



Medication Assistance

Policy

Effective Date: March 23, 2026
College of LPNs and HCAs of Alberta



Table of Contents

Introduction	1
Purpose	1
Policy.....	1
Difference Between Medication Assistance and Medication Administration.....	1
Requirements for Providing Medication Assistance	2
General Guidelines for HCAs Providing Medication Assistance.....	2
Medications Eligible for Medication Assistance by HCAs	3
Levels of Medication Assistance	3
Types of Supervision	4
Medication Assistance and Cultural Safety	5
Authorization for Medication Assistance	5
Activities in Medication Assistance	5
Activities of Daily Living in Medication Assistance	6
Medication Rights and Safety Checks	6
HCA Role in Medication Assistance	7
Assistance with High-Alert Medications	8
Assistance with Controlled Substances.....	8
Assistance with Cannabis for Medical Purposes	8
Assistance with Oxygen Therapy	9
Assistance Through Feeding Tube.....	9
Assistance with Naloxone	9
Assistance with Insulin.....	10
Over-the-Counter Medications	10
PRN (As-Needed) Medications	10
Hazardous Medications	11
Storage, Disposal, and Handling of Medications	11
Adverse Events and Medication Errors	12
Documentation and Reporting	12
Documentation	12
Observing and Reporting Outcomes.....	13
Conclusion.....	13
Definitions.....	14
References	17

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.

Authorized **supervising health professionals** (other than HCAs) may **assign** HCAs to provide **medication** assistance under specific conditions. Because all medications have the potential to cause harm, HCAs are **accountable** for complying with all relevant **legislation** as well as regulatory and employer **requirements** when providing medication assistance. This document outlines the HCA's role in providing safe medication assistance.

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

PURPOSE

This policy outlines the role of the HCA in medication assistance, including the required **evidence-informed** practices and expectations the HCA must meet. These principles apply regardless of the setting in which medication assistance is provided, including during outings.

POLICY

Difference Between Medication Assistance and Medication Administration

HCAs may provide medication assistance but may not **engage** in medication administration.

Medication assistance is a service provided to **clients** who are unable to safely take their medications on their own to ensure the medication is taken as intended by the **authorized prescriber**.ⁱ This may include verbal reminders, opening medication packages, and providing **physical support** to help clients take their medication(s). The level of medication assistance the client requires is identified in their **care plan**. HCAs can perform medication assistance if certain requirements listed in this policy are met.

Medication administration refers to the process of providing medication(s) to clients to diagnose, treat, or prevent disease and improve health **outcomes**. It involves assessing the client, making clinical decisions, and monitoring and evaluating the care provided. Medication administration is provided by health professionals such as doctors or nurses if it is within their scope of practice and role.

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

Requirements for Providing Medication Assistance

Safe and effective medication assistance supports clients in maintaining and improving their health. The HCA must ensure that they are **competent** and confident to perform the tasks involved in medication assistance before doing so. Before providing medication assistance, the HCA must ensure that all of the following requirements are met:

- the medications to be administered are part of the client's care plan;
- the HCA has the appropriate education, training, and competence to assist the client;
- the client's needs are known and unlikely to change;
- an **authorized health professional** assigns the task, determines the appropriate level of supervision, and supervises the HCA;
- if a client assessment by an authorized supervising health professional is needed immediately before or after providing medication assistance, the authorized supervising health professional is available to perform it;
- if a medication is new to the client or a dose has recently been adjusted, the authorized supervising health professional has confirmed to the HCA that the client's response to the change is known and that the HCA can proceed; and
- the HCA is aware of any employer policies, requirements, and other resources in place to support and guide the HCA in performing medication assistance.

To promote client safety, HCAs must follow the principles of **person-centred care** to provide medication assistance. For example, HCAs must not provide medication assistance to multiple clients simultaneously. Rather, they should assist one client at a time, ensuring that they complete all the steps of medication assistance for that client before proceeding to the next client or task. This practice protects the client's **privacy** and ensures that the HCA focuses on the client, thereby reducing the risk of **medication errors** and undue harm to clients.

General Guidelines for HCAs Providing Medication Assistance

HCAs performing medication assistance are expected to do all of the following:

- provide medication assistance with the client's **consent**,
- follow the care plan and other employer requirements related to the medication assistance,
- document and report any changes in the client's condition and other concerns to the authorized supervising health professional,
- ensure that the storage of medication(s) is according to manufacturer guidelines and is safe and accessible to clients as appropriate,
- report any changes in the client's ability related to their medication assistance needs to the authorized supervising health professional, and
- complete documentation according to regulatory and employer requirements.

Medications Eligible for Medication Assistance by HCAs

Some examples of the forms of medications that HCAs may assist clients with are:

- oral (by mouth) medications such as tablets, capsules, liquids, and pre-measured powders;
- ophthalmic (eye) medications such as drops and ointment;
- otic (ear) medications such as drops and ointment;
- topical medications such as lotions, creams, shampoos, ointments, and sprays;
- transdermal (skin) patches such as medication patches;
- inhaled medications such as dry powdered inhalers and nebulized inhalers;
- nasal medications such as drops and sprays; and
- sublingual (under the tongue) and buccal (inside the cheek) medication such as tablets and sprays.

Levels of Medication Assistance

Level 1: Reminder

Reminder (Level 1) medication assistance is appropriate for a client who meets all of the following criteria.

- The client can **self-administer** medication with a verbal reminder only.
- The client has intact memory, cognition, and communication abilities to manage their medications safely.
- The client does not need to be supervised while taking medication.
- The client knows what medication to take, including **pro re nata (PRN)** or as-needed medications.
- The client can recognize when something about their medication appears different or incorrect and can communicate concerns (e.g., questioning an unfamiliar pill or unexpected timing).
- The client may have medication ready for self-administration (for example, in a dosette).

Level 2: Some/partial assistance

Partial (Level 2) medication assistance is appropriate for a client that meets all of the following criteria.

- The client can self-administer their medications with minimal assistance.
- The client does not need to be supervised taking medication.
- The client knows what medication they are taking, including PRN or as-needed medications.
- The client may need stand-by or physical support such as opening containers or bubble packs for clearly labelled medications (this does not include dosettes).

- The client has intact memory and cognitive ability to participate in medication administration and communicate needs or concerns, but requires some assistance to complete the task safely.

Level 3: Full assistance

Full (Level 3) medication assistance is appropriate for a client who meets all of the following criteria.

- The client needs their medication to be prepared, measured, or removed from the package as long as the HCA is trained to provide this type of assistance, and
 - if the assistance involves crushing medication or mixing it with food, the HCA must ensure that this task is included in the client's care plan. Additionally, the authorized supervising health professional must confirm that the medication can be crushed, that the medication is compatible with other medications if being crushed together, and that the HCA is authorized to perform this task as part of providing medication assistance.
- The client requires physical and cognitive support to take their medication.
- The client needs to be supervised to ensure their medications are taken correctly.
- The client may need assistance for medications that are clearly labelled (this does not include dosettes).

Types of Supervision

Regardless of the level of medication assistance an HCA is providing, HCAs require supervision to perform medication assistance. Supervision refers to the support that HCAs receive from an authorized supervising health professional while performing tasks through assistance, **consultation**, and guidance. There are three types of supervision, and certain activities may require different types of supervision.

- **Direct Supervision:** a supervising health professional is physically present at the **point of care**. This means the supervisor is in the same physical location as the HCA and client during the performance of the activity/restricted activity.
- **Indirect Supervision:** the supervising health professional is available for consultation and guidance, but is not required to be physically present at the point of care. The person providing indirect supervision is readily available on-site and can provide assistance when needed. This means the supervising health professional is in the same workplace and can assist and/or attend to the HCA and client within a short period of time.
- **Remote Supervision:** the supervising health professional is available for consultation and guidance, but is not required to be physically present at the point of care. This means the supervisor can be easily contacted through technology, i.e., by phone or video conference, when assistance is needed.

The authorized supervising health professional performs an assessment on the client, develops a plan of care, understands the HCAs competencies, and follows regulatory and employer requirements to determine the appropriate level of supervision for an HCA to perform medication assistance. Remote supervision is the minimum requirement for supervision required for HCAs performing medication assistance.

Medication Assistance and Cultural Safety

When providing medication assistance, HCAs are responsible for creating a **culturally safe** environment for the client built on fairness, trust, and **respect**. To create this relationship, HCAs should consider the client’s cultural background and how that could impact the client’s full involvement in taking their medication. This means being mindful of the client’s views about health and any language barriers, previous negative experiences, or distrust in the healthcare system.

HCAs must acknowledge the client’s needs and preferences and recognize the client as a key decision-maker in their own care. The HCA must then share relevant information received from the client with the healthcare team and work together to help the client use their medication as prescribed. Maintaining open communication and relations with the client improves their health outcomes by providing clarity on any issues with medication use.

Authorization for Medication Assistance

When safe and appropriate, medication assistance may be assigned to an HCA if it is part of the client’s care plan. The regulated health professional assigning medication assistance must be authorized to perform medication administration without supervision.

HCAs may only provide medication assistance in compliance with legislation, regulations, CLHA standards, and policy documents. Further, they can only do so if it is within their individual competence and they follow employer requirements.

Activities in Medication Assistance

Restricted activities are high-risk health services that can only be performed by authorized and competent regulated health professionals. Legislation, regulation, and the CLHA set out the scope of practice of HCAs in Alberta and the activities they can perform.

Medication assistance on its own is not a restricted activity; however, the **route of administration** may make it a restricted activity. HCAs can be assigned a restricted activity if authorized and when appropriate supervision and specific requirements are in place.

HCAs are authorized to perform the restricted activity listed below, with appropriate supervision:

Inserting or removing instruments, devices, fingers, or hands beyond the

- labia majora, and
- anal verge.

This means HCAs can provide medication assistance through the anal and vaginal routes under supervision.

Please note that restricted activities have special requirements and are performed following strict guidelines. All requirements must be adhered to before the HCA can carry out these restricted activities related to medication assistance. For more information, please refer to the *Standards of Practice for Health Care Aides on Restricted Activities and Supervision Requirements*.

Activities of Daily Living in Medication Assistance

In some cases, a restricted activity can be considered an **activity of daily living (ADL)** if it is an activity that the individual normally performs on their own to maintain their health and well-being. Such activities may be assigned to the HCA if specific conditions are met.

To perform such tasks, the HCA must follow the *Medication Assistance* policy, the *HCA Activities of Daily Living* guideline, the client's care plan, and employer requirements.

Medication Rights and Safety Checks

Medication rights and safety checks help to reduce medication errors and harm to the client. To perform Level 2 and Level 3 medication assistance, the HCA must complete the following medication rights and checks.ⁱⁱ

Medication Rights

- *Right client:* the HCA confirms that the right client receives the medication using two or more client identifiers. Some examples are the client's name, address, date of birth, and in some settings, a photograph of the client.
- *Right medication:* the HCA is accountable for checking that the medication being given to the client is the one correctly listed on the client's care plan or medication administration record (MAR). The HCA must verify that the medication is not expired by checking the expiry date.
- *Right dose:* the HCA checks the amount of medication against the medication label and the client's MAR.
- *Right route:* the HCA checks the route of the medication against the client's care plan. The HCA should also follow any additional directions, which may include shaking before use, taking it on an empty stomach, etc. If the HCA cannot find this information, they should ask the authorized supervising health professional.
- *Right time:* the HCA must be aware of the day and time they are **scheduled** to assist with medication. If a dose is delayed or missed, the HCA must notify and

receive direction from the authorized supervising health professional before proceeding with medication assistance.

- Additionally, the HCA must document if the dose was missed or the actual time the medication was taken and any instructions given by the authorized supervising health professional.
- *Right reason:* the HCA ensures that the client takes their medication for the reason indicated on the care plan or the MAR. For example, if a medication is established as a pain medication on the client's care plan, the client should only take it for that reason and not as a sleeping aid.
- *Right documentation:* the HCA is expected to document as soon as possible after providing the client medication assistance, according to regulatory and employer requirements, to decrease the risk of error.
- *Right to Refuse:* the HCA is expected to report any medication refusal and direct any client questions about their medication to the authorized supervising health professional.

Safety Checks

Three medication safety checks should be carried out before medication assistance takes place to further reduce the risk of medication errors. The checks include the following.

- *Check 1:* usually done by a regulated health professional (other than an HCA) to check that the prescriber's order is appropriate and complete.
- *Check 2:* the HCA checks each medication, while it is still in the package. This includes verifying the medication label with the care plan or MAR, reviewing all instructions on how to use and administer the medication, and checking for client allergies.
- *Check 3:* the HCA reviews the medication rights before assisting the client with their medication.

If the HCA finds any issues during these checks or the client has a concern (e.g., the medications look different than usual), the HCA must contact the authorized supervising health professional before providing medication assistance.

HCA Role in Medication Assistance

HCAs work collaboratively as part of the healthcare team. HCAs should understand each team member's role and communicate effectively for safe medication assistance.

If assigned to perform medication assistance, it is the HCA's **responsibility** to determine their competence to perform that task safely. This includes determining if they have the education, training, skills, and judgement needed to perform that activity. The HCA should also seek help when the assigned activity exceeds their level of competence.

In some settings, the HCA may have additional responsibilities related to medication deliveries. The HCA needs to follow employer requirements related to the task.

Assistance with High-Alert Medications

The term "high-alert medications" refers to drugs that have a higher risk of causing serious harm if they are used incorrectly.ⁱⁱⁱ When taking these medications, the client may experience severe adverse effects or complications. Therefore, extra caution should be taken when assisting with their administration. Examples include anticoagulants, insulin, certain **opioids**, and chemotherapy agents.

Certain medications or routes of administration may be the responsibility of the authorized supervising health professional, whereas others may be assigned to an HCA to assist with. HCAs should be aware of any protocols and safety measures provided by employers to minimize the risk of errors when assisting with this type of medication. For more information and guidance, please refer to employer policy on high-alert medication in your workplace.

Assistance with Controlled Substances

Controlled substances are drugs that have a potential for abuse or addiction, such as **narcotics** or opioids. HCAs can assist with controlled substances if the medications are scheduled and in bubble packages or strips. When assisting with these medications, safe storage practices, such as locking the medications in a cupboard or container needs to be followed to reduce risk. HCAs need to follow all employer and applicable medication assistance requirements and seek guidance from the authorized supervising health professionals as needed.

In home environments, a locked container may be recommended based on an assessment by the authorized health professional. This recommendation is indicated on the care plan, which is developed in collaboration with the client and/or their family. Decisions regarding storage should reflect the client's needs, preferences, and safety considerations, and need to align with the employer's requirements.

The HCA should be aware of the signs of serious side effects associated with the controlled substance the client is taking, such as respiratory depression. They must observe the client closely for these signs and immediately report any indications of an emergency situation to their supervisor.

Assistance with Cannabis for Medical Purposes

Cannabis may be used for medical purposes under legislation to help manage the symptoms associated with some disorders and conditions. HCAs are authorized to provide medication assistance in the use of medical cannabis if it is part of the client's care plan. HCAs assisting with medical cannabis must follow the same requirements as with other medications, including employer requirements.

Assistance with Oxygen Therapy

HCAs may assist clients receiving oxygen therapy, but are not authorized to dose or administer oxygen that is not part of the client's care plan. HCAs can assist by verifying that the client's oxygen flow rate matches the established care plan and monitoring the oxygen flow from the device to ensure that the tubing is not kinked. The HCA's role may also include gathering the necessary equipment and supplies; applying an oxygen mask or a nasal cannula; and observing the client for signs of respiratory fatigue and distress, such as a higher respiratory rate or breathing harder than usual. The HCA must immediately inform their supervisor if they observe any signs indicating that the client is in an emergency situation.

Assistance Through Feeding Tube

Instilling medication into feeding tubes such as a nasogastric tube (NG-tube), gastrostomy tube (G-tube), and jejunostomy tube (J-tube) may be considered an ADL for certain clients. However, this type of ADL requires the health professional performing it to have the knowledge, skill, and competence to perform it safely. HCAs may assist a specific client in instilling medications through a feeding tube if it is an ADL for that client and if assigned and supervised by an authorized health professional. Please refer to the *HCA Activities of Daily Living* guideline for more guidance.

If assigned, the HCA must ensure they are trained and competent to complete the assignment. This assistance may include measuring the medication dose, crushing, dissolving, or mixing the medication to be administered, instilling medication in the feeding tube, and flushing with water before and after each dose.

The HCA must perform all tasks related to instilling medication into feeding tubes under the direction of the authorized supervising health professional. The HCA must confirm that the authorized supervising health professional has assessed the client, the tube, and the site and confirmed that the medication can be crushed.

The HCA must also report any unusual observations to the authorized supervising health professional and maintain proper documentation.

Assistance with Naloxone

Naloxone is a life-saving medication that can temporarily reverse the effects of an opioid overdose until further medical treatment can be administered. An opioid overdose happens when a person takes more opioids than their body can handle, thereby slowing down their breathing. This can lead to unconsciousness and death. Examples of opioids include fentanyl, oxycodone, codeine, etc.

Because an opioid overdose is an emergency, HCAs can assist a client who has overdosed on opioids without being assigned or getting an order.^{iv} The HCA's role in such cases may include:

- recognizing the signs and symptoms of an opioid overdose,
- calling for immediate help if another more trained health professional is available,
- administering the naloxone nasal spray as soon as possible,
- calling emergency responders for further treatment,
- documenting the event and intervention provided, and/or
- reporting to the authorized supervising health professional.

HCAAs should ensure that they follow employer requirements and seek the training required to assist a client who is at risk of an opioid overdose. Training may include knowledge of how naloxone works, how to identify signs of an opioid overdose, and how to administer the medication during an overdose emergency.

Assistance with Insulin

HCAAs may be assigned to assist clients in taking subcutaneous insulin if it is considered an activity of daily living for that client and if the authorized supervising health professional assigning the task has assessed that it is appropriate to do so.

Insulin medication assistance may include:

- bringing insulin and supplies to the client,
- preparing the site for injection,
- verifying the insulin dose dialed up by the client against the MAR or care plan,
- disposing the needle/sharps into a biohazard container, and/or
- tracking and documenting details of the medication assistance.

An HCA's medication assistance role in insulin administration does not include dialling up or injecting the insulin. If a client becomes unable to administer their own insulin, the HCA must report to the authorized supervising health professional, who can then take over the task.

Over-the-Counter Medications

Over-the-counter (OTC) medications are medications that do not require a prescription. In some settings, clients may obtain their own OTC medications or natural health products.

HCAAs can provide medication assistance to clients with OTC medications if they are part of the client's care plan. HCAAs are not authorized to suggest or recommend OTC medications or natural health products to their clients. HCAAs should notify their supervisor if the client has questions about their OTC medications or natural health products or requests an OTC medication that is not in the care plan.

PRN (As-Needed) Medications

PRN medications are prescribed and taken based on the client's immediate needs. PRN medications often relieve symptoms rather than treat an underlying disease. Examples include analgesics (pain relief) and gastrointestinal medications.^y HCAAs are not authorized to

assess clients and should not recommend PRN medications to clients. HCAs can only assist with PRN medication if all the following are met:

- the client requires Level 1 or 2 medication assistance;
- the client has the cognitive ability to recognize when medication may be needed and communicate concerns if something about the medication appears incorrect;
- the client's response to that PRN medication has been assessed by an authorized health professional according to employer requirements, and the response is unlikely to change;
- the care plan outlines what the client needs the PRN medication for;
- the care plan provides instructions for the HCA to follow when providing medication assistance; and
- the employer and authorized supervising health professional authorize the HCA to assist that client with that PRN medication.

To assist with a PRN medication, the HCA must follow the care plan, including the identified reason for the PRN medication. If the PRN medication is needed beyond what is outlined in the care plan, the HCA must refer the client and their family to the authorized supervising health professional.

The HCA must also document the assistance provided and specific observations noted as directed by the client's care plan. The documentation should include details such as the client's request/need for the PRN medication, the amount of medication taken, the time the medication was taken, and if the client felt any relief from their symptoms after taking the medication.

Hazardous Medications

Hazardous medications, such as **cytotoxic medications**, carry a high risk to one's health if a person is exposed to them due to their natural tendency to cause harm. HCAs can assist with hazardous medications if the care plan or MAR clearly outlines the appropriate personal protective equipment (PPE) to use. The HCA should use the appropriate PPE and follow all manufacturer and employer instructions to handle these medications and dispose of all related wastes safely.

Storage, Disposal, and Handling of Medications

The HCA is expected to demonstrate the knowledge and ability to appropriately store, dispose, and handle medications when providing medication assistance. HCAs are also expected to follow employer requirements. For the proper storage, disposal, and handling of medications, the HCA must:

- not **pre-pour medications**;
- not leave medications unattended;
- maintain hand hygiene throughout the medication assistance process;
- use the correct PPE throughout medication assistance;

- follow manufacturer instructions for storing the medication, such as keeping medications away from light or storing them in the fridge; and
- dispose of medications according to the manufacturer and employer requirements.

Adverse Events and Medication Errors

The HCA is required to follow safety strategies to reduce medication errors during medication assistance. The HCA is expected to:

- manage workload to provide medication assistance safely;
- assist one client at a time while maintaining focus and minimizing distractions;
- perform medication rights and safety checks;
- follow employer requirements to minimize medication errors;
- follow employer requirements, manufacturer instructions, and any relevant provincial or national guidelines for storing, handling, using, and safely discarding medication;
- provide clients with information about who to contact if they have questions or concerns with their medication;
- identify and report medication concerns, such as packaging or labelling concerns, to the authorized supervising health professional in a timely manner; and
- if an **adverse event** or **near miss** occurs, report the incident as soon as possible, work with team members to respond to the event, and consider strategies to prevent a recurrence.

Safe medication assistance requires collaboration among the members of the healthcare team. Medication errors can result from individual mistakes, system issues, or both. HCAs are responsible and accountable for their individual competence in medication assistance.

Documentation and Reporting

HCAs must be aware of the expectations and requirements regarding documentation and reporting, including regulatory and employer requirements.

Documentation

Documentation is an essential communication tool used by healthcare providers to store and share client information. Employers use different client record systems for documentation, which may be electronic, paper-based, or a combination. After providing medication assistance, the HCA must accurately and concisely complete and sign documentation records in a timely manner. A medication administration record may include:

- name, dose, route, and frequency of the medication;
- date and time when the medication is due and/or taken;
- allergies;
- if the client refused their medication;
- signature or initials; and
- special instructions.

For more information on documentation, please refer to the *Documentation* policy for HCAs.

Observing and Reporting Outcomes

After providing medication assistance, HCAs must observe the client and report outcomes to the authorized supervising health professional. This includes:

- any concerns or changes in the client’s condition from their normal function and/or behaviour;
- clinical adverse events (unexpected reactions or outcomes), near misses, and hazards;
- medication errors, including missed or delayed medications;
- unusual events such as the client refusing the medication, the medication being missing, or the medication being dropped, etc.; and
- any questions the client or their family may have concerning their medication.

For more information on observing, please see the *Understanding the Difference: Observation, Assessment, and Diagnosis* info sheet for HCAs.

CONCLUSION

This document provides a necessary foundation for standardizing and regulating the practices of HCAs in medication assistance. It contributes to the overall quality of healthcare delivery and public protection. Following these guidelines supports the HCA in delivering effective and safe care.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on clha.com.

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

DEFINITIONS

Accountable: the ability to explain why actions were taken or not taken for a job or task for which the HCA is responsible.

Activity of daily living (ADL): as defined in the HPA, it is an activity that an individual normally performs on their own behalf to maintain their health and well-being. In other words, these are tasks that the client would complete for themselves if they were not hindered by a health condition.

Adverse event: a harmful and negative outcome that happens to a client as a result of a drug or medical care that they have received.

Assign: to transfer a task and its responsibilities to another healthcare worker.

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 health professional: a health professional who is authorized to perform restricted activities without supervision under the *Health Professions Restricted Activity Regulation* and their standards of practice. Authorized health professionals have the education, training, and approval through regulations to perform a particular high-risk professional service.

Authorized prescriber: regulated health professional permitted by the law, their regulatory college, employer, and practice setting (where applicable) to prescribe medications.

Care plan: a document that outlines the care to be provided to an individual client. The client's abilities, physical, social, and emotional needs, as well as cultural and spiritual preferences, are considered when creating the care plan.

Client: an individual who receives a professional service from the HCA. The term client is interchangeable with patient and resident depending on the work setting.

Competent: 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.

Consent: agreement to what is being done by another person, such as the client approving of the proposed actions of the HCA and the healthcare team. Consent also means an agreement to do something.

Consultation: discussing with and/or seeking information, advice, or direction from a regulated health professional.

Culturally safe: providing care to clients that is respectful of the power imbalance that exists between HCAs and clients while ensuring that the care provided is free from discrimination or bias based on any of the protected grounds set out in the Alberta Human Rights Act.

Cytotoxic medication: a group of medicines that contain harmful chemicals that can prevent the growth of cells. If not handled properly, these medicines can harm a person who comes in contact with them.

Engage: to be involved, participate, or show interest in something.

Evidence-informed: an action, decision, or process based on the most up-to-date research and knowledge rather than traditional methods or personal beliefs.

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

Instilling: putting a substance into something in the form of liquid drops.

Legislation: any legally binding rule that governs the HCA profession. This includes the *Health Professions Act* or other laws regulations, bylaws, standards of practice, and code of ethics.

Medication: in this document, medication includes scheduled drugs, over-the-counter medication, natural health products, and other substances used for medical treatment that the HCA may assist clients with.

Medication error: an event that could cause harm to the client due to improper medication use by health professionals, clients, or others.

Near miss (good catch/close call): an event that could have caused harm or resulted in unwanted consequences but did not because the event was caught and prevented.

Opioid/narcotics: a group of drugs that relieve pain by acting on certain cells in the brain. Common examples are fentanyl, codeine, morphine, oxycodone, etc. Some side effects of opioids, such as feeling high, make it common for them to be abused and improperly used. When opioids are used incorrectly or in excess, it can lead to serious problems such as addiction and a fatal decrease in breathing and heart rates, which can lead to death.

Outcome: the responses and events that happen after care is provided to the client.

Physical support: direct support an HCA provides to the client to help them take their medication as prescribed. Examples include opening containers or bubble packs, mixing single-dose powders with water, handing the medication to the client, assisting with positioning, or providing water or another appropriate fluid to help them swallow the medication.

Person-centered care: providing health care in a way that focuses on advocating for clients and respecting their choices, opinions, values, independence, and involvement in decisions. It also includes supporting their physical, mental, social, emotional, thinking, cultural, and spiritual needs.

Point of care: the point of time and setting in which nursing care is provided directly to the client.

Pre-pour medication: means getting the medicine ready and keeping it for later use. This is not a safe practice and should not be done.

Privacy: the right of a client to have some control over how their personal information or personal health information is collected, used, accessed or disclosed.

Pro re nata (PRN) medication: a medication that is not scheduled but is instead taken as needed.^{vi}

Requirements: something that is needed.

Respect: means treating clients and their families with dignity, considering their personal choices, and ensuring they have control over their own care while keeping their private information safe.

Responsibility: the ability to respond and answer for one's actions and duties. Being responsible means that an individual is trustworthy and reliable.

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

Route of administration (of a drug): refers to the way or part of the body by which a medication or substance enters the body. Examples oral, rectal, etc.

Scheduled medications: medications that are prescribed to be taken at specific intervals or times throughout the day. These medications are often part of the client's treatment for managing a client's health condition.

Self-administration: when the client has knowledge of their medication, including its dose and timing, and takes it themselves.

Supervising health professional: a regulated health professional (other than an HCA) who assigns a task to the HCA and is responsible for providing supervision to the HCA for that task.

REFERENCES

-
- ⁱ Thompson Rivers University. *Medication Administration Versus Medication Assistance. (2023). Medication Administration versus Medication Assistance – Personal Care Skills for HCAs*
- ⁱⁱ Alberta Health Services, Policy, Practice, Access & Case Management, Provincial Seniors Health and Continuing Care (2022). *Medication Assistance Program Manual (MAP)*. <https://www.albertahealthservices.ca/assets/info/seniors/if-sen-map-program-in-alberta.pdf>
- ⁱⁱⁱ Institute of Safe Medication Practice (ISMP). *Canadian High-Alert Medication List. ISMP-Canada-High-Alert-Med-List-2024-11x17*
- ^{iv} Government of Canada. *Frequently Asked Questions: Access to naloxone in Canada (including NARCAN™ Nasal Spray)*. [Access to naloxone in Canada](https://www24.intelcom.gc.ca/naloxone)
- ^v Mardani A, Paal P, Weck C, Jamshed S, Vaismoradi M. Practical. (2022). *Considerations of PRN Medicines Management*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9039188/>
- ^{vi} Oh, S. H., Woo, J. E., Lee, D. W., Choi, W. C., Yoon, J. L., & Kim, M. Y. (2014). Pro Re Nata Prescription and Perception Difference between Doctors and Nurses. *Korean Journal of Family Medicine, 35(4)*, 199. [Pro Re Nata Prescription and Perception Difference between Doctors and Nurses - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/25411111/)