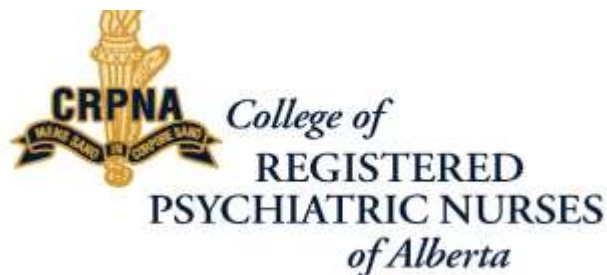
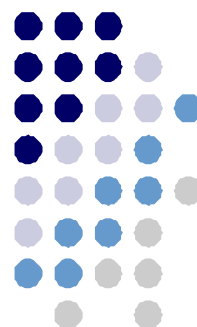

DECISION-MAKING STANDARDS FOR NURSES IN THE SUPERVISION OF HEALTH CARE AIDES



College and Association of Registered Nurses of Alberta
780-451-0043
1-800-252-9392

College of Licensed Practical Nurses of Alberta
780- 484-8886
1-800-661-5877

College of Registered Psychiatric Nurses of Alberta
780-434-7666
1-877-234-7666

Members of the regulatory bodies above should contact their respective organizations with questions, or to seek practice guidance, about the decision-making and other nursing responsibilities discussed in this document.

This document is a revision of the September 2003 document *Decision-Making Standards for Nurses in the Supervision of Health Care Aides: Restricted Activities and Activities of Daily Living*. The title of the document has changed to *Decision-Making Standards for Nurses in the Supervision of Health Care Aides*.

This document will be reviewed and revised every 5 years, to assure currency and applicability in changing health-care settings.

TABLE OF CONTENTS

DECISION-MAKING STANDARDS FOR NURSES IN THE SUPERVISION OF HEALTH CARE AIDES	1
INTRODUCTION – HEALTH CARE AIDES.....	1
HEALTH CARE AIDES AS PARTNERS IN CARE.....	2
LEGISLATIVE STRUCTURE	2
How This Affects Health Care Aides	3
What This Really Means.....	3
STANDARDS FOR THE SUPERVISION OF HEALTH CARE AIDES IN THE PROVISION OF NURSING CARE AND PERFORMANCE OF RESTRICTED ACTIVITIES.....	4
ASSIGNING CARE TO THE HEALTH CARE AIDE	4
FIGURE 1: DECISION TREE RESTRICTED ACTIVITY OR ACTIVITY OF DAILY LIVING. 6	6
SUPERVISING THE HEALTH CARE AIDE	7
Nursing Assessment.....	7
Nursing Care Planning.....	8
Nursing Care Plan Implementation.....	8
Evaluation of Nursing Care	8
GUIDANCE FOR OTHER CARE COMMONLY PROVIDED BY HEALTH CARE AIDES	8
Assistance With Medication	8
Vital Signs.....	9
Feeding.....	9
Documentation By Health Care Aides.....	9
EMPLOYER AND HEALTH CARE AIDE RESPONSIBILITY AND ACCOUNTABILITY	9
MANAGEMENT OF UNSAFE SITUATIONS OR WHEN QUESTIONS ARISE	10
GLOSSARY	11
REFERENCES.....	13
APPENDIX A: LEGISLATIVE AUTHORITY.....	15
Activity of Daily Living.....	15
Restricted Activities.....	15
Exemptions to Restricted Activities.....	17
APPENDIX B: EXAMPLES OF PROCEDURES DETERMINED TO BE RESTRICTED ACTIVITIES, ACTIVITIES OF DAILY LIVING OR REQUIRE FURTHER ASSESSMENT BY A NURSE ACCORDING TO THE ESTABLISHED NURSING CRITERIA	18
Other Care Commonly Provided	20
APPENDIX C: MODULES FOR THE PROVISION OF SAFE CARE	21

DECISION-MAKING STANDARDS FOR NURSES IN THE SUPERVISION OF HEALTH CARE AIDES

The three regulatory bodies for nursing in Alberta: College and Association of Registered Nurses of Alberta (CARNA), College of Licensed Practical Nurses of Alberta (CLPNA) and College of Registered Psychiatric Nurses of Alberta (CRPNA), collaborated in the development of this document to meet the provisions of the *Health Professions Act (HPA)*, *Government Organization Act (GOA)* and each profession's regulation under HPA. Members of all three groups may have responsibility to supervise health care aides in performing restricted activities and providing nursing care. The three nursing groups recognize the importance of consistent interpretation and application of the Act and regulations in all settings where nurses practise to promote safe, competent and ethical nursing care, and the importance of clarity of communication between and among health-care workers and the public they serve.

The purpose of this document is to identify standards that must be met by registered nurses (RN), licensed practical nurses (LPN) and registered psychiatric nurses (RPN) for the supervision of health care aides in the provision of care and performance of restricted activities. Throughout this document, the term “nurse” refers to a RN, LPN, or RPN in Alberta. “Nurse” is a protected title under the *Health Professions Act (HPA)* and may only be used by a regulated member of CARNA, CLPNA or CRPNA.

Health care aides may be employed in any setting where care is provided. Some settings are within the health system and others are within the housing sector. Increasingly health care aides are being employed in acute care settings. This document is applicable to all settings where health care services are provided. Development of employer policy that aligns with these standards will enhance and support safe client care.

INTRODUCTION – HEALTH CARE AIDES

Health care aides are known by various job titles as determined by their employers, including personal care aides, assistants or attendants, psychiatric aides, home or support workers, community health representatives (in aboriginal communities), or auxiliary health care workers. The use of the term “health care aide” has evolved to be the generic title for this group of staff.

In a continuing care or acute care facility where a number of clients reside or are being cared for, needs of clients range from providing some assistance with personal care activities to total care. There is on-site supervision by a nurse in these settings. Health care aides may provide care to groups of clients/residents or may be assigned to care for specific individuals.

Health care aides may also provide care in a private home or group home. In this setting the worker usually provides care to the same client(s) on a regular schedule, and therefore knows the client and the client's abilities and specific needs. Following a nursing assessment and care planning by a nurse, the supervising nurse may choose to teach and assign to an individual health care aide, specific tasks or approaches related to the care of the individual client. The nurse evaluates the care provided and makes adjustments to the care plan. In community settings, the nurse is available for guidance and consultation by the health care aide but is not actually on-site at the point of care where the assigned task(s) is being performed.

Psychiatric health care aides provide care in institutional and community settings to persons with substantial disorders of thought, mood, perception or memory that impairs the client's judgment, behavior, and capacity to recognize reality or ability to meet the ordinary demands of life. While these aides do not do psychosocial interventions to treat these disorders, they do provide care that supports the client under the direction and supervision of a regulated nurse.

Alberta Health and Wellness issued the *Health Care Aides Competency Profile* (Alberta Health and Wellness, 2001), which identifies competencies that should be met by health care aides in health care settings. These competencies have been developed to enable the framing of training modules applicable to preparation of health care aides for various settings, and to serve as guides for educational institutions developing courses. Health care aides come from a variety of backgrounds including internationally educated nurses who are working towards meeting licensure requirements, students in nursing programs, or those who have no experience in health care. Some may be new Canadians with limited English language skills. Experienced health care aides may or may not have taken a variety of educational programs. Continuing education programs are as essential for health care aides as they are for all regulated health professions.

HEALTH CARE AIDES AS PARTNERS IN CARE

In the present health care environment collaboration of the members of the health care team is valued and encouraged. Well functioning teams have shown great promise in delivering quality care and contributing to patient safety (Pan-Canadian Planning Committee on Unregulated Health Workers, 2008). Increasingly, health care aides are part of the staff mix. Clear job descriptions and educational programs to ensure attainment of necessary competencies will increase trust in and respect for the health care aide. This will contribute to the integration of the health care aide as a valued member of the health care team. Effective communication is critical to ensure the sharing of necessary information between the health care aide and the nurse and to integrate the care activities.

LEGISLATIVE STRUCTURE

In 1999, the *Health Professions Act* (HPA) was passed providing a regulatory structure for all self-governing health professions in Alberta. Each profession has:

- a practice statement in HPA that outlines the practice of the profession and,
- a regulation specific to the profession

HPA enables a profession to authorize its members to perform restricted activities. "Restricted activities are a procedure or service that requires a specific professional competence to be performed safely" (Health professions act: A new law for regulated health care professionals, 1999, p. 6). The complete list of restricted activities is in Schedule 7.1 of the *Government Organization Act* (GOA) (See Appendix A). According to the GOA, no one can perform a restricted activity unless the person:

- is authorized under their professional regulation
- the Minister of Health makes a specific regulation authorizing a person or category of persons to perform a restricted activity or,
- the person is authorized under other legislation

How This Affects Health Care Aides

Health care aides are enabled to perform restricted activities under the provisions of Schedule 7.1 of the *Government Organization Act* (GOA). Under this section of the GOA a health care aide can perform a restricted activity if:

- The health care aide has the consent and supervision of a regulated nurse,
- The profession has a regulation that permits the health care aide to perform the restricted activity, and
- There is a regulation respecting how regulated members supervise health care aides in the performance of a restricted activity.

The three nursing groups have agreed to authorize their members to consent to and supervise health care aides in the following restricted activities:

- 2(1)(b) to insert or remove instruments, devices, fingers or hands
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge

[GOA, Schedule 7.1, Section 2(1)]

The GOA also allows unregulated providers of care such as health care aides to perform “activities of daily living”.

As defined in GOA:

“activity of daily living” means activities that individuals normally perform on their own behalf to maintain their health and well-being, and includes,

- (i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
- (ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection

[GOA, Schedule 7.1, Section 1(a)]

Schedule 7.1 Section 2(2) makes exemptions to the list of restricted activities when they are,

- a) activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf,
- b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups

[GOA, Schedule 7.1, Section 2(2)]

What This Really Means

When nursing care is being provided, regulated nurses have the authority and responsibility to determine when an invasive procedure is considered a restricted activity and when it is an activity of daily living. That decision determines what can and cannot be done by the health care aide.

STANDARDS FOR THE SUPERVISION OF HEALTH CARE AIDES IN THE PROVISION OF NURSING CARE AND PERFORMANCE OF RESTRICTED ACTIVITIES

Care provided by health care aides can include:

- restricted activities where the nurse consents to and supervises the health care aide in performing the restricted activity as authorized in the profession's regulation under HPA
- those tasks which would normally be considered restricted activities, but which, for a specific client, falls under the definition of **activities of daily living**, because they are part of the normal routines of healthy living for that individual
- the provision of care as identified in the competencies outlined in the *Health Care Aides Competency Profile* (Alberta Health and Wellness, 2001)

ASSIGNING CARE TO THE HEALTH CARE AIDE

1. **The health care aide may be assigned care that includes the following two restricted activities.**

Section 2(1)(b) to insert or remove instruments, devices, fingers or hands

- (vii) **beyond the labia majora,**
- (viii) **beyond the anal verge**

[GOA, Schedule 7.1, Section 2(1)]

The intervention must be:

- **appropriate to client needs,**
- **within the competencies of the individual health care aide,**
- **supervised by the regulated nurse, and**
- **supported by employer policy**

Health care aides perform these restricted activities for the purpose of fecal evacuation (e.g. suppositories or fleet enemas), management of menstruation or inserting vaginal medication.

2. **No restricted activity can be assigned to a health care aide by a regulated nurse member other than the two identified in Standard # 1, unless in that particular situation the restricted activity is considered an activity of daily living for that client.**

In some circumstances a restricted activity may qualify as part of the routine activities of daily living for an individual client. The following entire list of criteria must be present to determine that a restricted activity is an activity of daily living, not just one or two of the conditions:

- a) if the client did not have physical and or cognitive limitations and was able to perform the task, he would do the task himself as part of his daily normal routine, and

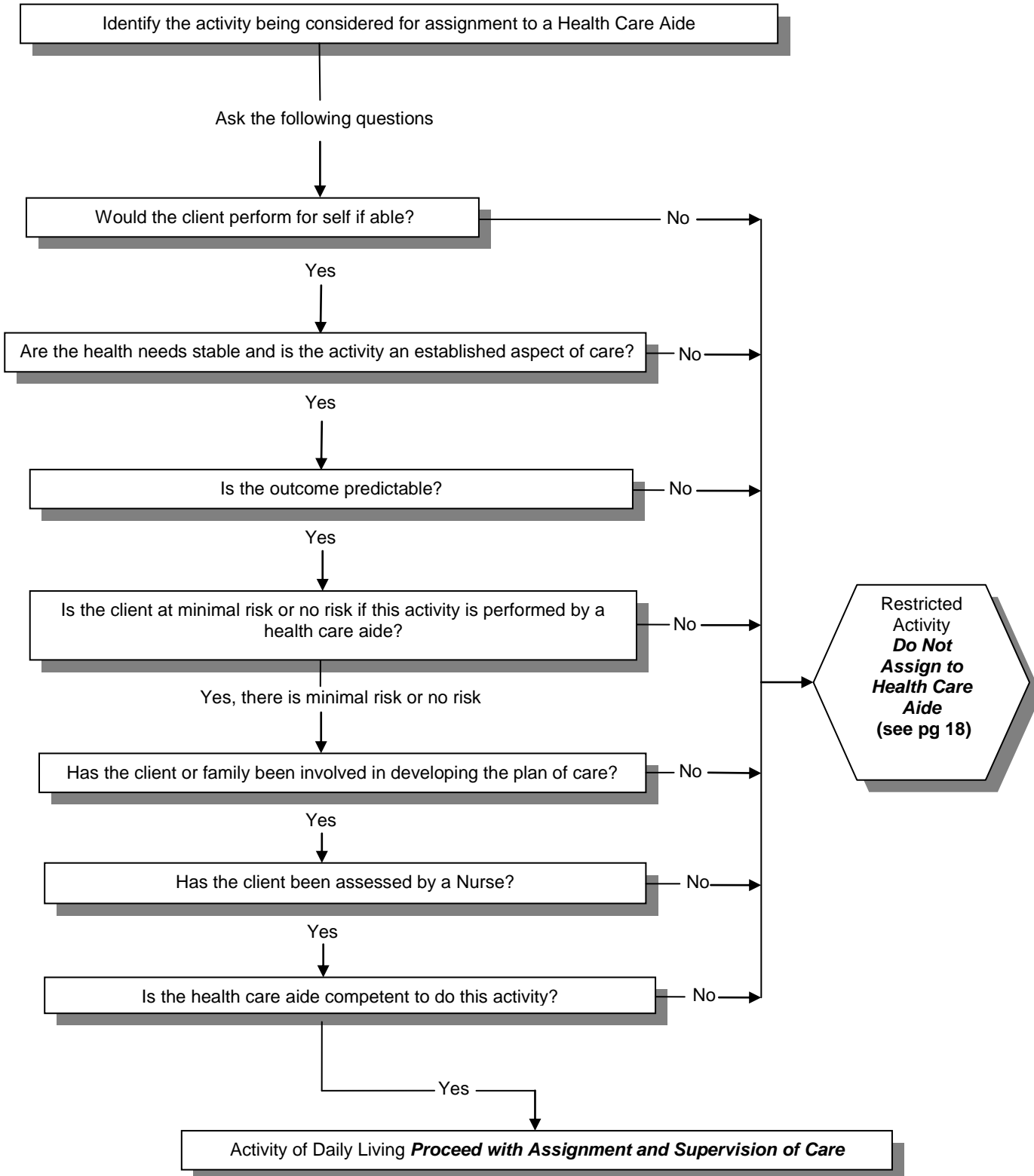
- b) the client's health needs are stable and the restricted activity/task is an established aspect of care, and
- c) the outcomes of the invasive procedure are generally predictable, and
- d) the client will not be at risk if the task is performed by a health care aide, and
- e) the client and/or his family or guardian have been involved in developing the plan of care and understand that a restricted activity/task may be assigned to a health care aide, and
- f) the client has been assessed by a nurse and the outcomes of the care provided will be evaluated on an ongoing basis by a regulated nurse, and
- g) the health care aide performing the procedure has been assigned this procedure by a nurse, and
- h) the health care aide assigned the responsibility for the task has received instruction from a nurse and the health care aide is competent in performing the intervention/task or activity

The conditions described above are illustrated in the decision tree in Figure 1, on the following page.

Examples of client circumstances in which, tasks are determined to be restricted activities or activities of daily living, using the criteria above are found in Appendix B. The criteria must be used to determine whether the task that had been assigned as an activity of daily living continues to be appropriate to be provided by a health care aide.

When the client's condition changes or deteriorates what has been considered an activity of daily living may become a restricted activity. The determination of whether or not a particular task/intervention is or has become a restricted activity or an activity of daily living is based on the assessment and critical judgment of the nurse, not on the location where the care is provided.

**FIGURE 1: DECISION TREE
RESTRICTED ACTIVITY OR ACTIVITY OF DAILY LIVING**



SUPERVISING THE HEALTH CARE AIDE

- 3. Supervision is defined as consultation and guidance by the regulated nurse in the practice setting.**

The health care aide being supervised is responsible for requesting consultation or guidance from the regulated member when they need assistance.

Supervision may be direct, indirect or indirect remote.

A regulated nurse will determine if a particular activity can be assigned to a health care aide and if it is appropriate, given the context and specific situation. This decision-making by the nurse involves the skilled and knowledgeable application of the nursing process, including assessment, planning, implementation and evaluation of care.

Supervision may be direct, indirect or indirect remote. Direct supervision means a regulated member is present in the practice setting at the point of care. This means that the regulated member is providing supervision 'at the side of' the health care aide.

Indirect supervision means the regulated nurse member is available for guidance and consultation but is not directly at the side of the health care aide. This means that the regulated member is readily available on the unit or in the same location where the care is being provided. In community health settings, being readily available in the same location where the care is being provided would mean that the regulated member is physically present in that setting.

Supervision that is indirect remote means that a regulated member is available for consultation and guidance but is not physically present in the location where the care is being provided and is able to be easily contacted through the use of technology. This means that the regulated member may be available on an adjacent unit, within the four walls of a facility or agency, or can be reached by telephone, pager or other electronic means when the person being supervised needs verbal assistance or guidance in providing client care (*Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care, 2005*).

- 4. The supervising nurse retains responsibility for assigning client care appropriately to the health care aide, and for ongoing evaluation of nursing care.**

The health care aide is responsible for the assigned tasks and the care he/she provides.

The regulated nurse consistently applies a step-by-step reasoning process to make (consent to) client care assignments and supervision decisions in keeping with nursing responsibility and accountability. The outline of this process is provided below.

Nursing Assessment

- assessment of client and client needs
- assessment of the practice environment
- assessment of skill mix available to provide care

Nursing Care Planning

- consideration of the nursing care tasks to be performed for each client
- decisions about the most appropriate provider to assign
- competent teaching of health care aide if necessary and appropriate
- ensuring that the care provision will be supervised by a regulated nurse
- communication of assignments to available providers
- facilitate consistency in assignment and supervision of care to the health care aide to maximize the safety and efficiency of the care provided

Nursing Care Plan Implementation

- supervision of care by nurse
- availability of nurse for instruction to, consultation with and reporting by health care aides
- availability for intervention in care where necessary

Evaluation of Nursing Care

- assessment of appropriateness of assignments
- assurance of ongoing communication and recording of care provided
- ongoing adjustment of care plan as necessary
- evaluation of reporting and documentation of client response and care outcomes

GUIDANCE FOR OTHER CARE COMMONLY PROVIDED BY HEALTH CARE AIDES

Health care aides may provide care in a variety of psychiatric, community and institutional settings as part of the health care team. They are increasingly being employed in hospitals on either acute care units or units where clients are awaiting placement in long-term care. They are also employed in group homes where there is no on-site supervision by regulated nurses. A significant portion of the care provided involves assistance with personal care activities, such as mobilizing, dressing, bathing, grooming and toileting. Higher risk activities that health care aides may be assigned include assistance with medication, taking vital signs and feeding of clients. The *Provincial Competency Profile* (Alberta Health and Wellness, 2001) and the *Provincial Health Care Aide Curriculum* (Alberta Health and Wellness, 2005) detail the competencies that are considered basic to health care aide practice.

Assistance With Medication

As care delivery has changed in Alberta many health care aides may now be responsible for assistance with non-injectable medications. There are some key considerations for nurses when assigning or supervising medication assistance by health care aides.

The health care aide responsibility is to assist the client with taking their medications. They are responsible to remind or prompt the clients to take their medications, assist in opening medication containers such as bubble packages or pouches, and to ensure that the medications are taken at the appropriate time. The health care aide may also be responsible to report if they have any concerns related to the client care to the nurse.

It is not appropriate for the health care aide to assess the client and then administer PRN medications as the knowledge, skill and judgment of a nurse is required in the assessment and evaluation of the administration of a PRN medication. The nurse is responsible for the overall assessment and monitoring of the client, the assignment and supervision of care to the health care aide, and the assessment, administration and evaluation involved with any PRN medication.

A formalized medication administration system needs to be in place where health care aides assist with medication administration. The health care aide's role must be outlined clearly in policy to further guide staff to maintain quality and safety in practice.

Vital Signs

The *Provincial Curriculum for Health Care Aides* (Alberta Health and Wellness, 2005) contains a module for teaching health care aides to take vital signs such as, height, weight, pulse, respirations and blood pressure. Health care aides may perform these activities where policy in employment setting supports them in doing so and they have the necessary competencies. While these activities may be assigned to health care aides, the nurse at the point of care needs to determine if it is appropriate in specific client situations and retains responsibility for the interpretation of the vital signs. For example, the health care aide may take the vital signs of a stable resident in a long-term care setting, but when the condition of the resident is deteriorating, it should be the regulated nurse who performs the vital signs.

Feeding

Assistance with feeding is a common activity for health care aides. It is however, an activity that also has risk associated with it. Swallowing and chewing disorders require correct feeding techniques and specific feeding competencies in order for safe patient care to be provided. It is important that food be the right temperature and the client positioned appropriately. The right food given to the right person at the right time is particularly important for diabetics and those on specific diets.

Documentation By Health Care Aides

Employer policy will guide documentation by health care aides. They should document the care they provide and report and document any observations they make that are pertinent to the care of the client in a timely way.

EMPLOYER AND HEALTH CARE AIDE RESPONSIBILITY AND ACCOUNTABILITY

Employers are responsible and accountable to ensure that the health care aide has the competencies required for their role, and to provide clear and ongoing means of communication of this information to regulated nursing personnel.

Agencies and administrators are responsible for ensuring that current policies are maintained and communicated to all staff concerning the tasks and activities that may be assigned, and to whom. They are also responsible for ensuring that practice environments have the organizational and human support systems, and the resource allocations necessary for safe, competent and ethical nursing care.

Health care aides to whom care is assigned are responsible and accountable for the care they provide, including performing the task competently, and reporting to the nurse signs, symptoms or changed circumstances in a timely manner. Health care aides are responsible for knowing and declining when care that needs to be provided exceeds their level of competence. In such situations they need to seek assistance from the regulated nurse, the nurse in charge or the manager. In some circumstances the nurse will provide direction to the health care aide that a specific intervention is to be referred to the nurse and not performed by the health care aide. The nurse may also direct that certain observations be reported to the nurse within a particular time frame. Specific skills taught in relation to one client are not automatically transferable to the care of another client.

The *Provincial Curriculum for Health Care Aides* (Alberta Health and Wellness, 2005) provides a sound foundation for the care that can be provided by the health care aide. **The three nursing colleges, CARNA, CLPNA and CRPNA strongly encourage completion of the modules associated with these competencies as the basis for the provision of safe care.** (See Appendix C for a list of the modules in the Profile)

Employers and nurses can support safe and acceptable standards of care are in place by:

- teaching health care aides to perform the restricted activity/intervention/task through a formal training program and/or a training module provided by the employer
- ensuring health care aides' competencies by supervising and observing a return demonstration in accordance with employer policies, and documenting the outcome
- establishing and monitoring client outcomes at regularly established intervals

MANAGEMENT OF UNSAFE SITUATIONS OR WHEN QUESTIONS ARISE

Where assignment of activities or tasks is assessed by the nurse to be inconsistent with the needs for nursing care of specific clients or client populations, the nurse has the responsibility to:

- question the practice
- identify the problem clearly, including relevant evidence that a problem exists
- document rationale for decisions taken and problems encountered, including the assessment of client needs and the deficits in assigning functions as expected
- communicate concerns about practice to nursing administration as soon as possible, following agency policies and using organizational mechanisms and lines of authority
- advocate for appropriate staff assignment to meet client needs safely
- maintain accurate personal records of actions taken
- consider whether information from external supports is appropriate or necessary

GLOSSARY

accountability	ability to explain rationale for actions taken or not taken that is consistent with the responsibility for which the individual is employed
assign	to transfer responsibility for completion of a task or set of tasks to another health-care worker
activity of daily living	<p>an activity that individuals normally perform on their own behalf to maintain their health and well-being, and includes</p> <ul style="list-style-type: none">i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, andii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection <p style="text-align: right;"><i>(Government Organization Act, 2000)</i></p>
health care aide	non-regulated, direct client service providers who provide basic health services and assistance/support with activities of daily living for clients who have medical conditions or major functional limitations. Health care aides work under the direct, indirect, or indirect supervision of a regulated nurse
competence	the ability to demonstrate the requisite knowledge, skills, judgment and attitudes to perform a specific function
consent to	informed and documented agreement by the regulated nurse to the assignment of a restricted activity to a competent health care aide to be performed for a specific client under specific circumstances
consultation	conferring with, seeking information, advice or direction from
evaluation	the assessment of actual versus expected outcomes of care for the purpose of adjusting one's actions as required towards achieving the best potential health outcomes for the client
nurse	a regulated member of the College and Association of Registered Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta or College of Licensed Practical Nurses of Alberta
outcomes	the responses that indicate the client's health status and/or level of knowledge as a result of therapeutic nursing interventions and activities
predictability	the extent to which one can identify in advance a client's response on the basis of observation, experience, or scientific reason. It involves assessment of how effectively the health condition is managed, the changes likely to occur, and whether the type or timing of changes can be anticipated

responsibility	obligation to provide for the needs for nursing care in accordance with professional and legal standards
stable	not changing or fluctuating
supervision	<p>supervision is defined as consultation and guidance by the regulated nurse in the practice setting. Supervision may be direct, indirect or indirect remote. Direct supervision means a regulated member is present in the practice setting at the point of care. This means that the regulated member is providing supervision ‘at the side of’ the health care aide</p> <p>indirect supervision means the regulated nurse member is available for guidance and consultation but is not directly at the side of the health care aide. This means that the regulated member is readily available on the unit or in the same location where the care is being provided. In community health settings, being readily available in the same location where the care is being provided would mean that the regulated member is physically present in that setting</p> <p>supervision that is indirect remote means that a regulated member is available for consultation and guidance but is not physically present in the location where the care is being provided but is able to be easily contacted through the use of technology. This means that the regulated member may be available on an adjacent unit, within the four walls of a facility or agency, or can be reached by telephone, pager or other electronic means when the person being supervised needs verbal assistance or guidance in providing client care (Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care, 2005)</p>
restricted activities	regulated health services which have been identified as involving a significant degree of risk to the public. They are also activities that demand specific competencies on the part of the person performing them (Alberta Health and Wellness, 2000, p. 12.)
teaching	providing systematic, competent instruction and determining that the learner is competent to perform the function taught

REFERENCES

- Alberta Health and Wellness. [1999]. *Health professions act: A new law for regulated health care professionals*. Edmonton, AB: Author
- Alberta Health and Wellness. (2001). *Health care aides competency profile*. Edmonton, AB: Author.
- Alberta Health and Wellness. (2005). *Provincial curriculum for health care aides*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2005). *Standards for supervision of nursing students and undergraduate nursing employees providing client care*. Edmonton, AB: Author.
- Government Organization Act*, R.S.A. 2000, c. G-10, Sch.7.1.
- Health Authorities HPA Review Committee. (2005). *Restricted activities, activities of daily living and unregulated workers: Supervised by nurses: A followup discussion paper*. Edmonton, AB: Author.
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Merriam Webster's collegiate dictionary* (10th ed.). (1994). Springfield, MA: Merriam Webster.
- Pan-Canadian Planning Committee on Unregulated Health Workers. (2008). *Valuing health-care team members: Working with unregulated health workers: A discussion paper*. Ottawa, ON: Author.

APPENDIX A: LEGISLATIVE AUTHORITY

Activity of Daily Living

Under the *Alberta Government Organization Act*, Schedule 7.1, *Health Services Restricted Activities*, Definitions, Section 1,

- a) “activity of daily living means an activity that individuals normally perform on their own behalf to maintain their health and well-being, and includes
 - i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
 - iii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection”

Restricted Activities

The *Alberta Government Organization Act* allows health care aides to perform restricted activities provided:

- The health care aide has the consent and supervision of a regulated nurse,
- There is a regulation that permits the health care aide to perform the restricted activity, and
- There is a regulation respecting how regulated members supervise health care aides in the performance of a restricted activity.

The *Alberta Government Organization Act*, Schedule 7.1, *Health Services Restricted Activities*, Section 2(1) puts forward the entire list of restricted activities (activities which may only be performed by a regulated health worker whose professional regulatory body has deemed the activity to be included within the practice of that profession).

RESTRICTED ACTIVITIES

2(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:

- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
 - (i) below the dermis or the mucous membrane or in or below the surface of the cornea;
 - (ii) in or below the surface of teeth, including scaling of teeth;
- (b) to insert or remove instruments, devices, fingers or hands
 - (i) beyond the cartilaginous portion of the ear canal,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,

- (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body;
- (b.1) to insert into the ear canal
 - (i) under pressure, liquid, air or gas;
 - (ii) a substance that subsequently solidifies;
 - (c) to set or reset a fracture of a bone;
 - (d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
 - (e) to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;
 - (f) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*;
 - (g) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmaceutical Profession Act*;
 - (h) to prescribe, dispense, compound or administer a vaccine or parenteral nutrition;
 - (i) to prescribe, compound or administer blood or blood products;
 - (j) to prescribe or administer diagnostic imaging contrast agents;
 - (k) to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;
 - (l) to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
 - (m) to order or apply any form of ionizing radiation in
 - (i) medical radiography,
 - (ii) nuclear medicine, or
 - (iii) radiation therapy;
 - (n) to order or apply non-ionizing radiation in
 - (i) lithotripsy,
 - (ii) magnetic resonance imaging, or
 - (iii) ultrasound imaging, including any application of ultrasound to a fetus;
 - (o) to prescribe or fit
 - (i) an orthodontic or periodontal appliance,
 - (ii) a fixed or removable partial or complete denture, or
 - (iii) an implant supported prosthesis;

- (p) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
 - (i) judgment,
 - (ii) behaviour,
 - (iii) capacity to recognize reality, or
 - (iv) ability to meet the ordinary demands of life;
- (q) to manage labour or deliver a baby;
- (r) to prescribe or dispense corrective lenses

[GOA, Schedule 7.1, Section 2(1)]

Exemptions to Restricted Activities

Schedule 7.1 Section 2(2) makes exemptions to the list of restricted activities when they are,

- c) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf,
- d) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and
- e) drawing venous blood

[GOA, Schedule 7.1, Section 2(2)]

Under 'Definitions', "surrogate" is defined:

- (i) "Surrogate" means a person authorized by an individual or by the individual's guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.

[GOA, Schedule 7.1, Section 2(1)]

APPENDIX B: EXAMPLES OF PROCEDURES DETERMINED TO BE RESTRICTED ACTIVITIES, ACTIVITIES OF DAILY LIVING OR REQUIRE FURTHER ASSESSMENT BY A NURSE ACCORDING TO THE ESTABLISHED NURSING CRITERIA

Before consideration about how to assign the care of the client, the nurse must decide whether certain tasks should be included in care of the client as defined by the definition of “restricted activity”, “activity of daily living” or “require further assessment by a nurse”. The following examples are provided to illustrate the use of the decision-making criteria provided in this document.

Example One

Bowel care including digital rectal stimulation and suppository insertion: Client lives in daughter’s residence, post CVA, mental status impaired, requires help to mobilize, on regular bowel routine.

- Considered an ADL when:
Outcome and response to bowel care is consistent and predictable, same health care aide comes to home each day, knows client well, daughter involved in care planning and evaluation.
 - Considered a restricted activity when :
Outcome of bowel care variable and requires careful monitoring for bowel status, currently having weekly physician assessments to determine cause of bowel and elimination problems.
-

Example Two

Application of pre-measured vaginal cream into the vaginal vault: Elderly, cognitively impaired client living with son and daughter-in-law who is an LPN. Home care aide comes to assist with bathing daily.

- Considered an ADL when:
Prescription is for diagnosis of post-menopausal vaginal dryness to prevent irritation or ulceration. Same medication/dosage for several years, with effective, predictable outcome. Client is cooperative, although she asks every day what health care aide is doing with the creme.
 - Considered a restricted activity when:
Prescription is for persistent acute vaginal infection. Monitoring of profuse vaginal discharge, sometimes bleeding, believed to be caused by client’s attempts to relieve itching, client unreceptive to instruction and sometimes resists creme application.
-

Example Three

Intermittent urethral catheterization: Thirty year old female client is quadriplegic due to MVA when she was seventeen. Lives by herself in an assisted living apartment complex for physically disabled. Requires assistance with most ADLs and care is performed by rotating health care aides. Client is mentally alert, assertive, and knowledgeable about all care.

- Considered an ADL when:
Client directs the catheterization, correcting technique of care-givers if necessary, asks for catheterization sooner than q6h routine if she notes need, monitors own urinary output and observes urine for signs of infection or bladder/urethral irritation, all five health care aides have received teaching by the nurse coordinator to catheterize this client, outcome of procedure is predictable and consistent.
 - Considered a restricted activity when:
Client is experiencing multiple bladder problems, including atonia and repeated infections. Urethral opening is difficult to identify, and urethra often goes into spasm with insertion of catheter. Consideration currently being given to insertion of permanent suprapubic catheter. Client so far has not agreed to this medical solution.
-

Example Four

Intermittent urethral catheterization: Client is fifty years old, living in a long term psychiatric rehabilitation centre, diagnosed with obsessive compulsive disorder (OCD). One of client's well established behaviors is compulsive water drinking, resulting in excessive fluid intake and urinary bladder distention. The care of this client includes urethral catheterizations four times per day. In this monitored living environment, care is planned by a nurse in consultation with the health-care team and an aide is always present to assist clients.

- Considered an ADL when:
Client's behavior has been consistent for years and is not expected to change. Client is compliant with care, including catheterizations. Client reliably reports any discomforts experienced, such as abdominal pain or feeling feverish. Client is attached, and responds well, to the aides who regularly provide guidance and assistance as needed, although changes in routine or introduction of new people in the environment cause agitation.
 - Considered a restricted activity when:
Any unfamiliar stimulus exacerbates this client's compulsive behaviors. Attending staff are trained to report increased agitation or changes in behaviors to supervisor. At these times degree and timing of bladder distention are unpredictable and are not reported by client. Often these episodes result in orders for constant surveillance and documenting of intake and output, weekly blood work for electrolytes, and increased dosage of medication. Occasionally intravenous therapy has been required to treat electrolyte imbalance. Sometimes client is resistive to catheterization.
-

Other Care Commonly Provided

Example Five

Feeding dysphagia client: Client is 73 year old male, post CVA, mental status impaired, requires total care with all aspects of activities of daily living including meal assistance. He has been assessed by the Occupational Therapist and is currently on a Dysphagia level 1 diet of thickened fluids and pureed foods due to swallowing difficulties. He has been choking today on sips of water and lunch is arriving shortly.

- Considered an appropriate assignment when:
Outcome and response to meal assistance is predictable and consistent with each daily meal. Staff is educated on dysphagia protocol for CVA client including thickened fluids, swallowing assessment, etc. The feeding of this patient could be assigned to a health care aide.
 - Requires further assessment by nurse when:
Client is newly diagnosed CVA with dysphagia and taking nutrition by mouth has been recently implemented into care plan. Client is having difficulty swallowing today as evidenced by choking on water and is at risk for aspiration. Decision would need to be made as to who has the necessary competencies to feed this resident. Client-specific teaching to the health care aide may be needed. The nurse should monitor the condition of this resident.
-

Example Six

Administration of P.R.N. Medications: Client is an elderly female living in an assisted living facility. She has dementia and requires assistance with her medications or she would forget to take them. She complains of a headache during morning medication round. She has an analgesic order as P.R.N., every 4-6 hours, for pain.

- In this case the medication administration of this client could not be assigned to a health care aide, as this is a P.R.N. medication. The health care aide could be assigned to assist with this medication if it was a regularly scheduled medication and the resident status was stable. If this was a new complaint such as a headache, the nurse should assess the resident.

APPENDIX C: MODULES FOR THE PROVISION OF SAFE CARE

- 01 Role of the Health Care Aide
- 02 Client Centered Focus and Aging
- 03 Functioning Effectively as a Team Member
- 04 Person to Person Communication
- 05 Perform Work Assignments
- 06 Observe Report and Record
- 07 Basic Anatomy and Physiology
- 08 Human Growth and Development and Mental Health
- 09 Safety
- 10 Body Mechanics, Lifts and Transfers
- 11 Assisting with Client Mobility (Ambulation)
- 12 Safety of Equipment Fire and Electrical Guides
- 13 Client Grooming and Personal Hygiene
- 14 Bathing the Client
- 15 Bed Making
- 16 Communication Devices and Related Issues
- 17 Assist with the Treatment of Wounds and Compression Stockings
- 18 Assist at Mealtimes
- 19 Assist with Nasogastric and Gastrostomy Care
- 20 Urinary Function and Related Care
- 21 Urinary Catheters and Drainage Systems
- 22 Assisting the Client with Bowel Care
- 28 Health Services Quality Programs
- 29 Problem Solving Skills
- 30 Conflict Management Skills
- 31 Lifelong Learning and Continuing Education
- 32 Taking and Recording Vital Signs
- 33 Assist with Medication Administration
- 34 Range of Motion
- 35 Restricting Clients Freedom of Movement
- 36 Assist with Oral Suctioning
- 37 Assisting with Respiratory Care
- 38 Assisting with the Newborn
- 39 Child Care
- 40 Legislation