

# Expectations and Obligations During Emergencies

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## INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the **authority** under the *Health Professions Act* (HPA) to carry out its activities and **govern** the practice of Health Care Aides (HCAs)\* in a manner that protects and serves the public interest.

The *Emergency Management Act*<sup>i</sup> defines an **emergency** as a situation that requires quick action or special regulation of persons or property to keep people safe and limit damage to property and the environment. Emergencies can vary widely, from clinical incidents involving individual clients to public health crises that affect entire communities. However, this document focuses on emergencies covered under the *Emergency Management Act*, such as **pandemics**, flooding, and wildfires. HCAs are expected to support **emergency preparedness** efforts designed to lessen the effects of emergencies and promote the safety of clients and the public.

Terms found in the definitions section are **bolded** where they appear for the first time in this document.

## PURPOSE

The purpose of this policy is to clarify the roles and expectations of HCAs during emergencies, helping HCAs adjust to any changes in their practice that may occur. It also provides important information for non-practicing HCAs or HCAs from other provinces who want to register to assist during emergencies in Alberta.

## POLICY

During emergencies, the demand for services may increase due to staff shortages, high need for health services, and other factors. HCAs are expected to **collaborate** with the healthcare team and fulfill their duties to clients, the profession, and the public. This includes following legislative, **regulatory**, and employer requirements.

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\* "In this document, "Health Care Aides (HCAs)" has the same meaning as "regulated member(s)" in the *Health Professions Act*".

HCAs should also ensure their own safety and the safety of clients and **colleagues**. This includes the HCA following current safety principles, emergency protocols, evacuation procedures, as well as regulatory and employer requirements.

## **Responsible and Accountable Practice**

HCAs are responsible for their practice, including staying informed on the latest regulatory changes and ensuring they are aware and up to date on employer requirements related to emergencies. HCAs are expected to collaborate with their colleagues and seek guidance from their supervisor or employer regarding their role during emergencies. This may also include any necessary training related to emergency response and any changes due to the situation, such as working longer or shorter hours or working alone in some settings.

## **Duty of Care**

HCAs have a duty to provide safe, competent, and ethical care to their clients. They must balance their professional **obligations** with their personal needs, including their own mental and physical well-being. To manage this, HCAs should follow the *Standards of Practice for Health Care Aides in Alberta* and the principles outlined in the *Code of Ethics for Health Care Aides in Alberta*. Additionally, they need to seek support from a supervising health professional when needed.

For example, HCAs need to understand their responsibilities for each client assignment and then consider whether they can complete the assignment based on their own needs and safety. When an HCA accepts a client assignment, they must complete it or ensure a proper transfer of care. If they cannot do these, they should provide reasonable notice to their employer to avoid **abandonment of care**, which could result in **complaints of unprofessional conduct**. For more information, please refer to the *Professional Responsibility and Accountability* policy for HCAs.

## **Scope of Practice**

HCAs are expected to continue to work within the HCA scope, individual **competencies**, and employer requirements. However, during emergencies, HCAs may be trained for and assigned to perform unfamiliar tasks within the HCA **scope of practice**, such as client evacuation. HCAs may also need to provide emergency care that serves the client's best interests, such as administering first aid or cardiopulmonary resuscitation (CPR). In all cases, HCAs are responsible for ensuring that they are competent in providing the client safe, ethical, and competent care.

## Changes to Scope of Practice by Special Legislation

Special legislation is a law that applies to specific situations or groups instead of the general population. A ministerial order is a type of special legislation made by a government minister. It provides specific rules or instructions to manage certain issues without the need for a full law-making process.

In a **public health emergency**, the Minister of Health has the authority to use a ministerial order to temporarily change a profession's scope of practice or **registration** requirements. For example, an order may be issued to permit a person or group to perform a **restricted activity** under certain conditions given by the Minister.

If a ministerial order is issued to expand the restricted activities that an HCA may perform, this does not mean that all HCAs should perform that restricted activity. An HCA's ability to perform a new restricted activity due to this order will depend on their training, individual competence, professional judgment, the practice environment, and employer requirements.

The CLHA will provide all relevant government updates to HCAs, including any expansion of authorization to perform restricted activities under special legislation or amended standards of practice. HCAs can contact the CLHA Professional Practice Team if they require further assistance.

## Communicable Diseases Control

The **incidence** and spread of **communicable diseases** can sometimes increase during public health emergencies. HCAs are required to provide the assigned care to clients, including those with communicable diseases, provided the task is within the HCA's scope of practice and individual competence.

Given the increased risk of **exposure** to communicable diseases during emergencies, HCAs need to implement the recommended safety measures in their practice and seek guidance if they are unsure how to use them effectively. Some examples of these measures include maintaining proper hand hygiene, properly using personal protective equipment (PPE), and effectively sanitizing their work environment.

To further minimize the risk of disease **transmission** and ensure a safe environment for clients and colleagues, HCAs must follow infection prevention and control protocols and other employer safety guidelines, such as quarantining and reporting any symptoms they may have.

## Duty to Report

During emergencies, HCAs must immediately report to their supervisor any incidents or concerns, including:

- when the HCA has reason to believe that a client under their care or observation is infected with a communicable disease,
- when the HCA has a health condition that may become dangerous to public health, and/or
- any concerns as outlined in the *Duty to Report* interpretive document or other relevant laws.

Additionally, HCAs are responsible for maintaining accurate records of their actions during an emergency. This includes documenting instructions from their employer or supervisor, the care provided to clients, and any unusual events.

### **Communicating During Emergencies**

During emergencies, HCAs are expected to maintain communication with their employers and the CLHA as needed. When communicating with clients, HCAs should express compassion and empathy and avoid actions or behaviours that may cause the client undue panic. This helps to build trust and ensures that clients feel supported during interactions.

HCAs often interact with the public and may receive questions from clients, families, and others about emergency situations. It is important for them to follow their employer's requirements and only share information that has been verified and that they are **authorized** to **disclose**. If unsure, the HCAs should direct inquiries to their supervisor or employer.

### **Registration Practices During Emergencies**

To practice as an HCA in Alberta, applicants must complete the CLHA's registration requirements and become registered. The CLHA maintains its registration and renewal processes even during emergencies so that HCAs can continue to obtain or renew their practice permits.

Qualified individuals who are not registered in Alberta and wish to work or volunteer as an HCA during an emergency can apply for registration to the CLHA according to the requirements specified by the CLHA at that time. The CLHA will assess and process the applications as quickly as possible. Please refer to the *Declarations and Registration Requirements* policy or contact the Registration Department for more information.

## **CONCLUSION**

This policy outlines the expectations and obligations of HCAs and the required registration practices during emergencies. HCAs are held to the same standards and accountabilities regardless of whether client care is provided in an employment or a volunteer situation during an emergency.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on [clha.com](http://clha.com).

If, after reading this document, you have questions, please contact the CLHA's Professional Practice Team via [practice@clha.com](mailto:practice@clha.com) or 780-484-8886 or 1-800-661-5877 (toll-free in Alberta).

## DEFINITIONS

**Abandonment of care:** occurs if the HCA ends the HCA-client relationship without notice (unless the HCA's safety is at risk). The HCA must notify their supervisor or employer to arrange for transfer care. Failing to do so may result in a complaint of unprofessional conduct.

**Authority:** refers to the power or right to give orders, make decisions, and enforce obedience. It can also mean the appropriate person to give orders or make decisions.

**Authorized:** having legal permission to do something or for something to happen.

**Collaborate:** to work together with clients, their families, and other members of the healthcare team to determine and achieve a shared goal in the client's interest.

**Colleague:** anyone who works with a registrant.<sup>ii</sup> This includes other workers, volunteers, students, contractors, or people from a different site.

**Communicable diseases:** "an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment."<sup>iii</sup>

**Competencies:** the ability to apply the knowledge, skills, behaviours, judgments, and personal attributes required to practice safely and ethically. Personal attributes include attitudes, values, and beliefs.

**Complaints:** a statement that something is wrong or not good enough. A complaint may also refer to a notice that the HCA was involved in unprofessional conduct, which may include not following standards of practice or the Code of Ethics or that an HCA is participating in behaviours that harm the **integrity of the profession**.

**Disclose:** to make personal health information available to others or to release it to another person.

**Emergency:** a serious, unexpected, and often dangerous situation requiring immediate action.

**Emergency preparedness:** "includes all activities, such as plans, procedures, contact lists, and exercises, done in anticipation of a likely emergency."<sup>iv</sup>

**Epidemic:** “a worldwide outbreak of a specific disease which affects a large proportion of the population.”<sup>v</sup>

**Exposure:** occurs when someone comes into contact with a disease-causing organism, such as through touching contaminated surfaces, breathing in droplets from someone's cough or sneeze, or having close contact with an infected person.

**Govern:** to lead, control, or manage an organization or group, often by creating rules and making decisions that guide their actions.

**Incidence:** the number of new cases of a condition (or disease) in a population over a period of time.

**Integrity of the profession:** describes the public trust that is built when members of a profession work within their scope of practice and code of ethics.<sup>vi</sup>

**Obligation/duty:** something that you must do because of a law, rule, promise, etc. or because it is morally right.

**Pandemic:** a widespread occurrence of an infectious disease over a whole country or the world at a particular time.<sup>vii</sup>

**Public health emergency:** the occurrence or threat of a dangerous health-related event that puts public health at risk. Examples of these events include an illness, a health condition, an epidemic or pandemic disease, a new or highly infectious agent, or other harmful materials.<sup>viii</sup>

**Registration:** when a regulatory college approves an applicant to use a specific title, like Health Care Aide, and work in a certain profession.<sup>ix</sup>

**Regulatory requirements/regulatory documents:** rules and guidance documents made by a regulatory body, such as the CLHA, that govern the practices of its regulated members. Some examples of regulatory documents include CLHA standards of practice, code of ethics, policies, and practice guidelines.

**Restricted activities:** health services that can only be performed by authorized persons because of the risks associated with the performance of these activities and the need to ensure that professionals possess the necessary competencies.

**Scope of practice:** refers to the activities or tasks a regulated professional is permitted to perform.

**Transmission:** disease transmission is the passing of a disease-causing organism from an infected individual or group to another individual or group.

**Unprofessional conduct:** according to the HPA, unprofessional conduct includes actions and behaviours that reflect poorly on the HCA profession. Unprofessional conduct includes displaying a lack of knowledge, skill or judgment to provide professional services, not following the HCA standards of practice and code of ethics, or any other behaviour that is defined as unprofessional conduct under section 1(1) of the HPA.

## REFERENCES

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<sup>i</sup> Government of Alberta. *Emergency Management Act*, RSA 2000 c E-6.8. Section 1(f). Alberta King's Printer: EMA

<sup>ii</sup> Definition of COLLEAGUE. (n.d.). Www.merriam-Webster.com. <https://www.merriam-webster.com/dictionary/colleague>

<sup>iii</sup> Government of Canada. *Public Health Act*, RSA 2000, c P-37. Section 1(f). Alberta King's Printer: PHA

<sup>iv</sup> Government of Canada, *Emergency Preparedness*. <https://www.canada.ca/en/health-canada/services/health-concerns/emergencies-disasters/emergency-preparedness.html>

<sup>v</sup> Public Health Agency of Canada. *Pandemic Preparedness* <http://www.phac-aspc.gc.ca/influenza/pandemic-eng.php>.

<sup>vi</sup> CCPNR, *Code of Ethics for Licensed Practical Nurses in Canada* (2023). [Code of Ethics for Licensed Practical Nurses - CLPNA](#)

<sup>vii</sup> Government of Alberta, *Alberta's Pandemic Influenza Plan*, 2014. [Alberta's Pandemic Influenza Plan 2014](#).

<sup>viii</sup> Government of Canada. *Public Health Act*, RSA 2000, c P-37. Section 1(1)(hh.1). *Public Health Act*, section 1(1)(hh.1).

<sup>ix</sup> Live and Learn. (2017). *Registration, Certification and Licensing: What Do These Mean?* <https://livelearn.ca/article/employment/registration-certification-and-licensing-what-do-they-mean/>.