PROTOCOL FOR ADULT STUDENT NURSES UNDERTAKING DELEGATED CARE IN COMMUNITY SETTINGS

for
Community Healthcare Services within Leicester, Leicestershire and Rutland

March 2010

1. PURPOSE

The purpose of this protocol is;

1.1 To assist mentors of pre-registration student nurses within NRMW 2201 Nursing Adults in the Community Setting module to ensure that learning opportunities within community setting are undertaken in a safe and effective manner

1.2 To assist sign off mentors of pre-registration student nurses within NRMW 2222 Transition to Professional Practice module to ensure that learning opportunities within community setting are undertaken in a safe and effective manner

1.3 To provide a framework for mentors to utilise in order to assess whether undertaking delegated care would be a valuable learning opportunity within the placement experience for module NRMW 2201 Nursing Adults in the Community Setting and NRMW 2222 Transition to Professional Practice module

2. SCOPE

This protocol is only applicable for De Montfort University pre-registration (Adult) nursing students that are placed within community settings within module NRMW 2201 Nursing Adults in the Community Setting and NRMW 2222 Transition to Professional Practice

3. DEFINITIONS

Delegated Care

3.1 A learning experience that allows the student the opportunity to deliver nursing care to selected patients/clients in community settings, without direct supervision from their mentor.

3.2 Delegated care is not a mandatory requisite within NRMW 2201/NRMW 2222, and should only be undertaken by negotiation between the mentor and student nurse

Direct Supervision

3.3. Direct supervision means to be physically present, or within an immediate distance, to be available to respond to the needs of something or someone (Legal Definitions, 2009)
3.4 The giving of specific instructions. Work is reviewed for completeness and accuracy, or the individual performs tasks which provide inherent checks built into the nature of the work.

Delegation process for qualified nurses

The Code (NMC 2008) states that in order to delegate effectively:

- You must establish that everyone you delegate to is able to carry out your instructions
- You must confirm that the outcome of any delegated task meets required standards
- You must make sure that everyone you are responsible for is supervised and supported

Delegation guidance for mentors

The advice on delegation for Registered nurses and midwives (NMC, 2008) states that:

- Where a nurse or midwife has the authority to delegate tasks to another, they will retain responsibility and accountability for that delegation
- A nurse or midwife may only delegate an aspect of care to a person whom they deem competent to perform the task and they should assure themselves that the person to whom they have delegated fully understands the nature of the delegated task and what is required of them.
- The decision whether or not to delegate an aspect of care and to transfer and/or to rescind delegation is the sole responsibility of the nurse or midwife and is based on their professional judgment.
- The nurse or midwife has the right to refuse to delegate if they believe that it would be unsafe to do so or if they are unable to provide or ensure adequate supervision.

The nurse delegating an aspect of care has a continuing responsibility to judge the appropriateness of delegation by:

- Re-assessing the condition of the person in the care of the nurse at appropriate intervals and determining that it remains stable and predictable
- Observing the competence of the caregiver(s) and determining that they remain competent to safely perform the delegated task of care safely and effectively
- Evaluating whether or not to continue delegation of the task

The Standards to Support Learning and Assessment in Practice (NMC 2008) state that:

- Mentors will use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required.
- They are accountable for such decisions and for ensuring public protection.

All mentors MUST ensure that this standard can be met prior to delegated care taking place.
4. PROCESS FOR DELEGATED CARE

4.1 Preparation:

For module NRMW 2201 Nursing Adults in the Community setting module ONLY:

For 8 weeks of the placement, the student must be directly supervised. The purpose of this is for the student to familiarise themselves with their new environment and the patient caseload. This also provides time for mentors to assess the competence of the student nurse in relation to undertaking delegated care.

For module NRMW 2222 Transition to Professional Practice module ONLY:

For the first 2 weeks of the placement, the student must be directly supervised. The purpose of this is for the student to familiarise themselves with their new environment and the patient caseload. This also provides time for sign off mentors to assess the competence of the student nurse in relation to undertaking delegated care.

The NMC Standards to support learning and assessment in practice (NMC, 2008 p.31) clearly specify that:

‘Whilst giving direct care in the practice setting at least 40% of the student’s time must be spent being supervised (either directly or indirectly) by a mentor/practice teacher. When in a final placement this 40% of the student’s time is in addition to the protected time (one hour per week) to be spent with a sign off mentor’

Prior to the implementation of delegated care activities, the student and mentor MUST be aware of the following points:

- The student must have appropriate business use insurance if using own transport
- The mentor must ensure that the student/team have contact numbers and the student has an agreed communication mechanism of who to contact if they experience any difficulties or have any concerns (N.B students should NOT be expected to use their own mobile phones)
- The student must have access to and be aware of the implications of local placement providers policies on: lone working; delegation of tasks, relevant local clinical policies, as well as the NMC Guidelines on Record Keeping (2009) and Medicine Management (NMC, 2008) Students must also be aware of and understand the implications of complying with the DMU Programme Handbook and DMU Regulations for Students
- The student nurse will be required to wear their DMU identification badge at all times bearing their name, their photograph and designation
- Delegated care activities MUST only be undertaken where a qualified nurse is available within a suitable time frame (e.g. within half an hour) and during daylight hours
- Student nurses must not gain entry into a patients home or provide care without the prior consent of the patient
- The mentor holds responsibility and accountability for delegated care, and must plan appropriate monitoring visits

At all times the student must remain supernumerary and they are not to be included in team numbers or as part of the caseload management (NMC 2008)
4.2 Participation:
Prior to delegated care taking place, the assessment process must include the completion of the delegated care checklist which is held in the students Continuous Assessment of Practice document (for NRMW 2201) or the Working Record of Clinical Outcomes (WROCO) document (for NRMW 2222). This must be signed and agreed with the mentor and student.

N.B. An additional photocopy of the completed checklist must be submitted to the module leader

Student nurses must at all times act according to the NMC (2009) Guidance on Professional Conduct for Nursing and Midwifery Students, in particular relation to being able to ‘recognise and stay within the limits of competence’ (NMC, 2009; p.14)

Students and mentors must practice within the NMC Code (2008), and if either party feels that the student is not competent or confident to work without direct supervision of the mentor, then either need to liaise with the Module Leader/Visiting lecturer to discuss further. Delegated care is not essential for completion of the learning outcomes for modules NRMW 2201 Nursing Adults in the Community Setting or NRMW 2222 Transition to Professional Practice.

The student MUST ONLY visit and provide care to patients previously visited under direct supervision of the mentor and where the following patient records are available within the patients home:
- patient needs assessment
- current medication sheet
- patient risk assessment tools
- accurate and current care plans
- significant changes record sheet/evaluation of care sheets
- signature sheet/record of care

4.3 Evaluation:
Student nurses must document all care delivered in patient held paper records as appropriate following the principles outlined within Record Keeping: Guidance for Nurses and Midwives NMC (2009). The mentor holds responsibility for ensuring that electronic patient records are updated including by whom the care was undertaken. A qualified registrant must meet with the student at least twice daily to ensure that the student has the opportunity to discuss their progress and/or concerns regarding patient care, and must report to the qualified registrant at the end of the shift to inform them that they are now off duty

If a student reports concerns in relation to patient care, all subsequent visits should be made jointly with a qualified registrant to assess the patient.

In the event of an untoward incident, the student MUST make contact with their mentor as well as undertaking any appropriate emergency action. The incident should also be reported to the module leader at the earliest opportunity. The student nurse and mentor must follow the process of De Montfort University’s Incident/Accident/ Near Miss flow chart (2007) (see Appendix 1). The student nurse should report the incident to:
- Placement provider
- Placement facilitator
- Module leader
References

Nursing and Midwifery Council (2009) Guidance on professional conduct for nursing and midwifery students. NMC. London

Nursing and Midwifery Council (2009) Record Keeping: Guidance for Nurses and Midwives NMC. London

Nursing and Midwifery Council (2008), Standards to support learning and assessment in practice, NMC. London

Nursing and Midwifery Council (2008), Advice on delegation for registered nurses and midwives. NMC. London

# DELEGATED CARE CHECKLIST

Placement checklist for the delegation of patient care to student nurses, by their Mentor/Sign Off mentor during community based placements

It is important to note that delegated care is not essential to achieve the module outcomes of NRMW 2201/NRMW 2222, merely to enhance the student nurse experience in preparation for the newly qualified staff nurse role. Please remember that at ALL times the student must remain supernumerary and they are not to be included in team numbers or as part of the caseload management (NMC 2008)

This checklist must be completed and signed by both the mentor and student prior to undertaking unaccompanied patient visits. The checklist is retained by the student within the Continuous Assessment of Practice document (for NRMW 2201) or the Working Record of Clinical Outcomes (WROCO) document (for NRMW 2222). A copy of the checklist MUST be given to the module leader.

Student Name (please print): ........................................

Mentor Name (please print): ........................................

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<tr>
<th>Please tick ( ) appropriate column</th>
<th>YES</th>
<th>NO</th>
<th>Initial</th>
<th>Mentor</th>
<th>Student</th>
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<td>Does the student nurse feel confident and competent to undertake delegated care activities?</td>
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<td>Does the mentor consent to take accountability for the care they have delegated to the student?</td>
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<td>Has the student been assessed as clinically competent by their mentor to work without direct supervision according to the NMC Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008) and Organisational Policies and Procedures?</td>
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<td>Has the student demonstrated an appropriate level of understanding of their responsibility when giving delegated care?</td>
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<td>Has the student had access to and read the placement providers policies on: lone working; medicines management; record keeping; NMC Code (2008) and delegated care and relevant DMU policies in relation to the Programme Handbook and DMU regulations</td>
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<td>Has the student undertaken care under direct supervision from their mentor on the identified patients prior to the care being delegated?</td>
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<td>Have the patients given verbal consent for the student nurse to visit alone and carry out agreed delegated care?</td>
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NB/RR DMU Protocol for Delegated Care FINAL VERSION (Feb 2010) For Review Feb 2011
Based upon work by AD/DL/JS (2009) and Original work by JD
Has the mentor ensured that appropriate paper records are available to students when they are with patients? This must include the following:
- Demographic details of patients e.g. Name, DOB, GP,
- Allergies, Next of Kin (NoK)
- Patient Assessment, including: medication
- Full Care Plans
- Significant Changes Record Sheet/Evaluation Sheet
- Risk Assessment tools- including patient handling,
- Waterlow score (and others as appropriate)
- Signature Sheet/Record of Care

Other records MUST be included if this is relevant for delivery of safe patient care e.g. pain chart

Has the care to be delegated to the student been documented in the patient held records? All documentation must be signed by the mentor and student nurse in the relevant care plan

Has the student provided assurance to the mentor that their vehicle is appropriately insured for business/work use, if using their own transport to undertake home visits?

The mentor has agreed with the student a contact/communication mechanism on how and who to contact if the student experiences any difficulties or has any concerns and has provided a number of potential contacts?

If NO is answered to any of the above – unaccompanied visits should not be undertaken until the issue is addressed. Additional comments/action plan if required to be completed below

### Additional comments:

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<th>Student Nurse Signature</th>
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PROCESS FOR REPORTING INCIDENT / ACCIDENT / NEAR MISS INVOLVING A STUDENT WHILST ON PLACEMENT

Student involved in Incident / Accident / Near Miss

Immediate action taken to ensure patient / staff / student safety and any required treatment given

Inform appropriate Line Manager, and Incident Report Form completed with support from Mentor. *Same form is completed for all types of Incident / Accident / Near Miss*

Student is responsible for informing the Academic Lead for Placements (Nick Salter 2013894) of the School of Nursing & Midwifery within 2 working days

Regardless of type of incident, student to obtain copy of Incident Report Form and send to the Academic Lead for Placements at the School of Nursing & Midwifery within 2 working days

Academic Lead for Placements informs Head of School of Nursing & Midwifery, Programme Leader and the Student’s Personal Tutor

Academic Lead for Placements completes DMU green Accident or Incident Report within 3 working days and forwards it to DMU Health & Safety Officer

Serious incident involving a student must be reported immediately to the Head of School (2103878) for appropriate action

Line Manager to support and advise student on appropriate grading, e.g. consequence (impact) of incident and any subsequent actions, investigations, referrals, lessons learned and recommendations to reduce the risk of recurrence

Line Manager has local responsibility for completing the manager’s section of the Incident Report Form, section 5 is completed, and for ensuring the form is sent to the Trust’s Incident Team to be coded and inputted on Datix in a timely manner

If it is a suspected or confirmed health and safety RIDDOR-related accident, Line Manager to inform the relevant Trust’s Health & Safety Team and copy Incident Report Form to them

Whilst maintaining confidentiality, Line Manager to share relevant information resulting from any