Delegation and Supervision Requirements

An Undergraduate Student Nurse/Midwife (USN/M) means an employee in their second or later year of full-time study who is entered on the student register (for the nursing or midwifery profession) in an approved program under the Health Practitioner National Regulation Law (ACT) Act 2010.

USNs can only undertake activities that have been delegated and supervised by a Registered Nurse in accordance with the *NMBA Registered nurse standards for practice* (2016) [Nursing and Midwifery Board of Australia - Registered nurse standards for practice (nursingmidwiferyboard.gov.au)](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx) and the *NMBA Decision Making Framework for Nursing and Midwifery* <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&chksum=9LilUkdFvM5AJeKIaJZd1A%3d%3d>

Registered Nurses can only delegate aspects of care to a USN, which are consistent with the educational preparation, skill level and assessed competencies of the individual USN as per the Core Duties and Exclusion List.

**Clinical assessment of patients must be conducted by the RN responsible for delegation. The RN must review all care activities documented by the USN in the DHR.**

USNs are not to be given sole allocation of patients.

The RN retains accountability for the decision to delegate, monitoring performance and evaluating outcomes. This supervision cannot be replaced or substituted by another health professional. The USN is always responsible for their actions and is accountable for providing delegated care.

The following Core Duties and Exclusions List has been developed to assist staff to understand the activities a USN may undertake under the delegation and supervision of the registered nurse. In exercising clinical judgment, the registered nurse will also consider the patient’s acuity and risk of clinical deterioration.

Core Duties and Exclusions List

The USN works as an assistant to the multidisciplinary care team in designated wards/units/departments.

These following activities can be delegated in accordance with the professional judgement of the supervising Registered Nurse and in accordance with the level of achieved educational preparation and assessed competence of the individual USN.

The USN must report any observations of patients and concerns about their condition or behaviour to their supervising RN in a timely manner. Infants, children and adults are included in the activities. All entries to the DHR must be viewed by the supervising RN.

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| Area of Care | Activity |
| Hygiene | * Oral Hygiene – brushing teeth, denture care, mouth wash/toilet * Simple eye care – eye toilet * Brushing and washing hair (exclusion: spinal, head and neck surgery and/or related injuries) * Showering, washing and bed baths, bathing infants * Dressing and undressing * Shaving (exclusion: patients with facial/neck surgeries or injuries) * Grooming – brush hair, apply non-medicated skin care and makeup * Removal of makeup and nail polish for procedures * Hand-hygiene * Pre-operative site preparation (with surgical clippers only) |
| Toileting | * Change pads or aids * Change soiled bedding/ underpads, infant nappies * Empty, record and provide urinary bottle/pans * Empty, record and provide commode chair * Empty and record urinary catheter bag drainage (exclusion: continuous bladder irrigation) * Change of IDC anchoring device (exclusion: urinary surgery patients, complex/high risk catheters) * Apply, empty and record condom drainage * Record and report elimination amounts to RN: reports any changes, including but not limited to - increased frequency in passing urine - offensive odour of urine - unusual colouring of urine - unusual consistency of urine - constipation and consistency of excreta, as per Bristol Stool Chart * **Assist** patient with emptying of long-term ostomy bags (exclusion: stoma < 6 months old) * Specimen collection of faeces and/or urine (exclusion: midstream urine specimen collection) |
| Manual Handling & Mobility | Maintain dignity and confidentiality during all manual handling processes, explain what you are going to do with them and seek consent before commencing the process.   * **Assist** with patient transfers, sitting patients out of bed/on toilet/commode/chair using transfer equipment assessed as suitable by RN * **Assist** patients to change position with multidisciplinary team, as directed by RN * Provision of pressure area care (including assist with log roll) * Mobilising patients (assisted up to independent) * Use manual handling hoists/aids determined appropriate by RN * **Assist** RN/allied health professionals to help patients i.e. with mobility, and to apply orthoses/splints/braces as prescribed by the treating professional * **Assist** during the application of plaster of paris and/or softcast by holding/supporting a limb as directed by RN * Escort for discharge i.e. transit/discharge lounge, or to hospital exit points (exclusion: patient awaiting transfers to other facilities) * Escort transfer of patients within the work area or building (exclusion: patients with any level of oxygen therapy, infusions, intercostal catheters, complex drains, CPAP/BiPAP or ventilated, traction or new tracheostomies) * Re-application of anti-embolic stockings after mobilising * Application of red socks for falls prevention during mobilisation |
| Nutrition | * **Assist** patients with menu selection where appropriate * Undertake safe meal setup, cut up food, adjusting table and opening packages if required * **Assist** with feeding patients, bottle feeding infants under direction of RN (exclusion: high risk patients with swallowing difficulties, parenteral or enteral nutrition) * Provide water/refilling water jugs or making drinks for patients (exclusion: patients with fluid restrictions, dysphagia, modified diet/fluids or nil orally) * Report weight, height, nutrition and fluid intake on DHR |
| Environment | * Ensure falls prevention strategies are in place – call bell, phone, bedside table in reach, bed/trolley lowered, trip hazards removed * Maintain infection control standards by adhering to 5 moments of hand hygiene and quarantine/isolation precaution processes as directed, applying fit-tested masks and donning/doffing processes, tidy the patient surroundings and greater work area environment by putting equipment away, changing linen bags, cleaning and tidying utility rooms, cleaning wash bowls, and placing urinals and pans in the sluice * Mop up any small slip hazards and notify RN if cleaners are required, place hazard signs if needed * Make beds/tidy bedside trolleys |
| Communication | * Introduce yourself and your role to members of the health care team, healthcare consumers, carers and families/visitors each shift, develop positive rapport and let them know they can escalate any concerns with RN. * Report and/or escalate all care and concerns to supervising RNs * Maintain confidentiality, dignity and explain what, why and how you are doing a care activity, seeking consent before providing care. * Answer call bells including staff assist, referring to RN for advice/guidance/direction on anything outside of the duties listed. * Answer and transfer calls/intercom (exclusion: advice, clinical or confidential information) * Refer all aspects of care out of Core Duties to RN, including notifying RN about infusion pump alarms, wandering or confused patients and any clinical or wellbeing issues related to the patient or mental health consumer * Assist with communication tools for patients (iPads/Wi-Fi etc) * Provide companionship and general conversation with patients and families after discussion and support from the supervising RN (exclusion – providing clinical information and advice) * Apply simple diversion and behaviour interventions aligned with hospital policies and procedures for cognitively or emotionally impaired people, aligned with a risk assessment, documented plan of care and communication by the supervising RN * Respond to, and report emergencies as per hospital policy within duties of USN * Attend handover and local team meetings or education sessions, determined by supervising RN/Team Leader/CDN or CNC * Orientate patient and family/carers to the environment * Seek regular feedback from supervising RN/s and reflect on practice |
| Documentation | * Record all care activities within core duties in the DHR and notify RN of findings * Assist in the documentation of valuables * Assist in completing communication boards * Complete incident reporting as per CHS policy |
| Maintenance | * Restock non-emergency supplies and equipment as per work area checklist * Cleaning and putting away equipment between use i.e. infusion pumps, bed frames, equipment maintenance (e.g. cleaning, storing) |
| Patient watch/Constant Patient Observer (CPO) or similar role | * May work as a patient watch/CPO aggression (i.e. low level risk only not requiring a RN/EN) provided managing clinical aggression education has been completed and a risk assessment has been undertaken by the supervising RN |
| Other duties | * Support RN in gathering/provision of equipment i.e. infusion pump, ‘scout/runner’ in an emergency situation * Diversional therapy/ reading to patients * Assist in the care of the deceased patient * Packing and unpacking patient belongings * Measurement and application of anti-embolic stockings after confirming correct size with RN * Attend professional development sessions * Attend and report at staff meetings * Initiate emergency response alarms as per organisational policy * Running simple errands within hospital grounds * Conducting department audits and surveys * Observational assistance of nursing procedures |
| Clinical Practice Extension  Contribution to patient assessment | Where the USN has completed the necessary education and health service competency assessment relevant to the duty, the USN may perform the following duties as delegated in appropriate contexts by supervising RN:   * Vital signs (including documentation) * Blood glucose/ketones level & glucometer calibration * Point of care urinalysis * Simple wound dressings requiring simple aseptic technique * Pain Score * AVPU Assessment * Glascow Coma Score (GCS) (only in areas where frequent GCS assessment occurs eg neurology ward or ICU) * Hourly urine measurement   For USN’S working in emergency departments in line with the requirements outlined above:   * Transfer of stable patients to radiology (no infusions, cardiac and invasive monitoring or C-spine mobilisation e.g. x-rays of simple fractures/abdominal x-rays etc) |

**Exclusion List**

The following aspects of care cannot be delegated to a USN as part of the USN Employment Model.

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| Area of Care | Activity |
| Hygiene | * Shaving patients with facial/neck surgery or injuries * Washing hair for patients with spinal, head and neck surgery o injuries * Cutting/trimming nails |
| Toileting | * Changing ostomy bags * Assist ostomy bag emptying if stoma less than six (6) months old * Change IDC anchoring device in urinary surgery patients, complex/high risk catheters * Continuous Bladder Irrigation (CBI) |
| Manual Handling | * Head control for log rolling * Transport of patients awaiting transfer to other facilities * Escort/transfer patients with any level of oxygen therapy, infusions, intercostal catheters, complex drains, CPAP/BiPAP or ventilated, traction, new tracheostomies or any other device which would require RN/EN. |
| Nutrition | * Feeding high risk patients with swallowing difficulties, or receiving parenteral or enteral nutrition * Refilling of water jugs or making drinks for patients on fluid restrictions, with dysphagia, modified diet/fluids or nil orally |
| Environment | * Checking emergency equipment (resuscitation trolley and bedside oxygen/suction/air) |
| Communications | * Providing advice, counselling, confirming new diagnosis and communicating confidential information * Accepting delegated duties from anyone other than an RN * Taking verbal pathology result via telephone |
| Documentation | * Completing patient details for handover sheets |
| Maintenance | * Restocking of emergency supplies in resuscitation trolley * Restocking medicine supplies |
| Other | * Patient escorts, unless outlined in core duties * Care of complex patients * Medication administration (all routes, including drops and topical creams) * Collection and labelling of blood specimens * Intravenous therapy management * Oxygen therapy * Suctioning * Complex wound management * Tracheostomy management * Emptying of wound and ICC drainage bags * Prescribed hair treatments * Allocated as CPO/Patient watch staff member for high-risk patients (those requiring RN/EN or security services) |