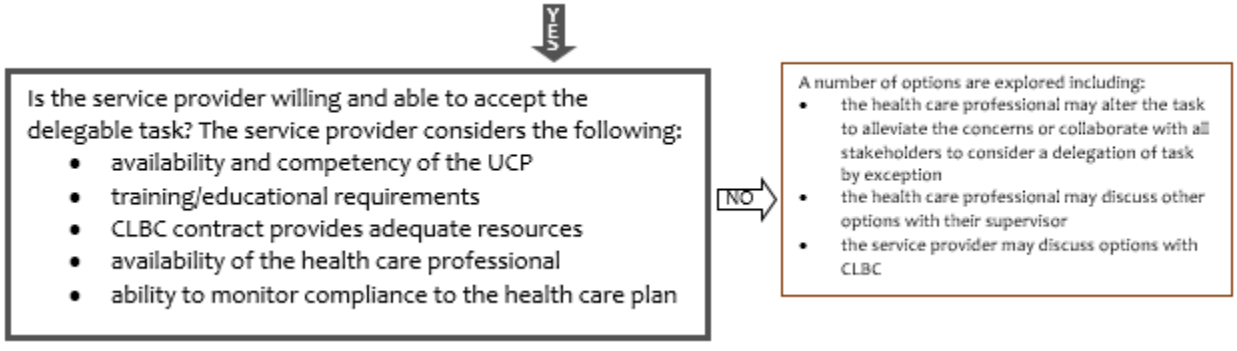
Note:

1. The health care professional who is considering taking the responsibility of delegating a health care task to a UCP must evaluate if the task and the process of delegating is within their scope of practice.

2. Consultation with specialty areas (see below) may provide additional education for the professional so that the task would fall within their scope of practice. Referral to a specialty area may provide the opportunity for education/training of the UCP so that the delegation can be done safely, or perhaps the specialty area could participate in performing the task. Examples of specialty areas:

    - The Provincial Respiratory Outreach Program may provide the training for tracheotomy care
    - A Diabetic Day Centre could be involved for diabetes management training
    - Home Care may assist with the task or partnership with another professional health agency.

Step 8:



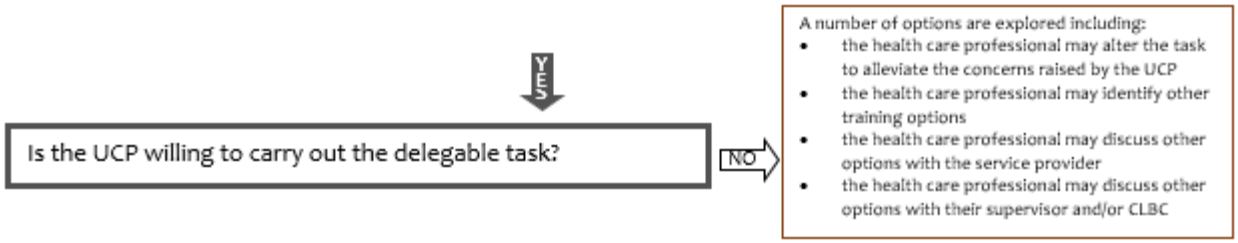
The service provider conducted an internal review and determined that it was willing to accept the delegation of task.

Note:

1. If the agency was not willing to accept the delegation, the task could be adjusted so that it could be manageable — for example, a longer acting medication so that the task could be done at home and not in the community.

2. If considering a complex task delegated by exception, consultation with the professional college, health management, legal consult, and/or an ethics consultation may be required.

Step 9:

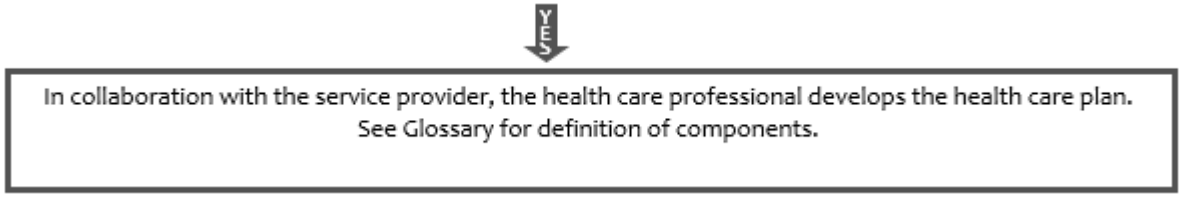


The staff at Chris's day program agreed to perform the health care tasks (tube feeding, medication administration through the tube feeding, and oral suctioning) as trained by the health care professionals.

Note:

1. Collaborative problem solving on how to alleviate any of the UCP's concerns takes place at this stage. Creative scheduling, a period of mentoring, and discussion with the individual and his family may be some measures that would lead to the UCP carrying out the task as trained.

Step 10:



The HSCL nurse discussed the health care plan with Chris, his family, the service provider/senior staff/UCP.

Collaborations took place to determine the required elements of the agreement.

The HSCL nurse wrote the technical components of the health care plan – the task protocols, expected health outcomes, conditions when to contact the health care professional and emergency plans.

The delegation of task training was individualized depending on experience and previous training of the UCP(s).

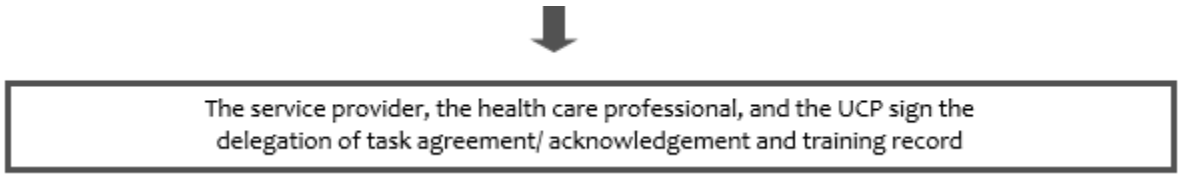
Step 11:

With his mother's help, Chris gave his informed consent. Chris also had the opportunity to ask questions and have them answered both to his and his mother's satisfaction.

He understood:

- why the delegation of task needed to be done.
- the risks and benefits of the delegation of task.
- what other options were available.

Step 12:



As they collaborated through the process, all stakeholders agreed that the plan was workable and in Chris's best interests.

A Delegation of Task Agreement/Acknowledgement and Training Record between the health care professional and the service provider was signed; the health care professional and the UCP signed the Acknowledgement and Training Record.

Step 13:

The UCP has been assessed as competent in performing the task by the health care professional.

The agency senior staff/supervisor has been trained in the task and monitors the UCP's compliance with the health care plan and task protocols. The level of monitoring is dependent upon the level of confidence the agency senior staff/supervisor feels that the provisions in the health care plan and task protocols are being followed, and if any problems or changes occurred, that they would be reported.

Step 14:

The health care professional:

- reviews the delegable task and evaluates competency of the UCP annually or on an as-needed basis or as set out in the delegation of task agreement
- evaluates the health outcomes of the individual

The service provider:

- discusses any concerns or changes with the health care professional
- assigns a senior staff/supervisor to monitor the UCP's compliance with the health care plan

The UCP:

- performs the task as taught and in keeping with the health care plan
- communicates concerns and/or changes with the senior staff/supervisor

The HSCL team evaluates Chris's health outcomes.

The service provider monitors the UCP to the level where they feel confident that the UCP is performing the task as trained, and is complying with the health care plan.

The service provider/UCP understand that they must inform the delegating health care professional of any concerns and/or changes in the individual that would affect the health care plan and delegation of task, and/or any additional training and/or support required. The service provider would also inform family and other stakeholders as required.

The service provider will request a formal review and consent annually as noted in the Delegation of Task Agreement.

APPENDIX 4 REFERENCES AND RELATED LINKS

CLBC Link to Home Share Information

Community Living British Columbia
Individuals and Families Home Sharing Home Sharing Providers.
http://www.communitylivingbc.ca/individuals-families/home-sharing/home-sharing-providers/

Community Living British Columbia
Standards for Home Sharing (Adults).
http://www.communitylivingbc.ca/what_we_do/residential_options/documents/standardsforhomesharing-april2007.pdf

Health Authority References and/or Links to PAG Policies and Forms

Fraser Health Authority (FHA)

- Decision to Delegate: Assessment Tool
- Delegation of Task: Monitoring / Evaluation Tool
- Delegation of Task (DOT) Workshop © 2009 DOT Workshop Power Point
- Delegation of Task (DOT) Participant Workbook
- Health Services for Community Living Delegation of Task Letter of Agreement
- HSCL DOT UCP Training Record
- Process for Developing New DOT Procedure
- DOT templates (HH orientated, not specific to HSCL) October 2009

Available from the FHA extranet, please contact a FHA Health Unit

Interior Health Authority (IHA)

- Interior Health PERSONAL ASSISTANCE GUIDELINES MAY 2010

Available from the IHA extranet, please contact an IHA Health Unit

Northern Health Authority (NHA)
Resources available from the NHA extranet, please contact a NHA Health Unit

Vancouver Coastal Health (VCH)

- PERSONAL ASSISTANCE GUIDELINE ADDENDUM A CLINICAL DECISION MAKING TOOL
- DOT Review NS Home & Community Care January 2010 Power Point

Available from the VCH extranet, please contact a VCH Health Unit

Vancouver Island Health Authority (VIHA)

- Appendix E: Assigned vs Delegated Tasks General Guide Oct 2010
- ASSIGNMENT AND DELEGATION TO UNREGULATED CARE PROVIDERS HOME AND COMMUNITY CARE GUIDELINES

Available from the VIHA extranet, please contact a VIHA Health Unit

Government of British Columbia

Government of British Columbia
Health Care Providers' Guide to Consent to Health Care (2011) Ministry of Health
http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers'-guide-to-consent-to-health-care.pdf

Government of British Columbia
Health Care (Consent) Care Facility (Admissions) Act. Downloaded (September 16, 2014)
http://www.bclaws.ca/civix/document/id/complete/statreg/96181_01

Government of British Columbia
Freedom of Information and Protection of Privacy Act, Chapter 165 (1996).). Downloaded (September 16, 2014)
http://www.bclaws.ca/civix/document/id/complete/statreg/96165_00

Government of British Columbia
Health Professional Act. Downloaded (September 16, 2014)
http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01

Government of British Columbia
Community Care and Assisted Living Act Residential Care Regulation. Downloaded (September 16, 2014)
http://www.bclaws.ca/Recon/document/ID/freeside/96_2009

Government of British Columbia
Care aide competency project: framework of practice for community health workers and resident care attendants (2007) MOH
http://www.health.gov.bc.ca/library/publications/year/2007/CareAideCompetencyProjectFramework.pdf

Government of British Columbia
Effectively utilizing BC's licensed practical nurses and care aides (2008) MOH
http://www.health.gov.bc.ca/library/publications/year/2008/Effectively_Utilizing_LPN_Care_Aide_Report.pdf

Government of British Columbia
Incapacity Planning: Representation Agreements and Enduring Powers of Attorney
http://www.ag.gov.bc.ca/incapacity-planning/index.htm

Government of British Columbia
Personal Assistant Guidelines
http://www.health.gov.bc.ca/library/publications/year/2008/Personal_Assistance_Guidelines.pdf

Forum Sponsored by Richmond Society for Community Living and British Columbia Association for Community Living
A Provincial Forum on Supporting Adults with Complex Health Care Needs Ensuring Community Living for Everyone Report and Recommendations
Questions regarding the provincial forum or copies of this report may be directed to Janice Barr, Executive Director, RSCL jbarr@rscl.org or visit: InclusionBC at www.inclusionbc.org.

Statements of Professional Colleges on 2008 Personal Assistance Guidelines and Consent
College of Occupational Therapy of British Columbia
Quality Practice
http://www.cotbc.org/Quality-Practice/Quality-Practice.aspx (several links)

College of Occupational Therapy of British Columbia Practice Guideline
Assigning of Service

Components to Unregulated Support Personnel (March 2004)
http://www.cotbc.org/PDFs/AssignServiceComponents_mar04-(1).aspx

College of Occupational Therapy of British Columbia
Obtaining Consent to Occupational Therapy Services (March 2008)
http://www.cotbc.org/PDFs/COTBC_ObtainingConsentGuideline.aspx

Physiotherapy Association of British Columbia
http://bcphysio.org/

College of Physiotherapy of British Columbia
http://www.cptbc.org/

College of Physiotherapy of British Columbia
Assignment of Task to a Physical Therapist Support Worker
http://www.cptbc.org/pdf/PracticeStandards/PracticeStandards3.pdf

College of Registered Nurses of British Columbia
Assigning and Delegating to Unregulated Care Providers (January 22, 2013)
https://crnbc.ca/Standards/Lists/StandardResources/98AssigningDelegatingUCPs.pdf#search=Assigning%20and%20Delegating%20to%20Unregulated%20Care%20Providers

College of Registered Nurses of British Columbia
Delegating tasks to unregulated care providers: practice standard for registered nurses and nurse practitioners (PUB #429) (December 2005). Downloaded (September 16, 2014)
https://crnbc.ca/Standards/PracticeStandards/Pages/delegating.aspx

College of Registered Nurses of British Columbia
Practice Standard for Registered Nurses and Nurse Practitioners. Consent. (2005). Downloaded (September 16, 2014)
https://crnbc.ca/Standards/PracticeStandards/Pages/consent.aspx

College of Registered Psychiatric Nurses of British Columbia
Delegating to unregulated care providers: guidelines (12/06/2001). Downloaded (September 16, 2014)
http://www.crpnbc.ca/wp-content/uploads/2011/02/unregulated_providers.pdf

Public Guardian and Trustee Publications

Public Guardian and Trustee of British Columbia
Consent to Healthcare and the Role of the Public Guardian and Trustee (July 2013)
http://www.trustee.bc.ca/documents/adult-guardianship/Consent%20To%20Health%20Care.pdf

Public Guardian and Trustee of British Columbia
Information for Temporary Substitute Decision Makers Appointed by the Public Guardian and Trustee (July 2013)
http://www.trustee.bc.ca/documents/STA/Information%20for%20Temporary%20Substitute%20Decision%20Makers%20Authorized%20by%20the%20Public%20Guardian%20and%20Trustee.pdf

Public Trustee and Guardian of British Columbia
Additional publications. Downloaded (September 16, 2014)
http://www.trustee.bc.ca/reports-and-publications/Pages/default.aspx

APPENDIX 5 COLLEGE OF DENTAL HYGIENISTS LETTER RE: DELEGATIONS OF TASKS

THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA
Suite 600 3795 Carey Road
Victoria, British Columbia V8Z 6T8
Telephone (250) 383 4101
Facsimile (250) 383 4144

April 14, 2015

Ms. Catherine Reis RN BSN MS
Provincial Clinical Consultant for Adults with Developmental Disabilities
Suite 400, Central City Tower, 13450-102 Avenue,
Surrey, BC V3T 0H1

Dear Ms. Reis:

Please accept this letter as the College of Dental Hygienists of BC's (CDHBC) formal position regarding the ability of dental hygienist to delegate tasks for the purposes of the Personal Assistance Guidelines (PAG) and the 'Thriving In Community Delegating Health Care Tasks in the Community Living Sector' (TIC DOT) documents.

The *Health Professions Act (HPA)* and current CDHBC Regulations and Bylaws do not permit dental hygienists to delegate their reserved acts of scaling and root planing or the administration of local anaesthestic. Dental hygienists also cannot delegate activities that form part of the process of care which lead up to the performance of any of those reserved acts.

It appears, however, that the term 'delegate' is used in the PAG and TIC DOT documents in a different manner than is contemplated by the *HPA*. Significantly, the tasks related to dental hygiene that are contemplated in the PAG and TIC DOT documents are not reserved acts.

Therefore, it is CDHBC's position that dental hygienists working in settings where the PAG and TIC DOT documents apply are able to delegate the tasks that are contemplated by those documents. As a registered health professional, CDHBC expects that dental hygienists will follow all guidelines when doing so and ensure that appropriate instruction and care plans are provided.

If you have any questions or concerns, please contact me directly.

Regards,

J. Lawrence

Jennifer Lawrence
Registrar/CEO

APPENDIX 6 ACKNOWLEDGEMENTS AND CONTACT INFORMATION

The Thriving in Community Project would not have been possible without the financial support and sponsorship of Community Living BC.

Numerous stakeholders participated in the development of these materials by providing input and consultation including service providers, nurses, occupational therapists, physiotherapists, a dental hygienist, a physician, family members, and CLBC staff. In addition to this input, relevant documents from health professional colleges were also reviewed. Community Care Licensing, the Public Guardian and Trustee, CLBC and the joint CLBC/Health Provincial Working Group were also consulted. The Thriving in Community Project was a collaborative partnership between the various stakeholders and, accordingly, we wish to thank all the individuals and organizations below for their contribution and involvement.

And finally, a special thank you to Chris and his family for generously sharing their story with us.

Project Leadership Team:

- Janice Barr, Executive Director, Richmond Society for Community Living
- Jule Hopkins, Manager, Service Accountability and Safeguards, Community Living BC
- Cathy Reis, RN BSN MS, Provincial Clinical Consultant for Adults with Developmental Disabilities

Project Reference Group

NAME	TITLE	AFFILIATION
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Andrea Baker	Manager, Quality Service Initiatives	Community Living BC
Barbara Beatty	Registered Nurse	Health Service for Community Living, Northern Health Authority
Wendy Brophy	Director	Aimhi – Prince George Association for Community Living
Donna Christison	Registered Nurse	Health Services for Community Living, Interior Health Authority
Annette Delaplace	Parent Board Member: President:	 Richmond Society for Community Living British Columbia Association for Community Living
Leslie Duran	Occupational Therapist	Vancouver Island Health Authority
Moe Flanagan	Licensing Officer	Vancouver Coastal Health Authority
Brenda Gillette	Executive Director	Chilliwack Society for Community Living
Shelley Guy	Registered Nurse Consultant, Thriving in Community Project	Health Services for Community Living, Fraser Health Authority

Laurie Jackson	Registered Nurse	Health Service for Community Living, Northern Health Authority
Mike Jones	Neurologist Provincial Medical Consult for Developmental Disabilities	 Provincial Medical Consulting Services
Sandy Ketler	Physiotherapist	Health Service for Community Living, Interior Health Authority
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Sally Martin	Board Member	Richmond Society for Community Living
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Doug Portfors	Senior Contract Coordinator, Vancouver Coastal	Community Living BC
Margaret Salmon	Registered Nurse	Health Services for Community Living, Vancouver Island Health Authority
Nancy Savarie	Registered Dental Hygienist	Health Services for Community Living, Interior Health Authority
Lynn Stephenson	Registered Nurse	Health Services for Community Living, Interior Health Authority
Marla Reed	Executive Director	Dawson Creek Society for Community Living
Maureen Thomas	Registered Nurse Consultant	Kardel Consulting
Rob Wicharuk	Quality Service Manager South Central Okanagan	Community Living BC

For copies of relevant materials, please visit www.communitylivingbc.ca/learn-more/safeguards-publications/

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