



## Role boundaries in the provision of personal care

Personal care encompasses a range of activities of daily living that a person would normally undertake independently but because of illness, disability or frailty, now requires assistance to perform.

The provision of personal care to individuals in the community enables them to live independently and facilitates their integration and participation in the community. This may involve the performance of intimate activities and therefore requires respect for the individual's dignity, independence and choice.

It is important that the client / carer has a role in directing the care provided and is aware of the different types of workers who will be providing their personal care.

### **It is the policy of the Australian Nursing and Midwifery Federation that:**

1. Any person requiring assistance with personal care has, by definition, some degree of self care deficit. Meeting that self care deficit is primarily a nursing function.
2. Decisions about whether personal care should be provided by a nurse or another level of worker, can only be made by the registered nurse. Decisions are based on the characteristics of the person requiring care, the activities to be performed, and the competence, education and authority for practice of the person providing the care.
3. In the community, personal care activities may be performed by a range of people including: family members, home help or home care workers, nurses (registered or enrolled), or assistants in nursing.
4. All persons requiring assistance with personal care should first be assessed by an appropriately qualified health professional to identify whether there is a health deficit for which a nursing assessment should be undertaken and/or nursing care provided.
5. A nursing assessment must be undertaken when the health status of the person is unstable, where nursing intervention is required, or where the person is unable to assume responsibility for monitoring their own ongoing health status. If a nursing assessment is indicated, referral should be made to the most appropriate nursing service.
6. Protocols for referral, assessment and case allocation must be developed and agreed to by nursing and other relevant organisations and must reflect local service arrangements and health and aged care facility agreements.
7. The registered nurse must be responsible for the nursing assessment of clients for personal care as the first point of referral and make the professional decision as to delegation of any element or nursing care to another worker.
8. Where a nursing assessment is undertaken, the registered nurse has a responsibility to identify:
  - the health status of the person;
  - the extent of the self care deficit;



- the complexity of the care required in relation to the health status of the individual; and
  - the most appropriate health care worker to meet the assessed need.
9. Following the nursing assessment, the registered nurse should determine the most appropriate classification of worker to provide the personal care. The decision is based on the following criteria:
- a registered nurse should provide the personal care when the complexity of care is such that it requires the skill of a registered nurse or where an existing health deficit could be exacerbated by the provision of personal care;
  - an enrolled nurse may provide the personal care where following assessment, in the professional judgement of the registered nurse, the care can be safely delegated;
  - an assistant in nursing may provide elements of personal care where, in the professional judgement of the registered nurse, some personal care activities may be safely delegated. This care must be supervised (either directly or indirectly) by the registered nurse, who retains overall responsibility for the care provided<sup>1</sup>;
  - home care or home help workers, or other such workers may provide the personal care where the health status of the person is stable, the person has been assessed as not requiring nursing care, the person retains responsibility for monitoring their own ongoing health status, the worker does not require nursing supervision, and the service employing the worker retains overall responsibility for the care provided.

*endorsed October 1989*  
*reviewed and re-endorsed November 1996*  
*reviewed and re-endorsed February 2005*  
*reviewed and re-endorsed May 2008*  
*reviewed and re-endorsed June 2011*  
*reviewed and re-endorsed February 2015*

#### Reference

1. Nursing and Midwifery Board of Australia. 2013. A national framework for the development of decision-making tools for nursing and midwifery practice. Melbourne: NMBA.  
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>