

**South Carolina Board of Nursing**  
**Position Statement on Delegation of Nursing Care Tasks**  
**To Unlicensed Assistive Personnel (UAP)**

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## **Introduction**

The State Board of Nursing for South Carolina has the legal responsibility to regulate nursing practice and provide guidance regarding delegation of nursing tasks. The licensed nurse's specialized education, professional judgment and discretion are essential for quality nursing care. Nurses are uniquely qualified for promoting the health of the whole person by virtue of their education and experience. Nursing is a knowledge-based process discipline and cannot be reduced solely to a list of tasks. Therefore, the nurse must coordinate and supervise the delivery of nursing care, including the delegation of nursing tasks to others. While some nursing tasks may be delegated to unlicensed assistive personnel (UAP), the practice-pervasive functions of assessment, evaluation and nursing judgment **must not** be delegated. All decisions related to delegation of nursing tasks must be based on the fundamental principle of protection of the health, safety and welfare of the public. It is the responsibility of the licensed nurse to determine which tasks can be appropriately delegated and accept accountability for the outcomes. "Assigning unqualified persons to perform nursing care functions, tasks or responsibilities or failing to effectively supervise persons to whom nursing functions are delegated or assigned" constitutes misconduct (SC Code of Laws Section 40-33-110(23)).

This position statement is designed to be used in concert with applicable laws and regulations from the Nursing Practice Act to assist licensed nurses in making delegation decisions as well as to assist employers in developing policies and/or procedures for delegation of nursing tasks to UAP. Guidance provided herein may be used in clinical and administrative settings.

## **Definitions**

Accountability: Being responsible and answerable for actions or inactions of self or others in the context of delegation.

Competence: Possessing verifiable knowledge and skill to perform an activity or task safely and efficiently.

Delegation: The transferring to a competent individual the authority to perform a selected nursing task in a selected situation by an individual authorized by law to perform the task. The delegator retains accountability for the outcome.

Delegator: The person making the delegation.

Delegatee: The person receiving the delegation; sometimes referred to as the delegate.

Nursing Judgment: Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions and the delegation of nursing tasks.

Nursing Task: A well-defined act or action that does not require nursing judgment and can be outlined step-by-step by the licensed nurse for completion by an individual not currently licensed by the Board of Nursing.

Practice of Nursing: The provision of services for compensation, except as provided in the Nurse Practice Act, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care.

Supervision: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing service or nursing task delegated to UAP.

Unlicensed Assistive Personnel (UAP): Persons not currently licensed by the Board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse (Section 40-33-20(61)).

## **Rules for Safe Delegation**

While certain nursing tasks may be delegated, the licensed nurse may never delegate nursing judgment and those core competencies of the nursing process to include assessment, planning, and evaluation of nursing care which constitute the practice of nursing as defined in 40-33-20(46- 48). Supervision, monitoring, evaluation and follow-up by the licensed nurse are crucial components of delegation. Some rules for safe delegation of nursing tasks are outlined below to provide the licensed nurse with guidance to protect the licensee against disciplinary action.

### **Rule 1: Know and Observe Authority Parameters**

As noted in the Definitions section of this position statement, delegation involves transferring to a competent individual the authority to perform a selected nursing task in a selected situation by an individual authorized by law to perform the task. The licensed nurse must decide 1) if the task is within her/his scope of nursing practice, 2) what authority the UAP will need to perform the activity and 3) the anticipated outcome from delegating the task.

The general scopes of practice for licensed nurses are outlined in Sections 40-33-20 (5, 47, 48) of the SC Code of Laws. Actual scopes of practice vary among nurses. A nurse's scope of practice is commensurate with the educational preparation and demonstrated competencies of the individual nurse.

Section 40-33-20 (47) of the SC Code of Laws requires the licensed practical nurse (LPN) to work under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The LPN's supervisor must approve the delegation and be a part of the delegation process.

The authority for UAP to accept a delegated task must be fundamentally outlined in the employer's policies and procedures. Authority for accepting delegated tasks is also usually part of the UAP's job description. The licensed nurse must know and understand the employer's policies and procedures in order to grant authority to those who are qualified and who have the legal agency authority to accept delegated activities.

Inappropriate delegation by a licensed nurse may lead to disciplinary action by the Board of Nursing for violation of SC Code of Laws Section 40-33-110(23), which describes unprofessional

conduct as "assigning unqualified persons to perform nursing care functions, tasks or responsibilities or failing to effectively supervise persons to whom nursing functions are delegated or assigned."

In an employer-employee relationship, there may be instances in which the licensed nurse as an employee believes delegation cannot occur safely. The nurse has a responsibility to communicate the concerns to the employer. The employer has a responsibility to provide adequate resources for the provision of safe and effective nursing care and is liable for damages that may result related to outcomes of care.

Also note that delegation of nursing care by individuals who have no authority to practice nursing is unlawful and may lead to legal action against the unauthorized delegator and/or the delegatee.

## **Rule 2: Perform a Thorough Assessment**

Prior to determining whether a selected nursing task may be safely delegated, the licensed nurse shall consider the following:

1. whether the client's condition is stable and predictable;
2. the nature and complexity of the nursing task (including the environment in which the task will be performed);
3. the risk to the client if the task is done inappropriately or incorrectly;
4. the necessary knowledge, skills and abilities needed to perform the task;
5. the competency of the UAP;
6. whether the outcome anticipated is stable and predictable; and
7. the number of UAP that can safely be supervised by the licensed nurse.

As noted in item number five above, prior to delegating a nursing task, the licensed nurse has the responsibility to determine the competency of the UAP to perform the task as well as to validate that the necessary training has been provided to the UAP. If a specified course of training has been provided to the UAP by the employer, the licensed nurse should know the extent of the training provided. Instruction on performing selected delegated nursing tasks should be patient- specific and taught by the licensed nurse. The plan of instruction should include:

1. step-by-step instruction and rationale for the task;
2. observation of the UAP in performing the task to evaluate competency and to assure accuracy and safety;
3. provision of written instructions as a reference,
4. a plan for emergency intervention;
5. a plan for ongoing supervision and evaluation of client outcomes by the licensed nurse,
6. documentation of initial competency of the UAP and periodic re-evaluation of competency; and
7. documentation of the instruction provided.

## **Rule 3: Delegate Nursing Tasks Judiciously**

Delegation requires thoughtful consideration by the licensed nurse. See the Delegation Check List in the Appendix A.

## **Rule 4: Maintain Accountability**

Once a licensed nurse has verified authority parameters (Rule 1), performed a comprehensive assessment (Rule 2), and delegated a task (Rule 3), the licensed nurse is accountable for assuring that the delegated task is performed as delegated and according to the facility required competencies and established policies and procedures.

To maintain accountability, the licensed nurse must provide for ongoing supervision and evaluation of the tasks delegated. Supervision and evaluation include:

1. frequent contact with the UAP to determine client responses to care (contact must always be available by telecommunication);
2. regular collection of data of the patient by the licensed nurse to determine progress toward goals of care;
3. regular review of collected data and assessment of the patient by the registered nurse
4. a plan for backup supervision; and
5. a plan for intervening in an emergency situation.

Periodic direct evaluation of client care shall be provided as determined by the licensed nurse. The frequency with which direct supervision is provided is dependent upon the setting, the client's status, the complexity of the delegated tasks, the risks to the client, and the proximity of the licensed nurse.

If the outcomes do not meet the expected level of quality, the licensed nurse must intervene. The licensed nurse may need to provide additional instruction to the UAP or rescind the delegation.

Evaluation of the communication process used to provide instruction and feedback to the UAP should be the first factor to assess if the outcome of delegation did not satisfy the goal. The outcome of delegation is directly related to how clearly the assignment was communicated. If communications were vague or too detailed, the UAP may not be able to comprehend the scope or set priorities within the assignment.

While the licensed nurse is accountable for having provided accurate instruction and supervision, the UAP is accountable for accepting the delegated nursing task and for his/her own actions in carrying out the task. UAP should only accept a delegated task following training and competency determination by the licensed nurse and must perform the task as instructed by the licensed nurse. A task delegated to a UAP cannot be re-delegated by the UAP.

In summary, the safe and effective delegation of selected nursing tasks remains the responsibility of the licensed nurse who is authorized by law to practice nursing. There is a place for competent, appropriately supervised UAP in the delivery of affordable, quality health care; however, it must be remembered that UAP are to assist - not replace - the licensed nurse. Thus, UAP should be assigned to assist the licensed nurse, rather than assigned to clients. The Nurse Practice Act holds the licensed nurse responsible for the competency assessment and supervision of the person to whom the nurse has delegated nursing tasks. The licensed nurse may never delegate the core competencies of nursing practice which include nursing judgment, assessment, planning and evaluation of nursing care.

Questions regarding delegation of nursing tasks may be directed to the Board of Nursing at (803) 896-4550 or [nurseboard@lir.sc.gov](mailto:nurseboard@lir.sc.gov)

## Appendix A

### Delegation Decision Check List for South Carolina's Licensed Nurses

- If the answer to all of the questions below is “yes” and the licensed nurse is not aware of preclusions to delegation, proceed with the delegation.
- If the answer to any of the questions below is “no”, determine if there is an intervention that can be initiated to change the answer to one where delegation would be possible. (Example: If the answer to question #16 is “no”, training along with a knowledge and skills assessment may be implemented. The answer to the question can then be reconsidered.)

Question	Yes	No
1. Does the SC Nurse Practice Act support the delegation?	•	•
2. Is the task within your scope of practice?	•	•
3. Does your job description support the delegation?	•	•
4. Are you competent to carry out the delegation process?	•	•
5. Does the assessment of the patient's overall health condition performed by the registered nurse responsible for and/or supervising the patient's care support the delegation?	•	•
6. Can the task be performed without repeated on-going nursing assessment?	•	•
7. Is the outcome of the task predictable?	•	•
8. Can the task be safely performed according to exact, unchanging directions?	•	•
9. Can the task be performed without complex observations or critical decisions?	•	•
10. Does the task recur frequently in the daily care of the patient or is the task necessary for treatment of a medical emergency?	•	•
11. Does the task require little or no modification from one client-care situation to another?	•	•
12. Is the task safe and not threatening to the patient's life or well-being?	•	•
13. Are there agency policies, procedures and/or protocols in place to support delegation of this task/activity?	•	•
14. Is there a UAP available who is willing to accept the delegation?	•	•
15. Does the job description of the UAP being considered for the delegated task support the delegation?	•	•
16. Has the UAP being considered for the delegated task demonstrated appropriate knowledge, skills and abilities to accept the delegation?	•	•
17. Does the ability and availability of the UAP being considered for the delegated task match the needs of the patient?	•	•
18. Is appropriate staffing available for monitoring, supervision and evaluation of the UAP?	•	•
<b>Additional Questions For School Nurses *</b>		
19. Does the principal support the delegation?*	•	•
20. Does the parent/guardian of the student support the delegation?*	•	•

\* Approval or disapproval by a principal or parent/guardian does not connote that delegation is or is not safe nursing practice. Questions 19 and 20 are included for school nurses to promote inclusion of school administrators and parents/guardians in the care planning process for meeting students' health needs in the school setting. If a principal does not support delegation, the school nurse should follow the school's procedures for determining how a student's health needs will be met prior to delegating the act. If a parent/guardian does not support the delegation, the school nurse should follow the school's procedures for notifying administrators of the parent's/guardian's concerns prior to delegating the act.