



Standards of Practice for Health Care Aides in Alberta

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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. Part of carrying out this mandate is creating expectations so that HCAs provide safe, competent, and **ethical care**.

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

Standards of Practice and the HPA

The *Standards of Practice for Health Care Aides in Alberta* define the professional expectations for HCAs across all practice areas and settings. Together with the *Code of Ethics for Health Care Aides in Alberta* and other **regulatory documents**, these documents outline the requirements for professional HCA practice.

Under the HPA, HCAs must follow their profession's standards of practice. Standards of practice explain the 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.

The three broad standards that set out the expectations for HCA practice include:

1. Professional **Responsibility** and **Accountability**
2. Practice and Communication
3. **Self-Regulation** and Public Safety

Using Regulatory Documents

Employer requirements (such as workplace policies) should be used together with applicable **legislation** and CLHA documents. However, employer requirements do not replace or dismiss the standards of practice and other regulatory requirements set by law or the CLHA.

Please note that some requirements and concepts outlined here may be further clarified in other CLHA documents.

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

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

- 1.0 HCAs are responsible and accountable for their individual practice, professional conduct, and meeting regulatory requirements.

Performance Expectations

HCAs must:

- 1.1. establish and maintain registration with the CLHA.
- 1.2. practice within applicable legislation, regulation, standards of practice, code of ethics, and bylaws.
- 1.3. demonstrate ongoing **professional development** through **compliance** with the continuing competence program requirements.
- 1.4. practice to their individual level of **competence** within the defined HCA's scope of practice in a particular setting.
- 1.5. respond as needed and contribute to the efforts of the healthcare team, including emergencies.
- 1.6. report any unprofessional, unethical, or unlawful behaviour by a **regulated health professional** to the appropriate college.
- 1.7. be accountable and responsible for their own professional conduct and ethical decision-making, including when collaborating with others.
- 1.8. document **professional services** they provide in a clear, accurate, and detailed manner.
- 1.9. be accountable for communicating with the regulatory college, as required.
- 1.10. provide guidance, support, and mentorship when supervising HCA students, HCAs on the provisional and transitional register, students from another health profession, and unregulated healthcare providers.
- 1.11. access, use, **disclose**, and manage health and personal information in accordance with the *Health Information Act* and other privacy legislation.

STANDARD 2: PRACTICE AND COMMUNICATION

2.0 HCAs demonstrate effective communication in their practice and deliver **person-centred care**.

Performance Expectations

HCAs must:

- 2.1. follow the **client's care plan** to provide safe, competent, and ethical care within the defined HCA scope of practice.
- 2.2. work in collaboration with the other members of the healthcare team to deliver person-centred care to the client.
- 2.3. provide relevant, timely, and factual information to clients, families, caregivers, and the healthcare team if they are authorized by their supervisor.
- 2.4. report and document any changes in client health status and other relevant information to the healthcare team.
- 2.5. demonstrate effective, respectful, and collaborative communication.
- 2.6. contribute to positive health outcomes for clients by promoting open communication and a **culture of safety** in the workplace.
- 2.7. participate in quality improvement activities within the HCA role to support safe and high-quality services.

STANDARD 3: SELF-REGULATION AND PUBLIC SAFETY

3.0 HCAs maintain individual competence, **fitness to practice**, and self-regulation in order to protect the public.

Performance Expectations

HCAs must:

- 3.1. demonstrate an understanding of and accept responsibility for self-regulation by following all regulatory requirements and seeking guidance if needed.
- 3.2. demonstrate an understanding of the HCA role and how it contributes to client and public safety.
- 3.3. reflect on, assess, and maintain their fitness to practice in order to provide safe, competent, and ethical care.
- 3.4. ensure fitness to practice when providing professional services.
- 3.5. report or declare fitness to practice issues when renewing their practice permit.
- 3.6. anticipate, identify, and promote established client **safety principles** to ensure safe, competent, and ethical care.

DEFINITIONS

Accountability: the duty to answer for the professional, legal, and ethical responsibilities of one's actions.

Authority: 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.

Autonomy: the ability to make choices and decisions according to one's own values and preferences. These choices can be made with support if necessary.

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.

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.

Compliance: obeying a particular law or rule.

Culture of safety: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination where people feel safe when receiving healthcare, allowing someone to authentically be who they are.

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

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

Ethical Care: the practice of providing support and services to clients in a way that respects and upholds moral principles, professional standards, and personal values. It involves making decisions that prioritize the client's dignity, rights, well-being, and **autonomy** while maintaining integrity, fairness, and compassion.

Fitness to practice: having the competence as well as the physical, mental, and emotional abilities to provide safe, competent, and ethical care.

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

Legislation: any legally binding rules that govern the HCA profession. This includes the *Health Professions Act* or other statutes, regulations, and bylaws.

Person-centred care: providing healthcare 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.

Professional development: gaining new skills and knowledge through continuing education and career training.

Professional services: defined in the *Health Professions Act* 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,
- assist in teaching a Health Care Aide certificate program approved by the CLHA Council,
- participate in client education and promotion of client wellness across the lifespan,
- teach Health Care Aide techniques and practices to practitioners in the workplace, and
- provide restricted activities provided by the regulation.

Regulated health professional: any individual who is a regulated member of a regulatory college.

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.

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

Safety principles: measures taken to prevent harm and reduce risks in healthcare. It involves creating a culture and systems that lower the chances of errors, prevent avoidable injuries, and reduce the impact if harm happens.

Self-regulation: an individual's responsibility and accountability for their own decisions, actions, and professional conduct.

Unprofessional conduct: according to 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.

REFERENCES

All references active as of publication date.

Canadian Council for Practical Nurse Regulators (CCPNR), *Entry-Level Competencies for Licensed Practical Nurses* (2019)

Autonomy, independence, long-term care and palliative care: A discussion paper for the 9th Open-ended Working Group on Ageing. (2018). https://social.un.org/ageing-working-group/documents/ninth/Joint_Discussion_paper.pdf

Alberta Health, *Alberta Health Care Aide Competency Profile Health Workforce Planning and Accountability*. (2018).

College of Licensed Practical Nurses of Alberta (CLPNA), *Standards of Practice for Licensed Practical Nurses on Restricted Activities and Advanced Practice* (2020).

CLPNA, *Policy on Professional Responsibility and Accountability* (2024).

CCPNR, *Code of Ethics for Licensed Practical Nurses in Canada* (2013).

Alberta Health, *Alberta Health Care Aide Competency Profile* (2018), Core Competency Profile for Alberta Health Care Aides.

Canadian Nurses Association (CNA), Canadian Council for Practical Nurse Regulators (CCPNR), and Registered Psychiatric Nurses of Canada (RPNC), *Staff-Mix Decision-making Framework for Quality Nursing Care* (2012).

CCPNR, *Entry-Level Competencies*.

CLPNA, *Practice Guideline on Professional Boundaries* (2019)