



Standards of Practice for Health Care Aides on Professional Boundaries

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College of LPNs and HCAs of Alberta

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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** Health Care Aides (HCAs)* in a manner that protects and serves the public interest. Protecting the public involves setting boundaries with **clients**, former clients, people **closely connected with a client**, and **co-workers**.

Standards of Practice and the HPA

Under the HPA, HCAs must follow their profession's standards of practice. Standards of practice provide the minimum level of behaviour that HCAs are expected to meet in their professional practice. Standards of practice can be **enforced** under the HPA. Any action or behaviour that does not follow these Standards of Practice could be considered **unprofessional conduct** and may result in disciplinary action by the CLHA.

Professional Boundary Violations

It is important for HCAs to understand the differences between professional and personal relationships. This document will address the **professional boundaries** that an HCA must not violate.

HCAs are responsible for keeping their relationships with clients, any person closely connected with a client, and co-workers within professional boundaries.

There is a power imbalance between HCAs and clients. When an HCA uses their position to control, intimidate, or inappropriately influence a client, former client, or someone closely connected with the client, this is a **professional boundary violation**.

HCAs are responsible for creating and keeping interactions between themselves, co-workers, and clients safe, respectful, and free from **discrimination**. Co-workers must work together in a way that puts the health and safety of their clients first. This includes demonstrating professional **conduct** while carrying out their work duties, whether online, in public, or in private spaces.

HCAs are required to report all types of abuse and boundary violations in the **workplace** to employers, the CLHA, or any other appropriate authorities as required by law and regulation.

More information about professional boundaries can be found in the *Professional Responsibility and Accountability* policy.

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

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

STANDARD 1: MAINTAINING PROFESSIONAL BOUNDARIES

1.0 HCAs must maintain professional boundaries regardless of any personal relationships.

Professional Boundary Violation

1.1 A professional boundary violation happens when an HCA's actions with a client, former client, a person closely connected to the client, or a co-worker are inappropriate. This includes any action by an HCA that:

- may lower the **self-worth** of a person;
- may break trust; or
- may take advantage of the client, former client, a person closely connected to the client, or a co-worker through the HCA's position of power.

Single or Repeated Incidents

1.2 A professional boundary violation may be single or repeated events of inappropriate actions taken by an HCA that the HCA knows or **ought to reasonably know** could result in lower self-worth, breaking trust, or a person being taken advantage of by the HCA.

Unprofessional Conduct

1.3 A professional boundary violation by an HCA may constitute unprofessional conduct.

Violations in Person and Remote

1.4 Professional boundary violations may happen in person, virtually, in public, or in private spaces. This includes social media, video, telephone, or other technology.

STANDARD 2: BEGINNING AND ENDING RELATIONSHIPS WITH CLIENTS

2.0 An HCA must be aware of when a client relationship begins and ends, and the HCA must not end the professional relationship for inappropriate reasons.

Beginning of an HCA-Client Relationship

2.1. An HCA-client relationship begins at the earliest of any of the following activities:

- the client, or their legally authorized representative, **consents** to receiving **professional services** from the HCA;
- the HCA provides professional services to the client;
- the HCA adds information or charts in the client record; or
- the HCA bills the client for the professional services.

Ending an HCA-Client Relationship

2.2. A person is considered a former client of the HCA when at least one year has passed since the latest of any of the following activities:

- the client, or their legally authorized representative, consented to receiving professional services from the HCA;
- the HCA provided professional services to the client;
- the HCA added information or charted in the client record; or
- the HCA billed the client for the professional services.

Reasons for Ending an HCA-Client Relationship

2.3 An HCA-client relationship may be ended if:

- the client no longer needs care from the HCA,
- the client asks to end the relationship,
- the HCA takes a leave from work,
- the client makes a complaint to the CLHA Conduct Department about the HCA,
- the HCA's safety is put at risk, or
- conditions on the HCA's practice permit prevent the HCA from providing the required care.

2.4 An HCA-client relationship may never be ended for the purposes of forming or pursuing a **sexual relationship** with a client.

2.5 When applicable, an HCA must ensure that the end of the HCA-client relationship is communicated to the client and is documented in the client's record.

STANDARD 3: HCA-CLIENT PROFESSIONAL BOUNDARY VIOLATIONS

3.0 An HCA must always keep professional boundaries with clients, former clients, and a person closely connected to the client.

Boundary Violations

- 3.1 An HCA must not commit **physical boundary violations**.
- 3.2 An HCA must not commit **verbal, non-verbal, and emotional boundary violations**.
- 3.3 An HCA must not commit **financial boundary violations**.
- 3.4 An HCA must not commit **sexual boundary violations**.

NOTE: Sexual boundaries are more broadly defined than **sexual misconduct** or **sexual abuse**. Sexual boundaries encompass any sexual behaviour that is unacceptable but not covered by the provisions in the HPA.

Personal and Professional Relationships

- 3.5 An HCA who provides professional services to a client must not begin a **close personal relationship** with that client.
- 3.6 HCAs may provide professional services to a client with whom they have a **pre-existing** close personal relationship, provided they do not violate any of the boundaries outlined in standards 3.1–3.4.

Factors to Consider Before Engaging in a Personal or Sexual Relationship with a Former Client

- 3.7 A personal or sexual relationship with a former client* may be a professional boundary violation, even if it is not considered sexual abuse or sexual misconduct under the *Standards of Practice for HCAs on Sexual Abuse, Sexual Misconduct, and Female Genital Mutilation*. This depends on whether there is a risk that the HCA will still have power over the former client because of the previous HCA-client relationship, and will depend on factors such as:
 - a) the type of care provided by the HCA to the client;
 - b) the length and strength of the HCA-client relationship;
 - c) the length of time since the HCA-client relationship ended;
 - d) whether the former client told the HCA personal or sexual information while they were a client;

* Please see standard 2.2 for the definition of a former client.

- e) the vulnerability of the former client based on factors such as diminished capacity for decision-making (e.g., because of Alzheimer's, dementia, or other mental health disorders), economic disadvantage, addiction, homelessness, or other factors;
- f) whether the former client was under the age of 18 when the HCA-client relationship began; and
- g) any other relevant factors.

Factors to Consider Before Engaging in a Personal or Sexual Relationship with a Person Closely Connected to a Client

3.8 An HCA should not enter into a personal or sexual relationship with a person closely connected with the client where there is a risk of an ongoing power imbalance. A power imbalance may exist depending on:

- a) the type of care provided by the HCA to the client,
- b) the length and strength of the HCA-client relationship,
- c) the amount of **dependence** the closely connected person has on the HCA, and
- d) the degree to which the client relies on the closely connected person.

Providing Professional Services to Partners and Family Members

3.9 An HCA may give professional services to a family member, **spouse, adult interdependent partner, common-law partner**, or a person with whom they are in a pre-existing and **ongoing sexual relationship** if:

- a) the care is considered the type of personal care that would reasonably be provided to family members; or
- b) the HCA provided the professional service to the person in an emergency situation, and there is no reasonable opportunity to transfer care to another qualified healthcare professional.

STANDARD 4: CO-WORKER PROFESSIONAL BOUNDARY VIOLATIONS

4.0 In addition to the standards regarding HCA-client boundaries, an HCA must not violate professional boundaries with co-workers, including other employees, employers, contractors, volunteers, or students.

NOTE: Co-worker boundary violations can occur when one person takes advantage of a power difference, regardless of their position. HCAs should be aware of any power imbalance between themselves and their co-workers.

What Constitutes HCA-Co-Worker Relationship

4.1 An HCA and co-worker relationship exists when the HCA works with or has work-related interactions with other employees, contractors, volunteers, or students, whether in person or virtually.

Boundary Violations

4.2 An HCA must not engage in unwanted physical or sexual contact or unwanted verbal communication with students or co-workers. These actions may constitute a boundary violation or breach of the *Standard of Practice for HCAs in Alberta* and *Code of Ethics for HCAs in Alberta*.

4.3 An HCA must not engage in conduct with a co-worker that would constitute a criminal offence, including sexual assault.

DEFINITIONS

Adult interdependent partners: in Alberta, two people are considered adult interdependent partners if they have made a legal agreement to become partners (i.e. share their lives, are emotionally committed to one another, and function as one group); they have lived together for three years or more; or, if they have lived together for less than three years but are in a relationship of some permanence, and there is a child of the relationship by either birth or adoption.

Authority: refers to the power or right to give orders, make decisions, and enforce obedience. It can also refer to the person who is authorized to give orders or make decisions.

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.

Closely connected with the client: a person with whom the client has a familial relationship or is otherwise connected as a result of a close friendship, sexual relationship, or is the client's legally authorized representative.

Close Personal Relationship: a person with whom the HCA has a close relationship, which is marked by emotional intimacy, trust, shared history, and often involves someone with whom the HCA has regular interactions.

Common-law partner: a person who lives with the HCA and includes at least one of the following:

- the HCA and the person have been in a relationship for at least twelve months, or
- the person is the parent of the same child as the HCA.

Conduct: how someone acts or carries themselves.

Consent: agreement to what is being done by another person, such as an authorized health professional consenting to supervise the HCA or the client approving of the proposed actions of the HCA. Consent also means an agreement to do something.

Co-worker: any employee, volunteer, student, or contractor who works with the HCA.

Dependence: when someone relies heavily on an HCA.

Discrimination: an action or decision that has a negative effect on an individual or group based on personal characteristics, including a person's race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation.

Enforced: making sure people follow a law, rule, or obligation.

Financial boundary violations: occur where there is inappropriate behaviour involving money or finances between an HCA and a client, former client, or someone closely connected

with a client, (i.e. an HCA promoting a business to a client, asking for money, stealing money, exchanging gifts, etc.).

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

Humiliation: behaviour intended to make someone ashamed or embarrassed.

Intimidation: frightening or threatening someone, usually to persuade them to do something you want them to do.

Manipulation: controlling someone or something to your advantage, often unfairly or dishonestly, for negative or self-serving reasons.

Ongoing sexual relationship: an agreed relationship of a sexual nature between an HCA and another person, where the relationship involves regular sexual activities, and both the HCA and the person know that the relationship has not ended.

Ought reasonably to know: the knowledge an HCA should have, depending on the situation.

Physical boundary violation: occurs where there is inappropriate physical contact between an HCA and a client, former client, or someone closely connected with a client (i.e. hitting, pushing, touching without consent, hugging, kissing, etc.).

Pre-existing: to exist at an earlier time than something.

Professional boundaries: the behavioural expectations of an HCA that create and maintain a safe relationship between the HCA and clients, former clients, someone closely connected with a client, or a co-worker.

Professional boundary violation: breaching professional behavioural expectations that create and keep a relationship safe for the client, former client, someone closely connected with a client, the co-worker, and the HCA.

Professional service: defined in the HPA as a service that falls within the practice of an HCA. This includes one or more of the following:

- 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 regulation.

Self-worth: the sense of one's value or worth, self-esteem, or self-respect.

Sexual abuse: as defined in the HPA, an HCA engages in sexual abuse when the HCA threatens to, attempts to, or engages in conduct towards a client that is of a sexual nature and includes any of the following actions:

- a) sexual intercourse between the HCA and the client;
- b) genital to genital, genital to anal, oral to genital, or oral to anal contact between the HCA and the client;
- c) masturbation of the HCA by, or in the presence of, the client;
- d) masturbation of the client by the HCA;
- e) encouraging the client to masturbate in the presence of the HCA; or
- f) touching of a sexual nature of the client's genitals, anus, breasts, or buttocks by the HCA.

Sexual boundary violation: includes any conduct of a sexual nature directed towards a client, former client, or a person closely connected with a client (i.e. making sexual comments, discussing the possibility of a sexual relationship in the future, making sexualized comments about someone's body or clothing, telling sexual jokes, etc.).

Sexual misconduct: as defined in the HPA, sexual misconduct occurs when there is any incident or repeated incidents of objectionable or unwelcome conduct, behaviour, or remarks of a sexual nature by an HCA towards a client that the HCA knows or ought reasonably to know will or would cause offence or **humiliation** to the client or adversely affect the client's health and well-being but does not include sexual abuse.

Sexual relationship: a relationship between two people that involves sexual, physical, or emotional intimacy.

Spouse: a person legally married to an HCA. This does not include a spouse living separately and apart from the HCA if the HCA and the spouse have separated with a written separation agreement or have had their support obligations and family property division determined under a court order.

Unprofessional conduct: as defined in the HPA, unprofessional conduct includes displaying a lack of knowledge, skill or judgment in the provision of professional services; contravening the HPA, code of ethics, or standards of practice; engaging in conduct that harms the integrity of the profession; or any other behaviour that is defined as unprofessional conduct under section 1(1)(pp) of the HPA.

Verbal, non-verbal, and emotional boundary violations: occur when there is inappropriate communication between an HCA and a client, former client, or a person closely connected to a client (i.e. communication that results in humiliation, **manipulation**, **intimidation**, threats, yelling, inappropriate hand gestures, etc.).

Workplace: a place where people perform their work. The workplace is not limited to one location but could include any location where work is completed, in person or virtually.

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