

Determining Health Care Aide Scope of Practice

Effective: February 2, 2026

INTRODUCTION

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

HCA scope of practice includes the regulatory, employer, and individual scope of practice combined with three additional factors: HCA **competence**, the client, and the environment. This practice guideline will help HCAs determine their individual scope of practice and the tasks they can perform. It will also support quality care, protecting and serving public interest.

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

Legislation and Regulation

Under the HPA, HCAs are regulated health professionals and are held accountable to their standards of practice and the Code of Ethics. HCAs are **responsible** for being aware of any other legislation that applies to their practice, such as privacy legislation and the *Protection for Persons in Care Act*.

PURPOSE

The CLHA has developed this guideline to help HCAs, the public, and organizations that rely on HCAs determine whether a task falls within an HCA's scope of practice.

HCA scope of practice might be different in each setting, and this guideline is designed to support HCAs in working to their **optimal** scope of practice in all settings.

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

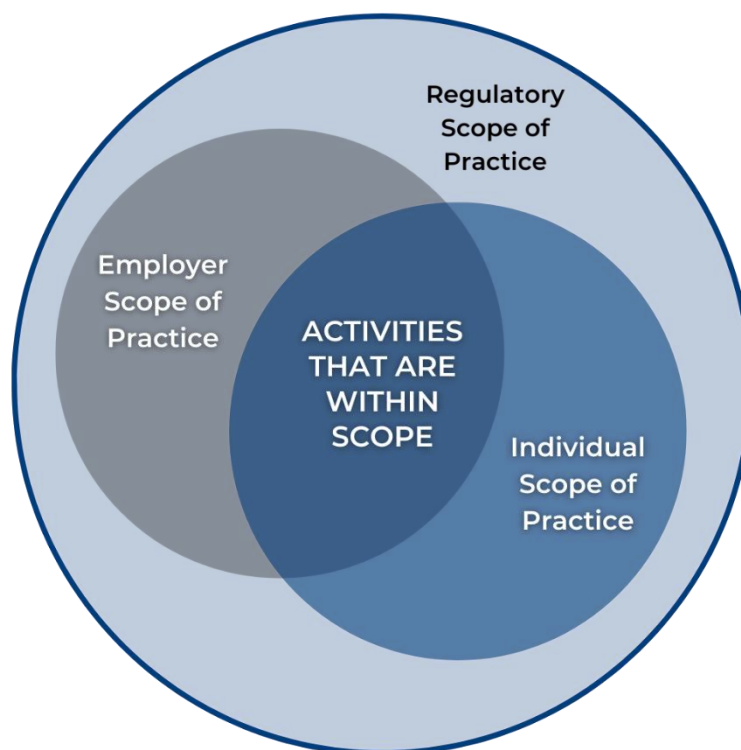
DISCUSSION OF EVIDENCE

Defining Scope of Practice

There are three overlapping areas an HCA needs to consider to determine their individual scope of practice. They include the following.

1. Regulatory scope of practice: the scope of practice for HCAs is defined by legislation, including the HPA, standards of practice, and the Code of Ethics.
2. Employer scope of practice: this is the scope of practice determined by an employer, usually defined by a job description, policies, or guidelines that outline the specific duties and responsibilities allowed by the employer of an HCA.
3. Individual scope of practice: this is the scope of practice determined by an individual HCA's **abilities** and competencies and the supports available to the HCA in a specific work setting.

Note: Employer and individual scope of practice must never exceed regulatory scope of practice.



Regulatory Scope of Practice

The HPA states that HCAs can do one or more of the following as part of their practice as an HCA:

- assist and support activities of daily living to provide basic personal care and health services,
- participate in client education and **promotion** of client wellness across the lifespan,
- assist in teaching a Health Care Aide certificate program approved by the Council,
- teach Health Care Aide **techniques** and practices to practitioners in the workplace, and
- provide **restricted activities** provided by the regulations.

Restricted activities are high-risk health services that can only be performed by **authorized health professionals**. Currently, HCAs are only authorized to perform one restricted activity and may only do so under the supervision of another regulated health professional. Further information related to restricted activities and supervision requirements can be found in the CLHA's *Standards of Practice for Health Care Aides on Restricted Activities and Supervision Requirements*.

Employer Scope of Practice

Each HCA's scope of practice can differ depending on their employer and work setting. An HCA may be able to perform a task at one workplace but not at another. HCAs are responsible for understanding and following the requirements of their particular work setting. The employer or work setting's scope of practice must fall within the regulatory scope of practice.

Employers outline an HCA's scope of practice in their individual care settings through policies, guidelines, and job descriptions. The HCA scope of practice within an employer setting may change and may be supported through additional education and training offered to HCAs. HCAs are responsible for communicating with their employer when assigned tasks outside their regulatory or individual scope of practice.

HCAs are expected to seek knowledge, guidance, and opportunities to practice safely and work within the limits of their particular environment. HCAs are **accountable** for **engaging** in education and training to improve their competence. Employers may provide education and training to HCAs or use other resources to support competency.

Individual Scope of Practice

An HCA's individual scope of practice is defined by their knowledge, experience, and abilities. The individual scope of practice includes an HCA's **entry-to-practice** education,

practice experience, and any additional education and training gained throughout their career. As HCAs become more experienced in particular areas, their individual scope of practice increases. Also, an HCA's individual scope of practice may be impacted by the support available to the HCA in their work setting.

INFORMED PRACTICE

Decision Making: What Tasks Can HCAs Perform?

The healthcare environment is **complex**, and HCAs work to their optimal scope of practice. HCAs work together with their employers and healthcare teams to ensure clients receive care from the professional best suited to perform each task.

HCAs are responsible for **evaluating** their own abilities to help determine if a task falls within their scope of practice. To evaluate their scope of practice, an HCA must consider their regulatory, employer, and individual scopes of practice and the specific circumstances in their practice setting.

The Three-Factor Framework: HCA Competence, Client, and the Environment

Once an HCA understands their regulatory, employer, and individual scope of practice, the HCA must consider the three-factor **framework**. This includes:

- the HCA's competence,
- the client's needs and preferences, and
- the environment in which a task is being performed.

This framework will help determine whether an individual HCA should perform a task by considering the three factors together.

HCA Competence Factors

An HCA's competence is determined by their:

- knowledge,
- skill,
- experience,
- education, and
- training related to a particular task.

The HCA needs to have the individual **capacity** to provide safe, competent, and ethical care for a specific client in a specific setting.

Client Factors

HCA's provide professional services to individuals of all ages in different care settings. HCA's look at their own knowledge, skills, experience, and training compared to a client's needs and determine if they have the competence to provide a specific professional service safely.

To promote safe care, the HCA considers the client's history, preferences, and the client's established care plan, along with confirming the following:

- the client's health status is expected to stay the same during and following the task;
- the expected outcome of the task is known;
- the risk to the client is known and minimal;
- the client, family, or alternate decision-maker has consented to the task being performed;
- there is a regulated health professional (this would not include an HCA) to assess the client per employer requirements and follow up after the task is performed; and
- the HCA has been provided client-specific education and training (if applicable).

HCA's are expected to seek **consultation**, supervision, or guidance as needed and work together with the healthcare team to manage client needs. Collaboration requires effective communication between all healthcare team members based on trust and respect.

Environmental Factors

Environmental factors include policies and resources to support HCA practice. HCA's should have access to the resources they need to perform their role safely and competently. This includes:

- the availability of a client care plan,
- training,
- supervision,
- proper equipment, and
- in-person or remote collaboration and consultation with a supervisor or health professional.

HCA's must comply with the supervision requirements in the *Standards of Practice for Health Care Aides on Restricted Activities and Supervision Requirements* and the *HCA Activities of Daily Living* guideline.

Please see Appendix A: Thinking About HCA Scope of Practice to work through individual scenarios or use the *HCA Practice Decision-Making Tool* on the CLHA website.

CONCLUSION

Understanding the regulatory, employer, and individual scope of practice, combined with the three-factor framework (HCA competence, the client, and the environment), is key to determining an individual HCA's scope of practice.

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

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

DEFINITIONS

Abilities: a person's capability to perform a particular task.

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

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. This could include supervisors, managers, employers, charge nurses, or educators.

Authorized health professional: a health professional who is authorized to perform a 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.

Capacity: a person's physical or mental ability to complete certain tasks.

Competence: 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.

Complex: something that involves a lot of different but related parts.

Consultation: discussing with, or seeking information, advice, or direction from, a regulated health professional. Consultation does not normally happen between HCAs.

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

Entry-to-practice: the requirements needed to begin practice as a health professional.

Evaluating: reviewing something to understand one's skills or knowledge better.

Framework: a system of rules or ideas used to plan or do something.

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

Negative outcomes: an unexpected result of an action taken by an HCA that could harm a client.

Optimal: the best outcome or approach, taking into account all the circumstances, such as competence and employer needs and requirements.

Promotion: the act of encouraging something to happen or develop.

Responsible: duty to provide for the needs of a client following professional and legal standards.

Restricted activities: 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.

Techniques: a particular skill or ability to perform a task more effectively.

APPENDIX A

THINKING ABOUT HCA SCOPE OF PRACTICE

To determine whether a task is within an HCA's scope of practice, HCAs need to consider their own knowledge and experience. HCAs also need to consider how the task fits into HCA scope of practice defined by legislation, regulation, and employer policies and requirements. HCAs need to consider their practice environment and the needs of the individual client.

The questions below should be used to guide decision making about HCA scope of practice. The final determination of whether a task falls within an HCA's scope of practice has to be made by the individual HCA. Only the individual HCA has a full understanding of all of the different factors that go into making the decision.

Is this task within an HCA's regulatory scope of practice?

- Does the task fall within the HCA practice statement in the HPA?
- Does the task fall within the *Standards of Practice for Health Care Aides in Alberta* or the *Code of Ethics for Health Care Aides in Alberta*?
- If the task is a restricted activity,
 - is it a restricted activity that an HCA may do under supervision?
 - has the task been assigned by an authorized health professional?
 - is the authorized health professional available to provide the required level of supervision?
- Does the CLHA have any policies or guidelines to support the decision?

Is the task within the employer's scope of practice?

- Is the task within the HCA's job description?
- Does the HCA's employer support the HCA in performing this task?
- Does the employer have policies, procedures, or requirements related to the task?

Is this task within the HCA's individual scope of practice?

- Does the HCA have the knowledge, skills, experience, training, and individual competence to perform a particular task safely?

Three-Factor Framework

What is the HCA's competence level?

- Does the HCA have the knowledge, education, and training to perform this task safely?
- Is the HCA the health professional best suited to perform this task?
- Does the HCA know the risks and benefits of this task, and are they minimal?
- Is someone available to assist, collaborate with, or consult with if an adverse event occurs?
- If the HCA has not performed this task before or it has been some time since they have, does the HCA need to enhance or refresh their knowledge before performing it?

What are the client's needs?

- Is the client's condition known and expected to stay the same?
- Is there a risk of **negative outcomes**?
- Are there potential negative outcomes that the HCA can reasonably be expected to manage (including being able to manage with the proper supports in place)?
- Does the HCA know the client's preferences and history?
- Has the client been assessed per employer requirements and the task determined to be appropriate for the HCA by an authorized health professional?
- Is the task part of the client's care plan?

See *Understanding the Difference: Observation, Assessment, and Diagnosis* info sheet and the *HCA Activities of Daily Living Guideline* for more information.

What environmental supports are available?

- Does the employer have written policies or procedures for performing the task?
- If supplies or equipment are required to perform the task, are the supplies or equipment:
 - available,
 - in good condition, and
 - not expired?
- Is an authorized nurse or other health professional available to assist, supervise, collaborate with, or consult with?