



Occupational Therapy Board of New Zealand

Kaihaumanu Tūrora o Aotearoa

Guidelines For Delegation To Personnel Who Are Not Under The Direction Of An Occupational Therapist

This guideline may be read in conjunction with the OTBNZ 'Guideline for Delegation to Occupational Therapy Assistants'

Guideline For Delegation To Personnel Who Are Not Under The Direction Of An Occupational Therapist

Background

In the course of their practice Occupational Therapists may need to pass occupational therapy tasks and roles to non-regulated support staff or to the client's family/whanau. Where support staff are working under the direction of the occupational therapist, the OTBNZ's '*Guideline for Delegation to Occupational Therapy Assistants*' provides guidance on delegation to and supervision of, these support staff.

However where the work is to be carried out by a support staff member employed by a different organisation or by the family/whanau of the client, the guidance in the '*Guideline for Delegation to Occupational Therapy Assistants*' cannot be applied. This situation may occur when the occupational therapist is contracted to:

- provide advice and consultation to an organisation such as a rest home whose own staff will implement the intervention plan
- assess a client (or client group) and design an intervention programme that the funder will then contract out to a different service provider as happens with some ACC programmes
- provide consultation or design a programme to be carried out by the client's whanau/family.

Occupational therapists need to be clear on the distinction between situations where they are accountable for the actions of the support staff and situations where they are fulfilling an advisory or consultation role.

Guideline

This guideline is to cover situations where an occupational therapist is providing advice or planning intervention that is to be carried out by a person or persons who are not under the direction of the occupational therapist. These may be other professionals, unregulated support workers or the whanau/family of the client.

Relationship to the organisation

Where an Occupational Therapist is working as a consultant, their primary relationship is with the staff member with the duty of care, usually the nurse in charge.

Relationship to the family/whanau

Where the Occupational Therapist is working with a family/whanau, it is advisable that the family/whanau who will be their primary contact person is identified.

Responsibilities of the delegating Occupational Therapist

The Occupational Therapist:

- is accountable for the advice he or she gives and the actions he or she carries out
- must document clear and complete instructions

- must ensure that the person with the duty of care understands the instructions that have been given and recorded
- is not accountable for the work carried out as a result of their advice or recommendations.

In other words, in assuming the consultation role, the occupational therapist is not professionally accountable for the actions of the individual carrying out the recommended activities. The occupational therapist, however, remains accountable for the quality of the advice or consultation provided and he or she has a responsibility to intervene (or give professional advice) if he or she feels the actions proposed as a result of his or her advice or recommendation might be inappropriate or unsafe.

Recommendations

When dealing with an organisation it is recommended that the occupational therapist:

- obtains a letter of agreement from the organisation outlining their liability
- is familiar with the contract and understands the structure of the organisation and who holds accountability for care
- has indemnity insurance.

Definitions

Consultation: The process of providing expert advice, education and/or training or facilitating problem-solving regarding a specific issue with another service provider, on a time limited basis. The consultant occupational therapist is not providing the occupational therapy intervention and does not have continuing responsibility for supervising the quality of the ongoing service of the provider.

Adapted from 'Guidelines for the Supervision of Assigned Occupational Therapy Service Components (2007)' down loaded from www.caot.ca November 2011

Duty of care: A responsibility to act in a way which ensures that injury, loss or damage will not be carelessly or intentionally inflicted upon the individual or body to whom/which the duty is owed, as a result of the performance of those actions.

A duty of care arises:

- when there is a sufficiently close relationship between two parties (e.g. two individuals, or an individual and an organisation). Such a relationship exists between a service user and the member of occupational therapy to whom s/he has been referred, whilst the episode of care is ongoing
- where it is foreseeable that the actions of one party may cause harm to the other; and/or
- where it is fair, just and reasonable in all the circumstances to impose such a duty.
(see *Caparo Industries plc v Dickman 1990*)

From 'Key Terms'/Professional Standards for Occupational Therapy Practice (2011) downloaded from www.cot.co.uk/standards-ethics/key-terms 15 November 2011

References

- Canadian Association of Occupational Therapists. (2007). *Guidelines for the Supervision of Assigned Occupational Therapy Service Components*. www.caot.ca Downloaded 15 November 2011.
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- College of Occupational Therapists Ontario. (2011). *Standards for the Supervision of Support Personnel*. www.coto.org downloaded 15 November 2011.
- Nursing Council of New Zealand. (2011) *Guideline: delegation of care by a registered nurse to a health care assistant*. Wellington: Nursing Council of New Zealand.
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