



Family Nursing & Home Care

Personal Care and Clinical Tasks in Adult Social Care Policy

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
April 2021	1	Previous policy transferred onto new template Amended as per updated Jersey Care Commission guidance (2019 & 2020)	Mo de Gruchy
January 2023	2	Various changes made to document including changes made to task lists.	See document profile above

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1. INTRODUCTION

1.1 Rationale

The original version of this policy was developed using the Jersey Care Commission (JCC) (2019) document “Personal Care and Clinical Tasks Guidance for Adult Social Care”. This guidance, at the time of writing, is being replaced with updated guidance developed by Family Nursing & Home Care (FNHC) in consultation with the Adult Social Care Sector and Adult Social Work. The JCC will no longer ‘own’ the guidance but they will host it on their website. There is an expectation from the JCC that all providers of adult social care develop their own policy for accepting delegated tasks from Registered Healthcare Professionals.

The updates made to this FNHC policy reflect the current social care landscape that is now set within a legal framework developed to protect service users. The JCC are responsible for monitoring that the set standards for adult social care are adhered to by all providers.

The Regulation of Care (Jersey) Law 2014 was enforced on 1st January 2019 at which time the Jersey Care Commission (JCC) became an independent regulatory body who were appointed to:

- provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance
- work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

When it has been agreed that people require care/support workers to help them, this policy:

- sets out minimum training requirements for care/support workers
- identifies skills and clinical tasks which can be undertaken by care/support workers in Jersey under the delegation of a competent Health Care Professional
- provides a clear process to enable safe delegation
- identifies responsibility and accountability

1.2 Scope

This policy applies to all staff in the Home Care Service who arrange or provide care to adults receiving care at home. It is also relevant to Registered Healthcare Professionals to inform delegation.

This policy does not apply where Care Assistants/Senior Care Assistants are employed as part of a Community Nursing Team/Service, as they are subject to different procedures determined by the organisation.

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer has ultimate responsibility for ensuring that FNHC (as the Registered Provider) has robust governance measures in place to support the safety of patients related to personal care and clinical tasks.

Director of Governance and Care

The Director of Governance and Care is responsible for ensuring that FNHC has evidence based procedural documents available to ensure the safety of patients in relation to personal care and clinical tasks and that these are reviewed at appropriate intervals. They are also responsible for monitoring any incidents relating to these tasks and the implementation of any action required to prevent reoccurrence of untoward incidents.

Registered Manager for Home Care

The Registered Manager for Home Care is responsible for ensuring that their staff work within the boundaries of FNHC policies and that they have received the appropriate training and have been assessed as competent prior to carrying out any care/support or clinical task unsupervised. They are also responsible for authorising requests by Registered Healthcare Professionals to delegate clinical tasks to their staff where this is appropriate and in line with FNHC policies and insurance arrangements.

Registered Manager for Adult Nursing

The Registered Manager for Adult Nursing is responsible for monitoring adherence to this policy and procedures relating to the delegation of nursing tasks. They are also responsible for ensuring that relevant and appropriate training is available for their staff and monitoring attendance at this training.

Registered Health Care Professionals

Responsible for delegating care appropriately in accordance with their professional code and relevant FNHC policies and procedures.

Care/Support Workers/Senior Care/Support Workers

Responsible for working within the boundaries of FNHC policies and procedures, ensuring that they do not undertake any care (delegated or otherwise) that they do not have the necessary competence to carry out unsupervised. Care/support workers are responsible for highlighting to their manager any learning needs and working cooperatively with their manager to gain the necessary competence. Care/support workers should not accept any delegated task unless they have received training and been deemed competent to do it and have the necessary confidence to carry it out safely.

2. POLICY

2.1 Policy Principles

All care provided in adult social care should be person-centred and must always:

- maintain the dignity of the person
- respect the wishes and preferences of the person

- maximise safety and comfort
- protect against intrusion and abuse
- respect the person's right to give or withdraw their consent
- encourage the person to care for themselves as much as they are able

People should be encouraged to maintain independence and should always be supported to enable self-care. Positive risk taking should be considered as part of person-centred care planning. This should identify what people can do to support themselves and identify when and how care/support workers can help them achieve their goals and wishes.

2.2 Statutory Requirements

This policy should be considered in line with applicable legislation and regulation which includes but is not limited to:

- Capacity and Self Determination (Jersey) Law 2018
- Consent to Medical Treatment (Jersey) Law 1973
- Data Protection (Jersey) Law 2018
- Employment (Jersey) Law 2003
- Health and Safety at Work (Jersey) Law 1989
- Health Care (Registration) (Jersey) Law 1995
- Long Term Care (Jersey) Law 2012
- Medicines (Jersey) Law 1995
- Mental Health (Jersey) Law 2016
- Regulation of Care (Jersey) Law 2014 Regulation of Care (Standards and Requirements) Regulations (Jersey) 2018
- Regulation of Care (Regulated Activities) Regulations (Jersey) 2018

Standard 6.4 of the JCC Care Standards for Home Care and Care Homes (JCC 2019a, 2019b) require that:

“Care/support workers will not work outside of the scope of their profession, competence or job description.

Care/support workers at all times must adhere to any code, standards or guidance issued by any relevant professional body.

Care/support workers must be honest about what they can do, recognising their abilities and the limitations of their competence.

Job descriptions will detail specific duties and responsibilities including where appropriate delegation roles and responsibilities.

Care/support workers will only carry out or delegate tasks agreed in job descriptions and in which they are competent.

Depending on the setting, care/support workers who do not hold relevant professional qualifications may be required to carry out tasks or skills which might have traditionally

been carried out by health or social care professionals or may require further training and assessment.

Some skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (e.g. vocational training module) and assessment of competence carried out by the delegating professional (e.g. percutaneous endoscopic gastrostomy (PEG) feeds).

Some skills and tasks may be performed by care/support workers who have completed additional specific training and assessment under the direction/agreement of a health or social care professional (e.g. restrictive physical intervention).

Some extended skills and tasks may be performed by care/support workers who have completed additional training and have been assessed as competent by their manager/assessor (e.g. insertion of hearing aids).

Care/support workers must be able to refuse to undertake any skill or task if they do not feel competent to perform it."

2.3 Professional Practice Considerations

This policy should be considered in line with any relevant professional guidance or codes including but not limited to:

- Nursing and Midwifery Council (NMC) Code (2018)
- Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016)
- Government of Jersey Health and Community Services Code of Practice for Health and Social Care Support Workers in Jersey (2019)
- Jersey Safeguarding Adults Partnership Board www.safeguarding.je

2.4 Mandatory Requirements

The Jersey Care Commission Care Standards for Home Care (2019a) and Care Homes (2019b) set out minimum requirements for safe recruitment and training.

Care/support workers must be assessed as competent having received the appropriate training prior to carrying out any task or personal care.

Care/support workers must remain up to date with mandatory and statutory training specific to their role.

People should be supported and encouraged to be as independent as possible in all their care tasks. Care/support workers should not undertake tasks which people are able to perform themselves with sufficient time and support. Any risks identified should be assessed and managed to promote independence.

Any personal care or clinical task planned must be detailed within a person-centred shared care plan that takes into account any existing health care conditions e.g. diabetes / dementia. Appropriate risk assessments must be completed and reviewed as necessary.

People must give valid consent for their care to be delegated to a care/support worker and this should be recorded on the person-centred shared care plan. Care/support workers must always explain what they are doing to ensure consent is 'informed' and

wherever possible verbal or non-verbal consent should be obtained each time the procedure is carried out.

If a person refuses the intervention of a care/support worker, this must be escalated as necessary. Discussions need to take place with the client as to the reasons for their decision and the possible consequences of the failure to meet this identified need. Any refusal, actions taken and the discussion held with the client must be recorded.

Where a person may lack capacity in relation to a particular procedure there should be an assessment of capacity and best interest's decision where appropriate. Refer to the [Capacity and Self Determination \(Jersey\) Law 2016 Code of Practice](#).

3. PROCEDURES

3.1 Personal Care Tasks

The following personal care tasks can be undertaken by care/support workers who have received training that meets the minimum standards set within the Skills for Care Care Certificate and have been assessed as competent to carry out the care.

Care/support workers must ensure that they always meet standards of quality and safety considering relevant policies and procedures including but not limited to: infection control, safe moving and handling, same/cross gender care and confidentiality.

Dental Care

Care/Support Workers may assist individuals to brush their teeth. Care/Support Workers may assist individuals to remove, clean and insert false teeth.

Foot Care

Care/Support Workers can carry out foot care that includes hygiene, moisturising and inspection.

Toenail cutting or treatment of foot conditions should only be carried out by a Registered Health Care Professional.

Hand/Fingernail Care

Nails should be filed with an emery board or trimmed with appropriate scissors/nail clippers.

Sanitary/Continence Protection

Care/Support Workers may be involved in changing both sanitary towels and incontinence pads. Care/Support Workers may not insert tampons. The only exception would be when assistance is needed to enable young women with disabilities to learn how to do this as part of a planned personal and social education programme. A risk assessment should be completed by the Registered Manager and a care plan developed.

Shaving Care

Care/Support Workers may assist individuals to shave facial hair using an electric razor if this is part of the care plan. Care/Support Workers may assist people to wet shave but must be mindful of safety considerations. Care/Support Workers will not normally shave body hair, except for legs and under arms at the request of the person.

Washing, Dressing, Toileting

Care/Support Workers must respect the personal religious beliefs and customs of the people they are supporting with regards to cleansing whilst ensuring that practice is safe and effective.

3.2 Clinical Tasks

Care/Support Workers employed primarily to provide social care should not undertake tasks that would normally be performed by a Registered Healthcare Professional unless delegated in accordance with this policy.

Clinical tasks will only be undertaken by Care/Support Workers as part of a package of care which addresses other personal care tasks.

There are important conditions attached to each category of task and because a task appears on a Category 1 or 2 list, it does not mean that the task will be performed automatically by a care/support worker.

Care/Support Workers must be assessed as competent prior to carrying out any clinical tasks and must be able to refuse to undertake any task if they do not feel competent to perform. If not otherwise specified, competencies can be accessed through the National Occupational Standards available at [Skills for Health](#).

Category 1 – Acceptable Tasks

These are the tasks which may be carried out by Care/Support Workers ***on the condition that they have received appropriate training***. This training can be delivered to a group of people.

Care/Support Workers are not permitted to pass on any training they have received for these tasks to others. Competence to complete these tasks must be re-assessed as required in line with the staff member's Personal Development Plan (PDP) and supervision.

A review of the training needs of Care/Support Workers must take place whenever there is a change in circumstances or where there is concern expressed about the ability of the member of staff to perform a specific task.

Acceptable Tasks List

Body Piercings

Assistance with the hygienic cleaning of body piercings and the changing of jewellery

Catheter Care (shared care plan to be in place)

Personal hygiene

Replacing a bag to an existing urethral or supra-public catheter

Urethral catheter meatal care cleaning and observation of site

Checking and cleaning of foreskin, including under the foreskin (if male clients are not able to do this for themselves)

Cleaning of a supra-pubic catheter site

Emptying and measuring urine

Contact Lenses

Assistance with the insertion, removal and cleaning of contact lenses.

Dressings

Application of simple dressing for first aid purposes (appropriate escalation required).

Application of a temporary replacement dressing (without otherwise cleaning or treating the site) as specified in the shared care plan written by a Registered Health Care Professional.

False Eyes

Cleansing, inserting and removing.

Fitting/Removing Supports

Artificial limbs or braces.

Hearing Aids

Assistance with the insertion, adjustment, battery replacement and cleaning of hearing aids.

Removal of hearing aids

Medicines (Successful completion of Level 3 RQF Medicines Module required)

All medication administration with the exception of:

- injectable medicines
- medication administered by the vaginal (PV) or rectal (PR) routes
- medication administered via a feeding tube (gastrostomy/jejunostomy)

Recording of medicines administered as directed using a pharmacy produced Medication Administration Record (MAR).

Assist a person, on their direction, to receive long term oxygen therapy **as prescribed** **N.B** the requested flow rate must not exceed maximum prescribed rate.

Oral Hygiene (other than dental care).

Penile Sheaths

Placement and connection to urine bags

Removal

Pressure Ulcer Prevention Care

Includes:

- giving advice
- monitoring pressure areas
- use of existing equipment

Support stockings (prescribed)

Application and removal.

Stoma Care

Emptying, changing/replacing urostomy, colostomy and ileostomy bags

Cleansing of stoma

Changing a two-piece system

Truss fitting

Application and removal

Urine/faecal specimens

Assisting with obtaining midstream urine specimens or a faecal specimen that has been medically requested.

Category 2 –Delegatable Tasks

The tasks in this category are clinical tasks that, in appropriate circumstances, can be delegated to care/support workers. They all require training specific to the individual receiving the care on a one to one basis by a Registered Healthcare Professional who will assess the care/support worker against a series of pre-defined competencies.

Competence to perform these tasks must be re-assessed at least annually or sooner if required by the Registered Healthcare Professional delegating the task and this should be recorded.

The Registered Healthcare Professional must provide written procedures on the shared care plan for the care staff to follow. It is essential that the following are stated:

- the parameters in which the task can be performed
- when to seek guidance
- a review date
- when the delegation would no longer be appropriate

Managers of care/support workers must agree to the delegation of a clinical task in respect of organisational policies and procedures.

[Appendix 1](#) contains an example document “Delegation of Nursing Tasks” which must be completed and signed by all parties prior to the task being carried out by the care/support worker. A range of different documents are available on Central Filing for different clinical tasks and can be adapted for use by other Health Care Professionals working for Family Nursing & Home Care. N.B. Health Care Professionals from other organisations may use different documentation when delegating to FNHC care/support workers.

In order to delegate a task:

- risks should be assessed
- the patient/service user must agree to the task being delegated
- agreement sought from care/support worker, manager and delegating Registered Healthcare Professional
- the patient must remain ‘active’ on the Registered Healthcare Professional caseload - they may be required to undertake the clinical task at short notice if the delegation of the task is no longer appropriate or no delegatee is available/able to perform the task
- the care/support worker must have been trained to perform the task
- full records of training given, including dates, should be kept

- evidence of competency assessed by the delegating Registered Healthcare Professional should be recorded, preferably against recognised standards such as National Occupational Standards available at [Skills for Health](#)
- the Registered Healthcare Professional who delegates the task must ensure that an appropriate level of supervision is available
- the care/support worker, their Manager and the Delegating Registered Healthcare Professional must sign the competency declaration and agreement
- development of a person-centred shared care plan by the Registered Healthcare Professional (see above)
- ongoing training and monitoring is required to ensure that competency is maintained
- minimum annual assessment of competency to be completed by the delegating Registered Healthcare Professional

If an incident should occur when a care/support worker is undertaking a clinical task for which they were trained and is working to the agreed shared care plan and written procedures for that clinical task, the liability rests with the employer of the Registered Healthcare Professional. Professional accountability in this case rests with the Registered Healthcare Professional who delegated the task.

If a care/support worker does not follow the shared care plan and written procedures for that task or undertakes a clinical task for which they are not trained and an incident occurs, then the care/support worker may be liable and their employer may commence disciplinary procedures.

Delegatable Tasks List

Capillary Blood Test (finger prick test)

This includes blood glucose monitoring

Medicines (Successful completion of L3 RQF Medicines Module Required)

Medicines administered:

- rectally (PR)
- vaginally (PV)
- by injection
- via a feeding tube

Gastrostomy/Jejunostomy Care (Completion of L3 RQF Enteral Feeding Module required):

- tube feeding
- inserting water through the tube before/after the feed and administering the feed
- inserting water through the tube before and after each medication administered
- flushing to unblock a feeding tube (help should be summoned for assistance if unable to easily clear the blockage or as defined in the care plan)
- cleaning sites
- advancing and rotating a gastrostomy as directed

Non-invasive ventilation

Assist a person, on their direction, to use non-invasive ventilation.

Contraceptive devices

Care/support workers will not normally be involved in inserting contraceptive caps, diaphragms or female condoms or putting on male condoms. This will only happen as part of a planned, time limited, personal and social education programme, or where there is formal agreement for the care/support worker to act as an enabler for a disabled person wishing to engage in sexual activity when neither they nor their partner are able to perform this task.

This list is not exhaustive and there may be occasions when Registered Healthcare Professional may negotiate a delegated task with a care/support worker and their manager based upon risk assessment. Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.

Category 3 – Unacceptable Tasks

Generally, any task that is ***invasive or requires a member of care staff to make a clinical judgement*** without the guidance of a Registered Healthcare Professional is unacceptable. Any task that has been deemed unacceptable or invasive may only be delegated in exceptional circumstances where there must be a clear rationale for the delegation accompanied by thorough risk assessment.

Unacceptable Tasks List

- the management of supra-pubic/urethral catheters, other than changing the bag and cleaning the site
- intermittent catheterisation
- bladder compression
- management and treatment of pressure ulcers, other than planned interventions such as positioning the person
- manual evacuation of the bowel
- administration of rectal enemas
- taking of venous blood samples
- monitoring vital signs
- taking the decision to administer 'as required' (prn) oxygen – (the care/support worker could, however, assist a person on their direction, to self-administer the oxygen providing the flow rate does not exceed the maximum amount prescribed)
- taking the decision to administer medicines through a nebuliser for acute or emergency conditions – (the care/support worker could, however, assist a person on their direction, to self-administer the medication providing the maximum prescribed dose is not exceeded).
- giving any medicines via injection (except insulin via a pen device)
- assisting with the cleaning and replacement of tracheostomy tubes

- assisting with the dialysis process
- assisting with syringe driver pain relief systems
- naso-gastric tube feeding or care
- aspiration of naso-gastric tube
- the administration of doses of medicine via a naso-gastric tube
- oral suction unless under patient direction
- suction through tracheostomy tube

3.3 Emergency First Aid Procedures

If a care/support worker is seriously concerned about an individual's physical condition and they have had appropriate first-aid training, they intervene only as a first aid measure. However, they must first ensure that an ambulance is called through the 999 emergency service. The first aid training they have received may have been from a Registered Healthcare Professional or qualified first aid trainer and they must feel confident to intervene in an emergency situation. Consideration should be given to informing the person's GP and family or carer should be informed.

3.4 Cardiac and Respiratory Resuscitation / DNACPR Notices

In the event of a person appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency service. In addition, a care/support worker who has been trained in resuscitation should carry out lifesaving procedures (all care/support workers are expected to remain up to date with first aid and basic life support training). Under no circumstances should a care/support worker make a decision not to resuscitate a person. However, if the person has a valid Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive then this and any other recorded advanced directives should be respected, as per current local policy (see the island-wide Multi-Agency Do Not Attempt Cardio-Pulmonary Resuscitation)

4. CONSULTATION PROCESS

Name	Title	Date
Claire White	Director of Governance and Care	6/01/23
Clare Stewart	Registered Manager – RRRT	6/01/23
Teri O'Connor	Registered Manager - Home Care	6/01/23
Gilly Glendewar	Clinical Nurse Specialist - Tissue Viability	6/01/23
Fiona Le Ber	Clinical Nurse Specialist - Continence and Stoma	6/01/23

Justine Le Bon Bell	Head of Education and Development	6/01/23
Mo de Gruchy	Quality and Performance Development Nurse	6/01/23

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

Compliance with this guidance will be monitored by the Registered Manager through the monitoring of training and delegation records and by following up of any untoward incidents reported via Assure.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first

- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. Please see Equality Impact Assessment in [Appendix 2](#).

8. GLOSSARY

Personal care means assistance in daily living that does not need to be provided by a Registered Nurse being: Practical assistance with personal tasks such as eating, washing and dressing or prompting a person to perform daily tasks (Regulation of Care (Jersey) Law 2014).

Personal support includes supervision, guidance and other support in daily living that is provided as part of a support programme (Regulation of Care (Jersey) Law 2014).

Social care includes all forms of personal care, practical assistance and personal support (Regulation of Care (Jersey) Law 2014).

Registered Healthcare Professional is a person who is registered with a professional regulatory body in the United Kingdom and where required is registered under the Health Care (Registration) (Jersey) Law 1995 (Regulation of Care (Jersey) Law 2014).

Nursing care means services that by reason of their nature and circumstances, including the need for clinical judgement, should be provided by a Registered Nurse including:

- Providing care
- Assessing, planning and evaluating care needs or the provision of care
- Supervision or delegating the provision of care

(Regulation of Care (Jersey) Law 2014).

Care/support worker is a person who is employed to provide care including personal care and support, in this guidance care/support worker refers to a person who is not a registered nurse or a health care professional.

Vocational qualifications The Regulated Qualifications Framework (RQF) came in to force in 2015 and was designed to offer a simpler system for managing qualifications regulated by Ofqual. Previously, Qualifications and Credit Framework (QCF) replaced National Vocational Qualifications (NVQ).

Clinical tasks (referred to in this guidance) are tasks which have traditionally been undertaken by registered nurses or other health care professionals. These care tasks are divided into three categories, which identify if care/support workers may undertake the tasks and under what conditions. The three categories are:

- 1) Acceptable tasks – tasks that require additional training
- 2) Delegable tasks – tasks that require training and assessment of competence by a Registered Healthcare Professional
- 3) Unacceptable Tasks - tasks that are not to be performed by care/support workers except in exceptional circumstances

9. REFERENCES

Government of Jersey (2019) *The Code of Practice: Professional standards of practice and behaviour for Health and Social Care Support Workers in Jersey*, available: <https://carecommission.je/wp-content/uploads/2020/01/Code-of-Practice-Sept-2019-Final.pdf> Last accessed 6/01/23

Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016); available at [Standards of conduct, performance and ethics | \(hcpc-uk.org\)](https://www.hcpc-uk.org) last accessed 6/01/23

Jersey Care Commission (2019) Personal Care and Clinical Tasks Guidance for Adult Social Care, available at: <https://carecommission.je/wp-content/uploads/2019/03/JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf> Last accessed 6/01/23

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Jersey Care Commission (2019b) *Care Standards: Care Home*, available at: [JCC-Care-Standards-Care-Homes-Adults-2019v2.pdf \(carecommission.je\)](https://carecommission.je/wp-content/uploads/2019/02/JCC-Care-Standards-Care-Homes-Adults-2019v2.pdf) last accessed 6/01/23

Jersey Care Commission (2020) *Updated Guidance on delegation of clinical tasks*, available at: <https://carecommission.je/wp-content/uploads/2020/03/Updated-Guidance-on-Delegation-of-Clinical-Tasks.pdf> last accessed 6/01/23

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses and midwives*, available at www.nmc-uk.org Last accessed 6/01/23

Regulation of Care (Jersey) Law 2014, available at [Regulation of Care \(Jersey\) Law 2014 \(jerseylaw.je\)](https://www.jerseylaw.je) last accessed 6/01/23

10. APPENDIX

Appendix 1 – Example of Delegation Documentation



Delegation of
Nursing Tasks - (Non-

Appendix 2 - Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Personal Care and Clinical Tasks for Adult Social Care Policy			
Date of Assessment	21/11/22	Responsible Department	Quality and Governance and Adult Nursing Services
Name of person completing assessment	Elspeth Snowie	Job Title	Head of Quality and Safety
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
• Age	no	Policy is for adults only	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	no		
• Ethnic Origin (including hard to reach groups)	no		
• Gender reassignment	no		
• Pregnancy or Maternity	no		
• Race	no		
• Sex	no		
• Religion and Belief	no		
• Sexual Orientation	no		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
n/a			
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			