Specialling in clinical care settings position statement

1. Purpose

This position statement sets out the principles the Australian Nursing and Midwifery Federation (ANMF) considers should apply to specialling in clinical care settings. It should be read with the ANMF position statements: *Delegation by registered nurses* and *Preventing workplace violence and aggression*.

2. Definitions

Specialling is the provision of one-to-one clinical care or supervision of a person in a health or aged care setting where this level of care is not usual or reflected in the setting's staffing numbers and skill mix. The care may be therapeutic (i.e. driven by the person's need for clinical care); or protective (i.e. driven by the need to prevent risk and minimise harm to the person and others).[1,2]

3. Context

When a person's clinical care or safety needs cannot be met through standard nursing care, the registered nurse or midwife in charge of the unit may decide to provide specialling. It is imperative that specialling is provided in a safe and effective way, but this is not always the case. Specialling is often delegated to inexperienced nurses and assistants in nursing. Assistants in nursing involved in specialling seldom participate in and receive adequate handover.[3] This leads to fear and anxiety for the staff involved and sub-therapeutic care.

Evidence shows the need for specialling is reduced when nursing or midwifery staff have manageable workloads and are qualified and experienced.[4]

4. Position

Criteria

It is the position of the ANMF that:

1. All clinical health and aged care services must have a clear policy on specialling and an accompanying decision-making guide that includes:
    - the reason for specialling
    - indications for discontinuing specialling
    - the level of experience and qualifications required by staff providing specialling
    - indications for escalating or de-escalating the staffing type providing specialling (e.g. from a registered nurse to a registered nurse with mental health experience).

---

[1] Specialling: increasing level of nursing care for patients requiring higher levels of clinical care or general supervision practice guideline No:2020-208v1 SCH found at: https://www.schn.health.nsw.gov.au/_policies/pdf/2020-208.pdf.

[2] Some health services distinguish between specialling (where nursing or midwifery care is required to provide assessment, therapeutic interventions and evaluation) and sitting (where assistants in nursing passively observe the person receiving care and notify nursing staff of concerns). In this position statement, specialling applies to both. Short-term intensive monitoring (e.g. when a person reports chest pain) is not considered specialling.

[3] Graham F, Eaton E, Jeffrey C, Secher-Jorgensen H and Henderson A. 2021. "Specialling" and "Sitters": What does communication between registered nurses and unregulated workers reveal about care? *Collegian* https://doi.org/10.1016/j.colegn.2020.12.004.

[4] Rochefort CM, Ward L, Ritchie JA, Girard N and Tamblyn RM. 2011. Registered nurses' job demands in relation to sitter use: nested case-control study *Nursing Research* 60(4): 221-230 doi: 10.1097/NNR.0b013e318221b6ce.

Care and safety

It is the position of the ANMF that:

2. Specialling must be based on clearly identified clinical care or safety needs and subject to regular assessment, monitoring and review to determine the level of care needed as the person's status changes.
3. Th assessment of a person's clinical care and safety needs must be done by a registered nurse or midwife.
4. When specialling is indicated, the registered nurse or midwife in charge of the clinical unit must make the decision to provide specialling in collaboration with the nurse to whom they intend to delegate it.
5. The registered nurse or midwife in charge of the unit may delegate specialling to an enrolled nurse or assistant in nursing as per Table 1 (page 3), but the registered nurse or midwife retains responsibility for the person's care.
6. Where specialling is required for clinical acuity, particularly in highly specialised areas, the registered nurse or midwife in charge of the unit must always delegate it to a registered nurse or midwife experienced in that area of practice as per Table 1 (page 3). Specialised areas include:
    - acute settings with a physical clinical overlay
    - when there is a dual diagnosis (e.g. mental ill health and drug use)
    - when the person is impulsive, unpredictable and aggressive
    - where de-escalating techniques and clinical experience are necessary for safe practice.

Protective specialling

7. Protective specialling must also be provided by nursing staff. It cannot be provided by security staff.
8. For protective specialling, wherever possible, the least invasive methods of improving safety should be used, including:
    - transferring at-risk individuals to high visibility areas or to more appropriate units
    - using falls mats, movement sensor alarms and floor line beds
    - de-prescribing where appropriate
    - frequent visual observation.
9. Any safety or security risks to the person receiving care must be communicated to all unit staff, including those who may not have immediate knowledge of the person receiving care. This must happen throughout the shift and during shift changeovers.

Table 1: Specialling delegations

Qualification	Educational preparation	Specialling delegation
Registered nurses and midwives	Have a minimum of three years of higher education with an emphasis on assessment, evaluation, pharmacology, and biopsychosocial contributors to health	For people with: • complex clinical acuity • actual or potential rapid deterioration • psychiatric engagement or when the required nursing or midwifery interventions demand titration or variation in response to changes in the person's condition
Registered nurses and midwives with a postgraduate mental health qualification	Have completed postgraduate studies in mental health as well as a minimum of three years of higher education, with an emphasis on assessment, evaluation, pharmacology, and biopsychosocial contributors to health	For people with major, complex or acute mental ill health such as: • active suicidality • vivid or overwhelming hallucinations • thought disorders or dual diagnosis
Enrolled nurses under the supervision and delegation of a registered nurse	Have completed at least 18 months of vocational training that includes foundational physical examination skills, pharmacology, and biopsychosocial contributors to health	For people in acute and sub-acute sectors who are: • unwell but clinically stable • experiencing anxiety, agitation and restlessness, particularly that associated with delirium and dementias • whose behaviours of concern are at high risk of escalation
Assistants in nursing under the supervision and delegation of a registered nurse	Do not have a minimum education requirement but should have completed a Certificate III or IV that includes training in foundational hygiene; assistance in the activities of daily living; introductory medical terminology; mental health and dementia	For people who are: • clinically stable but at risk of falling or wandering • require monitoring in case they remove medical devices (e.g. tracheostomy tubes, intravenous lines or nasogastric tubes) where the assistant in nursing has clear guidelines about summoning assistance and appropriate education and supervision

Staffing

It is the position of the ANMF that:

10. Specialling must always be **in addition** to the agreed minimum base staffing arrangements.
11. Where the need for specialling is anticipated before the beginning of a shift, an additional nurse, midwife, or assistant in nursing must be added to the unit's staff allocation.
12. If a nurse, midwife, or assistant in nursing is required to provide specialling part way through a shift, they must be replaced in the unit as soon as possible.

Handover

It is the position of the ANMF that:

13. At the start of their shift, all staff providing specialling, regardless of their qualifications, should receive a comprehensive handover from the registered nurse or midwife delegating this care. This handover should include:
    - a thorough, documented clinical assessment of the person receiving care
    - the reason for specialling
    - all contributing clinical, psychosocial and pharmacological factors
    - indicators of escalating behaviour for which the nurse, midwife or assistant in nursing should monitor
    - any strategies that have been effective in distracting or de-escalating the person
    - how to summon assistance.
14. At the end of their shift, the specialling nurse, midwife or assistant in nursing should hand over to both:
    - the registered nurse or midwife delegating care
    - the person taking over from them when specialling is ongoing.

5. Position statement management

Document type: Position statement	Review process: Federal Executive every three years
Title: Specialling in clinical care settings	Last reviewed: November 2023
Endorsed: August 2021	Next review: November 2024