

PRINCIPLES OF DELEGATION OF HEALTHCARE INTERVENTIONS FROM NURSE/MIDWIFE TO SUPPORT WORKER

ACTION	CONFIRMATION AND COMMENTS
<p>THE HEALTH CARE NEEDS TO BE SUPPORTED</p> <ul style="list-style-type: none"> • A clear description of the specific healthcare needs to be supported has been completed and recorded. 	
<ul style="list-style-type: none"> • There is a named registered nurse/midwife who accountable for the delegated intervention identified and recorded • The nurse/midwife delegating have the appropriate clinical knowledge and authority to delegate the intervention/task. 	
<p>ASSESSMENT OF SUITABILITY FOR DELEGATION (REFER TO NIPEC DELEGATION DECISION MAKING MATRIX) AND CONSENT</p> <ul style="list-style-type: none"> • Confirmation that the intervention/task is appropriate for delegation • The person receiving the service has agreed with this approach • Delegation in the best interests of the person receiving care. 	
<p>COMPETENCE AND ROLE OF THE SUPPORT WORKER</p> <ul style="list-style-type: none"> • Name, role, and scope of competence of the support worker undertaking the delegated intervention/task has been confirmed • The intervention is within the support worker’s scope of competence and job description • Confirmation the support worker understands the intervention/task and their boundaries • The support worker has the capacity to take on additional work associated with the delegated health care intervention/task. 	
<p>TRAINING AND COMPETENCY ASSESSMENT</p> <ul style="list-style-type: none"> • Details of training provided, including dates and trainer • Evidence that the support worker has demonstrated competence and verbally accepted the responsibility has been confirmed • Details of updates of training or renewal of competency have been considered and planned where appropriate. 	
<p>INSTRUCTIONS PROVIDED BY THE NURSE/MIDWIFE</p> <ul style="list-style-type: none"> • Clear written instructions for how the intervention/task must be carried out have been completed and recorded in care plan/support plan. 	
<p>RISK ASSESSMENT</p> <ul style="list-style-type: none"> • Risks identified and actions required to mitigate risks and enable safe practice have been considered. 	

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<p>SUPERVISION ARRANGEMENTS</p> <ul style="list-style-type: none"> • Type and level of supervision required for the health care intervention/task have been identified – direct/indirect • How and when supervision will be provided and by whom agreed with all the relevant parties (support worker and their employing organisation, person receiving care, other professionals). 	
<p>MONITORING AND REVIEW</p> <ul style="list-style-type: none"> • How the nurse/midwife will monitor the outcome of the delegated intervention has been considered • Date for review of delegation health care interventions/task has been agreed and shared with relevant parties (support worker and their employing organisation, person receiving care, other professionals). 	
<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • The person receiving the care agrees with the care worker undertaking the delegated health care intervention/task • Explanation of the intervention/task to be delegated to the support worker has taken place • The support workers confirm that they understand the required outcome of the delegated intervention/task and should not attempt to perform any further duties beyond what has been instructed • The person to whom you delegate is aware of their responsibility to raise issues of concern, report back and seek support when appropriate • All other members of the team involved understand what is to be delegated, to whom, the process involved, and their own accountability and responsibility. • A shared care plan has been completed and shared with the relevant parties (care worker, employing organisation, person receiving care, other professionals) 	
<p>ESCALATION PATHWAY</p> <ul style="list-style-type: none"> • A record is completed detailing who the support worker contacts if concerns arise, including emergency escalation instructions/ in hours and out of hours 	
<p>SIGNATURES AND CONFIRMATION</p> <ul style="list-style-type: none"> • Signature of the delegating nurse/midwife • Signature of the support worker/care provider • Signature of Service User 	