



## A Position Statement on Registered Nurse Utilization of Unlicensed Assistive Personnel

*“According to The Joint Commission (TJC), the words competence and competency are synonymous. TJC defines competency as “a determination of an individual’s capability to perform up to defined expectations.” It involves knowledge, skill and critical thinking.<sup>1</sup>*

- Knowledge is defined by TJC as the preparation for performance or the information required to meet the performance expectation for specific situations and is obtained by the completion of course work, written tests, licensure, and experience.
- Skill is the demonstration of performance or the ability to do something well. It may be confirmed by direct observation or the outcomes of the performance. Knowledge doesn’t necessarily result in skill, but skill is evidence of knowledge.

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility of monitoring the regulation, education and utilization of unlicensed assistive personnel (UAP) in the perianesthesia setting.

ASPAN recognizes the value of using competent<sup>a</sup> UAPs in all phases of the perianesthesia specialty. ASPAN’s foremost concern is to promote a safe environment for the perianesthesia nurse to deliver quality care to the patient at all times.

### Background

ASPAN recognizes the essence and core activities of perianesthesia nursing as assessment, diagnosis, outcome identification, planning, implementation and evaluation. These are functions that may not be delegated to UAPs. The perianesthesia nurse uses judgment in determining to whom and under what circumstances to delegate appropriate patient care activities. In response to concerns expressed by perianesthesia nurses around the country on the appropriate and inappropriate use of UAPs, the following issues were identified:

1. Perianesthesia registered nurses (RNs) are being substituted with or replaced by UAPs.
2. Perianesthesia RNs are accountable for patient outcomes resulting from nursing care provided during the perianesthesia experience.
3. Perianesthesia RNs are responsible for knowing the job description of the UAP in the perianesthesia environment.
4. Perianesthesia RNs are accountable for the delegation of patient care provided during the perianesthesia experience.
5. Perianesthesia RNs are responsible for the orientation, ongoing education, training and continued competency of the UAPs.
6. Perianesthesia RNs are responsible for promoting participation in teamwork and collaboration.

### Position

It is, therefore, the position of ASPAN that whenever UAPs are utilized in the perianesthesia environment, the following guidelines should be implemented:

1. The perianesthesia nursing profession defines and supervises the education, training and utilization for any unlicensed assistive personnel roles involved in direct patient care.
2. The perianesthesia registered nurse is responsible and accountable for the provision of nursing practice.
3. The perianesthesia registered nurse uses professional judgment to determine appropriate delegation.
4. The perianesthesia registered nurse supervises and determines the appropriate utilization of any unlicensed assistive personnel providing direct patient care in accordance with state regulations.
5. Unlicensed assistive personnel are responsible to inform the patient and family/significant other of their identity, role and the care they will provide.

## Expected Outcomes

All perianesthesia nurses need to familiarize themselves with this position statement and inform and educate nursing peers, nurse managers, hospital administrators and physicians.

ASPAN, as the voice of perianesthesia nursing practice, must externalize this information by sharing this position statement with regulatory agencies and professional nursing and medical organizations that interface with our nursing specialty.

## Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on January 10, 1998 in San Juan, Puerto Rico and approved by a vote of the ASPAN Representative Assembly on April 21, 1998 in Philadelphia, Pennsylvania.

This position statement was updated and revised at the October 2013 meeting of the Standards and Guidelines Strategic Work Team in Batesville, Indiana.

## REFERENCES

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