



Nursing Delegation at Day and Resident Camps

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Content in this Practice Guideline is based on the National Council of State Boards of Nursing “National Guidelines for Nursing Delegation” (April 2016) and, consequently, reflects that publication’s multi-faceted delegation model. The model describes the responsibilities of (a) the employer/nurse leader, (b) the licensed nurse who delegates, and (c) the person to whom a task is delegated (the delegatee).

This Practice Guideline assumes that a registered nurse (RN), licensed by the State in which the camp is located, oversees the delegation of healthcare tasks to other camp staff whether those staff are licensed nurses or unlicensed assistive personnel (UAPs). The RN who delegates should be familiar with requirements and guidelines about nursing delegation especially those associated with the State’s Nurse Practice Act, the Association of Camp Nurses (ACN) *Scope & Standards of Camp Nursing Practice* (2017), and this Practice Guideline.

1. The nurse who delegates healthcare tasks to others in the camp setting starts the delegation process by seeking direction from the employer (e.g., camp director, nurse manager). This direction typically includes: (a) what nursing responsibilities may be delegated, to whom, and under what circumstances; (b) a description of the camp’s current delegation policies and procedures; and (c) an understanding of how the delegation process is evaluated. This direction facilitates communication of critical information and an understanding of the process between the camp nurse and the camp’s representative (e.g., camp director, nurse manager).
 - a. Just as in other practice settings, a camp nurse “. . . cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making” (National Council of State Boards of Nursing, 2016, p. 6). Camp directors often need the nurse to explain this parameter as it applies to camp practices.
 - b. It is the responsibility of the employer to determine that unlicensed camp staff (e.g., tripping staff, lifeguards) who may be assigned to provide healthcare to others can actually preform the skills associated with their held credential. The employer should inform the camp nurse as to which staff meet this performance standard so the nurse has clarity about tasks which are assignments and those that fall under the delegation umbrella.
 - c. To minimize potential for misunderstanding, ACN strongly recommends that the content associated with #1 be written.
2. Delegation is at the discretion of the nurse. While a particular task may be delegated, the decision to do so remains with the camp nurse. Such a decision reflects the nurse’s assessment of influencing factors such as the stability and predictability of the client’s condition, the camp’s (employer’s) policies and procedures surrounding delegation, and the ability of the nurse to supervise the delegated responsibility. This is supported by the American Nurses Association (ANA) and National Council of State Boards of Nursing (NCSBN) Joint Statement on Delegation guidelines (2013): “The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient’s condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated and the context of other patient needs” (p. 2).
3. Camp nurses may delegate to peers (e.g., RN to RN), to individuals who hold a lower level of credential (e.g., RN to LPN), and/or to camp staff who may – or may not – have various first aid credentials.
 - a. Delegation to Licensed Practical Nurses or Licensed Vocational Nurses is dependent upon State-specific regulations. For example, a given State may require direct on-site supervision by an RN and/or MD of the LPN/LVN. Consult the State’s Nurse Practice Act for current information.
 - b. It is conceivable that a given camp’s liability insurance carrier has a vested interest in the camp nurse’s delegation. ACN recommends that camp nurses ask the camp director about this.

4. When a camp nurse delegates, s/he is responsible for determining: (a) the client need(s) that will be delegated and when that delegation occurs; (b) that the delegatee is, indeed, available to do the delegated task; (c) the education needed by the delegatee to effectively do the task; and (d) how evaluation will be utilized to monitor the delegation process.
5. Effective communication between the nurse and the delegatee is critical. A camp nurse reviews delegated responsibilities with the delegatee and requires a delegatee to demonstrate knowledge and competence associated with performing the delegated responsibility. The delegatee's responsibilities also include: (a) agreeing to do the task based on the individual's competence level; (b) agreeing to maintain personal competence for the delegated responsibility; (c) maintaining accountability for the delegated task; and (d) agreeing not to pass the task along to another person. Acknowledgement that these components have been addressed should be documented and co-signed by both the delegating nurse and the delegatee.
6. The camp nurse must be available to the delegatee for guidance and questions when the delegated responsibility is being carried out.
7. The camp nurse follows-up with both the delegatee and the client after the delegated responsibility is completed. This reflects the nurse's responsibility for the client and the delegatee's responsibility for the delegated task, skill or procedure.
8. Unlicensed assistive personnel (UAPs) are used to help provide healthcare at camp. Examples may include the designated healthcare provider on trips, the person who covers during the camp nurse's day off, staff who provide personal cares to clients with chronic conditions, and food service staff who assume responsibility for addressing food-based allergies. Consequently, the UAP is recognized as a paraprofessional whose role is to assist and/or support the camp nurse.
 - a. Provide UAPs with a written statement about their scope of practice for delegated responsibilities and potential exceptions to these practices. Clear boundaries associated with activities the UAP may perform should be described. The camp nurse verifies that the UAP understands those conditions.
 - b. While a UAP may collect health data (e.g., temperature; description of a wound's status), the camp nurse retains responsibility for interpreting that data and planning appropriate interventions based on it.
 - c. It is conceivable that a given camp may direct non-nurses to perform nursing tasks and, by so doing, remove the camp nurse from delegation responsibilities. For their protection, it is strongly recommended that camp nurses get such decisions in writing from the camp's representative.
9. Principles of Delegation (adapted from ANA & NCSBN, 2013; National Council of State Boards of Nursing, 2016):
 - a. The RN takes accountability and responsibility for all nursing care performed by the delegatee. Nurses are often fearful of delegating because they feel responsible for someone else's work. However, the delegatee also assumes some responsibility when the person agrees to perform the task delegated to them. The responsibility is actually shared (Weydt, 2010).
 - b. The RN may delegate components of care but may NOT delegate the nursing process itself.
 - c. The RN delegates only those tasks for which s/he believes the delegatee has knowledge, skills, experience, and training to perform in a sensitive manner and according to established protocols.
 - d. The RN provides clear, concise, and accurate communication regarding delegated tasks.
 - e. The RN verifies the delegatee's comprehension of delegated task instructions.
 - f. The RN follows the Five Rights of Delegation:

Right	Considerations
The right task	<p>Is the task within the scope of the delegating nurse? Does it fall within the delegatee's job description and/or is included as part of the camp's established written policies and procedures? Is the task performed according to an established protocol and similarly on all clients? Examples of possible delegated tasks include: measuring vital signs, mobility measures, bathing, collecting specimens, collecting data on client's condition, housekeeping, clerical duties, transportation, and dietary functions.</p>
The right circumstances	<p>Has the nurse assessed the client's needs prior to delegation? Is the client's health status stable? Does the delegatee understand that any change in the client's health status must be communicated to the nurse so s/he can appropriately reassess the situation and that this communication must be in a timely manner?</p>
The right person	<p>Has the nurse selected an appropriate delegatee based on the camp's written policies/procedures? If circumstances require variance from expected protocols, has the nurse discussed the variance with the camp's appropriate overseeing decision-maker? Does the delegatee have the appropriate knowledge, skills, and abilities to accept the delegated task? Does the ability of the delegatee match the care needs of the person being cared for?</p>
The right directions and communication	<p>Is the delegated task specific to the situation in which it applies and the person/people to whom it applies? Have protocols for performing the task been communicated to the delegatee? This includes data that should be collected, the method for collecting that data, the timeframe for reporting the results to the camp nurse, and other information pertinent to the situation. Has the delegatee demonstrated competence in performing the task? Has the delegatee agreed to provide the delegated responsibility as described by the nurse? Is there an established two-way communication process between the camp nurse and delegatee, something that reinforces his/her willingness and availability to support the delegatee? Does the nurse feel comfortable that the delegatee will not make any decisions or modifications to the delegated responsibility without first consulting the camp nurse?</p>
The right supervision and evaluation	<p>Has the delegating camp nurse defined a supervision plan so s/he is able to monitor that the delegatee is, indeed, performing the delegated task as directed? Does the camp nurse follow-up with both the delegatee and the client following completion of the activity? Does the delegating nurse ensure that appropriate documentation of the activity is completed? Was the delegation successful? If unsatisfactory outcomes are noted, are these communicated to the appropriate people and plans adapted to improve future outcomes?</p>

DEFINITIONS

- Assigned Tasks** Those tasks, skills, or procedures taught as part of the curriculum of the credential held by an individual and verified by the employer (e.g., camp director). For example, wilderness first aid (WFA) teaches how to apply some splints; consequently, a camp nurse who directs a staff member with this credential to apply one of those splints is assigning a task that is not under the delegation umbrella. However, if the camp nurse assigns this same individual to give daily medications to clients, that skill – giving daily medications – is not part of the WFA curriculum so it would fall under the delegation umbrella.
- Delegated Task** Directing a delegatee to perform a nursing task, skill or procedure that is beyond the scope of the person's credential. For example, giving daily medications to clients is not taught in the Wilderness First Aid (WFA) curriculum so directing a tripping staff member with a WFA credential to do this task falls under nursing delegation.
- Delegatee** The individual directed to perform a delegated task, skill or responsibility by the camp nurse. A delegatee may be another licensed nurse or camp staff who are unlicensed assistive personnel (UAPs).

REFERENCES/RESOURCES

- American Nurses Association and National Council of State Boards of Nursing (2013). Joint Statement on Delegation. Retrieved June 1, 2013, from <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Joint-Statements-on-Delegation-American-Nurses-Association-ANA-and-National-Council-of-State-Boards.html>.
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