

**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



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## UNLICENSED ASSISTIVE PERSONNEL

The Board of Registered Nursing (BRN) has as its primary focus consumer protection. With increasing frequency, the BRN has been asked to render decision about how the practice of unlicensed assistive personnel relates to registered nursing practice. These unlicensed personnel often assume responsibilities which have historically and legally been within the scope of practice of licensed nurses. Recent examples of expanded activities by unlicensed care givers include regulation changes related to medical assistants and individuals providing in home supportive services for clients on Medi-Cal.

The growth of the use of unlicensed health care providers is a trend in our society. Managed care and other models of care delivery systems have brought forward the “universal care giver” model, which has unlicensed individuals performing functions which heretofore required a license. Many people, especially the elderly, are finding it desirable to seek non-traditional unlicensed health care services in settings such as assisted living, adult day care, and home care. Many of these settings, based on a social model of care and service, provide an improved quality of life over the traditional institutional nursing care setting.

The purpose of this document is to establish guidelines registered nurses (RNs) can use when called upon to make decisions about assigning to and supervision of unlicensed assistive personnel. Unlicensed health care givers should be utilized only to be **assistive** to licensed nursing personnel.

### Legal Scope of Nursing Practice

The Nursing Practice Act defines the practice of registered nursing (Section 2725(a)) as “those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill.” It is the RN’s responsibility to use this knowledge and skill in the implementation of the nursing process: to make a comprehensive assessment (including physiological and psychosocial factors) of the nursing needs of the client, to make a nursing diagnosis, and to develop, implement, and evaluate the plan of care for the client.

The RN’s legal responsibility for using the nursing process is delineated in Section 1443.5 of the California Code of Regulations. These Standards of Competent Performance require the RN to directly observe/assess the patient, stating in 1443.5(1) that the RN “Formulates a nursing diagnosis through observation of the client’s physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.”

The following aspects of the nursing process shall be performed **only** by registered nurses:

- 1) performance of a comprehensive assessment;
- 2) validation of the assessment data;
- 3) formulation of the nursing diagnosis for the individual client;
- 4) identification of goals derived from nursing diagnosis;
- 5) determination of the nursing plan of care, including appropriate nursing interventions derived from the nursing diagnosis; and
- 6) evaluation of the effectiveness of the nursing care provided.

## Unlicensed Assistive Personnel Defined

The term “unlicensed assistive personnel” refers to those health care workers who are not licensed to perform nursing tasks; it also refers to those health care workers who may be trained and certified, but are not licensed. Examples of unlicensed assistive personnel include (but are not limited to) certified nursing assistants, home health aides, and patient care technicians. The term “unlicensed assistive personnel” does not include members of the client’s immediate family, guardians, or friends; these individuals may perform nursing care without specific authority from a licensed nurse [as established in Section 2727(a) of the Nursing Practice Act].

## Effective Clinical Supervision

The ability of the RN to assess real or potential harm to the client regarding patient care procedures is seen as integral to determining which tasks may be performed by unlicensed assistive personnel. Section 1443.5(4) speaks to the RN’s ability to “effectively supervise” other health care personnel. Such effective clinical supervision must take into account patient safety, the competency of the unlicensed care giver to perform the task, the number and acuity of patients, the number and complexity of tasks, and the number of staff which the direct care RN is clinically supervising. Staffing patterns must allow the direct care RN to independently make decision regarding assignment of tasks for a client, based upon the direct care RN’s nursing judgment. Policies and procedures within each institution will reflect the above factors in determining the number of care givers an RN will be supervising at any one time.

## Clients/Patients For Whom Tasks May and May Not Be Assigned

Tasks may be assigned to unlicensed assistive personnel if the client/patient is not medically fragile and performance of the task does not pose potential harm to the patient. This would include clients/patients with chronic problems who are in stable conditions. Tasks may **not** be assigned when the patient is **medically fragile**. Medically fragile is defined as a patient whose condition can no longer be classified as chronic or stable and for whom performance of the assigned task could not be termed routine. Medically fragile includes those patients who are experiencing an acute phase of illness, or are in an unstable state that would require ongoing assessment by an RN. When clients/patients with a chronic problem experience an acute illness routine tasks associated with on-going chronic problems may be assigned to unlicensed assistive personnel, if the task does not pose potential harm to the patient. In this situation, tasks associated with the acute illness may not be assigned to unlicensed assistive personnel.

## Assignment of Tasks

Tasks which require a substantial amount of scientific knowledge and technical skill may **not** be assigned to unlicensed assistive personnel. Examples of restricted tasks requiring a substantial amount of scientific knowledge or technical skill include, but are not limited to: pre-procedure assessment and post-procedure evaluation of the patient; handling of invasive lines, sterile technique or procedure on a patient; parenteral medications or lines; nursing process including patient assessment, monitoring or evaluating; triaging of patients; patient education.

RNs may continue to assign to unlicensed assistive personnel those activities which unlicensed assistive personnel have traditionally performed in the delivery of patient care. These activities of daily living include basic health and hygiene tasks such as those a certified nursing assistant or home health aid is trained to perform. (Examples include but are not limited to: bathing, feeding, ambulating, vital signs, weight, assistance with elimination, maintaining a safe environment.)

Tasks which are judged by the direct care RN to not require the professional judgment of an RN may be assigned. Such assigned tasks shall meet all the following conditions:

- a) be considered routine care for this patient;
- b) pose little potential hazard for the patient;

- c) involve little or no modification from one client-care situation to another;
- d) be performed with a predictable outcome;
- e) not inherently involve ongoing assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.

Examples of tasks which may be assigned include, but are not limited to: clean catheterization technique; simple dressing changes (i.e., clean technique where wound assessment is performed by a licensed nurse and where no wound debridement or packing is involved); suction of chronic tracheotomies (i.e., using clean technique); gastrostomy feedings in established, wound-healed gastrostomies.

Unlicensed assistive personnel may not reassign an assigned task. To reiterate, it is the direct care RN who ultimately decides the appropriateness of assignment of tasks. The registered nurse must be knowledgeable regarding the unlicensed assistive personnel's education and training, and must have opportunity to periodically verify the individual's ability to perform the specific tasks.

The activities of individuals such as OR technicians (who function under to supervision of the circulating RN), central supply workers, and medical assistants (who function under the direct supervision of the physician) are excluded from this policy.