

Delegation Template
 Template for Use by Authorizers Who **Do Not Have** Ordering Authority ^{1, 2, 3}
Instruction Template

Title: _____ **Number:** _____

Activation Date: _____ **Review due by:** _____

Sponsoring/Contact Person(s) (*name, position, contact particulars*):

Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
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Considerations:

- **Identify the Delegated Procedure Specifically.** Describe the procedure with a degree of specificity such that authorizers and implementers will always be able to indicate and agree on exactly what procedure was delegated under what conditions, even after a lengthy period of time.

Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
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Considerations:

- **Broadly Identify Patients in this Section.** Record broad descriptors – e.g. patient location, age, responsible physician/authorizer group – here and use the Indications/ Contraindications section below for more specific indications.

Authorized Implementer(s):	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
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Considerations:

- **Identify Implementers Clearly.** Identify authorized implementers:
 - Individually by name or position (for a smaller number of implementers)
 - By implementer group (for a larger numbers of implementers or implementer groups e.g. ‘Rehab Unit Physiotherapists’).
- **Identify any Qualifications Required.** Include any applicable education requirements to qualify as an implementer (e.g. successful completion of an in-service or external certification program). It is not necessary to include basic professional qualifications, just those that are specific to performing the procedure.
- **Approval may be Indicated in a Number of Ways.** Implementers may indicate their approval to the directive or delegation by implementing it, or they may sign off prior to implementation as follows:
 - All implementers may sign off on an appended [Implementer Approval Form](#) or the like, or
 - Representative implementers may sign off on an [Implementer Approval Form](#) with all implementers signing off on an Implementer Performance Readiness Form – [Group](#) or [Individual](#) upon completion of performance readiness training.
- **Sub-delegation is Not Permitted.** When an implementer is delegated to perform a controlled act that is not identified in his or her health profession Act, s/he may not delegate performance of the procedure to another. For example, a physiotherapist delegated to administer oxygen would not delegate oxygen administration to another.

¹ **Template for Use by Non-Ordering Authorizers.** This template is for use by authorizers who do not have legislative authority to order procedures but whose colleges agree they may delegate controlled acts on the condition that these acts may not be performed until an order has been obtained. Examples of when this template may be used: respiratory therapists delegating administration of oxygen to physiotherapists conditional upon an order from a physician, or nurses delegating a simple dressing to a personal support worker conditional upon an order from a physician, or pharmacists delegating dispensing of medication to nurses conditional upon an order from a physician.

² **Information May Be Organized According to User Preference:** The template is set up to capture the information necessary for a delegation. Users may choose to organize the information differently, for example the ‘Delegated Procedure’ section may also include information identifying recipient patients and authorized implementers.

³ **Appendices May Be Used.** Where the delegation includes information that is best conveyed in another format, appendices may be used. Examples of possible appendices include decisionmaking algorithms, documentation instructions and lengthy approver lists. It is essential that the delegation refer explicitly to any appendix to ensure that neither part could be used separately, thus an appendix notation is included in each section.

Authorizing Mechanism(s):	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
From Whom:	
Considerations: <ul style="list-style-type: none"> ▪ Identify the Authorizing Mechanism Necessary to Implement the Delegated Procedure. In accordance with the applicable health profession Act or other applicable legislation, identify the order required to implement the delegated procedure. This includes identification of who may give the order. ▪ There may be More Than One Authorizing Mechanism Required. In addition to an order from an ordering authorizer, other mechanisms such as an assignment may be required to permit performance of the procedure. For example, a nurse may delegate a personal support worker to change a simple dressing. The personal support worker would only change the dressing as assigned by a charge nurse when there is an order in place. 	
Indications:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
<ul style="list-style-type: none"> ▪ Identify exactly when and under what conditions the implementer may implement the delegated procedure, e.g. identify equipment and back-up required prior to implementing it. 	
Contraindications:	
<ul style="list-style-type: none"> ▪ No consent from patient or substitute decision maker. ▪ Identify exactly when the implementer will not implement the procedure and as necessary, identify what action should be taken, either in this section, or in the 'Guidelines for Implementing the Order/Procedure' section below. 	
<hr style="border-top: 1px dashed black;"/> Considerations: <ul style="list-style-type: none"> • Degree of Detail is Dependent Upon Circumstances, including the competencies of the implementers, the degree of supervision and the structures available in the situation to support practice. • Best Practice References may Be Used to Identify Indications and Contraindications. A reference such as a best practice textbook or an electronic resource that is agreed upon by authorizers and implementer(s) may be used to identify indication and contraindications, as long as it is attached or otherwise incorporated into the directive. 	
Consent:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Considerations: <ul style="list-style-type: none"> • Identify how Consent is Obtained. Identify who will obtain consent. Where someone other than the authorizer is responsible, identify how and what information will be conveyed. The degree of detail depends upon the competencies of those obtaining consent, including their understanding of consent principles. • Coordinate with the Performance Readiness Assessment. The feasibility of obtaining proper informed consent is also covered in the Performance Readiness Assessment. Ensure coordination with any provisions for consent covered in that form. 	
Guidelines for Implementing the Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Considerations: <ul style="list-style-type: none"> ▪ Identify any Additional Information Necessary to Guide Practice, including equipment and back-up provisions that must be in place prior to implementation, directions such as what assessments to conduct and a step-by-step description of how to perform the procedure. The degree of detail necessary will depend on the circumstances in the situation. ▪ May Link to References. This section may be completed by referring to appendices, companion policies and procedures, or agreed upon references. Note: any information essential to deciding whether and how to perform the procedure must be set out in the directive itself. 	
Documentation/Communication:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Considerations: <ul style="list-style-type: none"> ▪ Clarifying Documentation and Communication Expectations is Recommended. Identify where and how performance of the procedure and patient response is documented in the health record and when and to whom it is communicated. 	
Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:

<p>Considerations:</p> <ul style="list-style-type: none"> • Identify How to Address Issues When Performing a Delegated Act. If issues related to using a directive are identified, for example if authorizers or implementers become aware of new information between routine renewals, and particularly if this has implications for untoward or unanticipated outcomes, identify who to contact, and how to proceed. • This Section Corresponds to the Review and Quality Monitoring Mechanisms Identified in the Performance Readiness Assessment. Corresponding renewal and quality monitoring provisions may also be identified in the Performance Readiness Assessment. Ensure coordination and that information necessary to guide care is included in this section. 	
<p>Administrative Approvals (as applicable):</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:</p>
<p>Considerations:</p> <ul style="list-style-type: none"> ▪ Administrative Approval may be Necessary in Corporate Settings. In larger, corporate settings, delegation may require approval from administrative authorities including individuals (for example managers and directors) and committees (for example Professional Practice Councils and Program Committees). A list of possible administrative stakeholders who may need to approve is included in the Performance Readiness Assessment form. 	
<p>Approving Authorizer(s):</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:</p>
<p>Considerations:</p> <ul style="list-style-type: none"> ▪ Those Who Delegate Must Approve. Delegating authorizers - i.e. those responsible for assessing, addressing and affirming implementer performance readiness – must sign off on the delegation. Signatures may be recorded in this section, or on an appended Authorizer Approval Form or where organizational policy and procedure processes provide, in associated records. 	