

# Supervision of Health Care Aides Performing Activities of Daily Living

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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 Licensed Practical Nurses (LPNs)\* in a manner that protects and serves the public interest.

When supervising a Health Care Aide (HCA), an LPN must follow legislation and be aware of the *Standards of Practice for Health Care Aides on Restricted Activities and Supervision Requirements*. The HCA is responsible and accountable for their actions and the tasks they perform. The LPN is responsible and accountable for the client's ongoing assessment, overall monitoring, and follow-up of outcomes.

## PURPOSE

The purpose of this practice guideline is to provide clarity on the responsibilities and expectations of the LPN when assigning and supervising HCAs performing activities of daily living (ADLs) for clients. This supports the LPN in making safe and ethical decisions within their practice environments.

This document focuses on what an LPN should consider when assigning an HCA a high-risk ADL. A high-risk ADL is an activity that is uncommon, poses a higher risk, or was an ADL that was not taught in the HCA entry-level education program.

## DISCUSSION OF EVIDENCE

The LPN is accountable and responsible for their own practice, conduct, and ethical decision-making when engaging with clients. This includes when they work in a collaborative environment with other healthcare professionals, such as HCAs.

The HCA works in different settings and may assist with many tasks, including ADLs. The HCA works in settings such as continuing care, acute care, private homes, group homes, or mental health facilities. The level of care that an HCA provides can vary or change based on factors such as:

- the client's needs, condition, co-morbidities, and acuity;
- if the HCA provides care routinely to the same client;

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\* In this document, "Licensed Practical Nurses (LPNs)" has the same meaning as "regulated member(s)" in the *Health Professions Act*.

- employer policies;
- the HCA's role;
- the completion of a nursing assessment;
- a change to the client's treatment plan;
- the education, experience, and competence level of the HCA; and
- whether the task is within an HCAs scope of practice.

## **INFORMED PRACTICE**

An HCA in Alberta is a regulated health professional under the HPA and is held accountable to their standards of practice and code of ethics.

Under the HPA, an HCA is authorized to assist and support ADLs to provide basic personal care and health services.

### **Collaborative Practice**

Collaboration among the different members of the healthcare team is essential. The 2020 *Standards of Practice for Licensed Practical Nurses in Canada* requires that LPNs understand their role and contribution to collaboration with clients and the healthcare team to promote client safety. For more information on an LPN's role within the healthcare team, please refer to the LPN standards of practice, the *Code of Ethics for Licensed Practical Nurses*, and other regulatory guidance documents.

For example, it is important for the LPN and the HCA to communicate effectively to plan and provide safe client care. Communication should be specific and clear about what tasks the HCA should do or prioritize, when and what to report back, and what the HCA should do if unexpected situations occur.

### **Assigning Care to the HCA**

An LPN may assign the HCA ADL tasks related to the care of a client if the ADL is within the HCA's scope of practice, individual competency, and employer requirements. To do this, the LPN should:

- conduct a nursing assessment of the client;
- develop a plan of care;
- understand the HCA's competencies; and
- follow employer requirements, such as the HCA's job description and the employer's policies.

Once an ADL task is assigned by the LPN and accepted by the HCA, the LPN:

- provides supervision, guidance, and feedback to the HCA;
- ensures that there are additional supports available if needed; and
- remains responsible for the client's ongoing assessment, overall monitoring, and follow-up of outcomes.

The LPN may assign the HCA to do one or more of the following:

- perform a task, which may be an ADL;
- assist the LPN while the LPN performs an activity; or
- report specific observations to the LPN following client care.

HCAs are responsible and accountable for the delivery of safe, competent, and ethical care, including any ADL tasks they have been assigned. An HCA who has accepted an assigned ADL task cannot transfer it to another person. If the HCA cannot complete the assignment for some reason, they are expected to inform the LPN who assigned the task or who is responsible for the client's care so they can reassign the duties to an appropriate health professional.

The LPN should work with the HCA to address any gaps in competency that the HCA might have regarding an assigned ADL task. This may include providing client-specific education, direct supervision, further training, etc. Specific skills taught to an HCA to provide care to one client are not automatically transferable to the care of another client.

Overall, to assign an ADL task to the HCA, an LPN must ensure the following:

- right client,
- right care provider,
- right information is exchanged,
- right monitoring process and supports are in place,
- the expected outcomes are known and unlikely to change, and
- the HCA is aware of what observations are to be made and the type of information to report back, such as changes in client condition or adverse events.

### **Activities of Daily Living**

According to the HPA section 1.2(a), an ADL is "an activity that individuals normally perform on their own behalf to maintain their health and well-being." The HPA specifies that it includes:

- (i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
- (ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes, and administration of drugs by injection.

### **High-Risk ADLs**

In this document, a high-risk ADL is an ADL that is typically less common and requires specific precautions, skills, and competence to perform. Some examples of high-risk ADLs that an HCA may perform include, but are not limited to the following:

- ADLs that are otherwise considered restricted activities such as intermittent catheterization, performing blood glucose testing, flushing a gastrostomy tube (G-tube), or providing tracheostomy care.
- Medication assistance as outlined in the *Medication Assistance* policy for HCAs.

If the high-risk ADL is determined to be part of the client's ADLs, the HCA can be assigned the task if the HCA can perform it competently, ethically, and safely. The LPN supervising the HCA must periodically assess the client according to employer requirements to determine if the previously assigned ADL task continues to be an ADL and if assigning it to an HCA is appropriate.

### **Determining if a Task Is an ADL or a Restricted Activity**

In some cases, an activity listed as a restricted activity under the HPA section 1.3(1) may be an ADL for a client. Section 1.3(2)(a) of the HPA clarifies that an ADL is not a restricted activity, "whether performed by the individual or by a surrogate<sup>1</sup> on the individual's behalf."

Restricted activities are high-risk health services that can only be performed by authorized health professionals. The key distinction between an ADL and a restricted activity is that an ADL is an activity that individuals normally perform on their own behalf to maintain their health and well-being. This means it is very important for the LPN to understand whether a task assigned to an HCA is truly an ADL or a restricted activity.

Even if an ADL would *not* otherwise be a restricted activity, asking an HCA to support or assist with the ADL may be risky because of its nature or the circumstances of the client or both. Therefore, the LPN needs to follow the guidance set out in this practice guideline before assigning any ADL.

For example, performing blood glucose testing involves an invasive procedure below the dermis, which is a restricted activity, but one that an individual normally performs on their own behalf if they have diabetes; therefore, in most cases, blood glucose testing is typically an ADL for these clients and not a restricted activity. Despite an ADL not being a restricted activity, whenever an HCA assists a client with an ADL task, they must have the knowledge, training, and competence to provide care and assist the client with the ADL safely.

Before assigning the task to the HCA, the LPN must review the checklist below to confirm whether the task is truly an ADL or a restricted activity. If the task is not an ADL, the activity may be outside the HCA's scope of practice or may have different supervision requirements. The LPN is responsible for recognizing and responding to changes (such as a change in client's condition, legislative or regulatory requirements, etc.) that may shift the task from an ADL back to being a restricted activity. When this happens, the HCA can no longer be assigned to perform the task if it is outside of their scope of practice. Additionally, any LPN supervising an HCA perform an ADL task, must be authorized to perform that activity themselves without supervision.

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<sup>1</sup> "surrogate" means a person authorized by an individual or by the individual's guardian, (if authorized to give such authorization), and to assist the individual in carrying on an ADL.

## DETERMINING IF A TASK IS CONSIDERED AN ACTIVITY OF DAILY LIVING (ADL) OR A RESTRICTED ACTIVITY

First, identify the task to be assigned to a Health Care Aide (HCA) by a Licensed Practical Nurse (LPN). You must answer **YES** to each of the following questions in order to assign the task to an HCA as an ADL. If you answer **NO** to any of the questions, do not assign the task. Consult the healthcare team or the CLHA Professional Practice Team if you have any questions.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Would the client perform the task if they were physically able?
<input type="checkbox"/>	<input type="checkbox"/>	Is the task part of the client's established care plan?
<input type="checkbox"/>	<input type="checkbox"/>	Is the HCA familiar with the client's health history and preferences?
<input type="checkbox"/>	<input type="checkbox"/>	Does the client have the capacity to make their own decisions and understand the associated risks? If the client has a legally authorized representative, does the alternate decision-maker understand the associated risks?
<input type="checkbox"/>	<input type="checkbox"/>	Can the client or family provide direction to the HCA if needed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the client's health status expected to stay the same during and following the task?
<input type="checkbox"/>	<input type="checkbox"/>	Has the client, family, or alternate decision maker consented to the task being performed?
<input type="checkbox"/>	<input type="checkbox"/>	Are the risks to the client known and minimal?
<input type="checkbox"/>	<input type="checkbox"/>	Is the expected outcome of the task known?
<input type="checkbox"/>	<input type="checkbox"/>	Has the HCA been provided with client-specific education and training related to this task?
<input type="checkbox"/>	<input type="checkbox"/>	Is an LPN available to assess the client (per employer requirements) before and after the task (if applicable)?
<input type="checkbox"/>	<input type="checkbox"/>	Has an LPN assessed the HCA's ability and deemed them competent to perform the task?
<input type="checkbox"/>	<input type="checkbox"/>	Is an authorized nurse or other health professional available to assist, supervise, collaborate, or consult with the HCA?

**If you have answered YES to all of the above questions, you may assign this client-specific task to the HCA as an ADL.**



## **Supervising an HCA During the Performance of ADLs**

Supervision refers to the support that an HCA receives from an authorized supervising health professional, such as an LPN, while performing ADL tasks. This can be in the form of assistance, consultation, or guidance. Certain activities may require different types of supervision. The three types of supervision are listed below.

- **Direct Supervision:** an authorized supervising health professional is physically present at the point of care. This means the authorized supervising health professional is in the same physical location as the HCA and client during the performance of the restricted activity or ADL.
- **Indirect Supervision:** the authorized 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 authorized 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 authorized 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 authorized supervising health professional can be easily contacted through technology, i.e., by phone or video conference, when assistance is needed.

The LPN assesses the client's needs, considers the potential outcomes, and then evaluates the HCAs competence and skill level to determine the appropriate supervision the HCA requires to perform an ADL.

An LPN can supervise an HCA performing an ADL if the LPN:

- consents to supervise the HCA performing the task;
- is authorized to perform the ADL without supervision; and
- accepts responsibility for the client's ongoing assessment, overall monitoring, and follow-up of outcomes.

Please note that an LPN on the provisional register may not assign tasks to or supervise an HCA.

## **LPN Supervision Responsibilities**

The LPN determines if a particular task can be assigned to an HCA. This decision-making process by the LPN involves applying the skills and knowledge of the nursing process, including assessment, planning, implementation, and evaluation of care. The LPN should apply a consistent process when assigning ADL tasks to and supervising the HCA. This process includes the following:

Assessment of care includes:

- assessing the client and client needs,
- assessing the practice environment, and
- assessing the available staff in terms of skills and experience.

Planning ADL assignments includes:

- identifying the tasks for each client and who may perform them;
- making decisions about the most appropriate healthcare provider to provide the care;
- teaching the HCA, if necessary, to ensure competency;
- communicating the assignments to the HCA;
- facilitating the consistency in the assignment of client care; and
- ensuring an LPN or another authorized healthcare professional can provide HCA supervision to maximize the safety and efficiency of the care provided.

Implementation of ADL assignments includes:

- ensuring the LPN supervises the care provided by the HCA; and
- ensuring that the LPN is available to assist, supervise, collaborate, or consult as appropriate.

Evaluation of ADL assignments includes:

- assessment of the appropriateness of assignments,
- ongoing communication between the LPN and HCA,
- ongoing monitoring of the client's response and evaluation of care outcomes,
- documentation (please see the documentation section for details), and
- ongoing adjustment of the care plan as necessary.

### **Management of Risks Associated with ADL Assignments**

If an assigned task is found to be unsafe to perform or unsuitable for the client's care needs, the LPN is responsible for taking appropriate action and must:

- be attentive to concerns raised by the HCA who is assigned to the task;
- question the task assignment;
- identify and assess the problem, including any relevant evidence that a problem exists;
- communicate concerns about the situation to the appropriate person(s) as soon as possible;
- advocate for appropriate staff assignment to meet client needs safely;
- maintain accurate documentation and records of actions taken;
- consider whether additional support is needed;
- adjust the client's care plan as required with lessons learned from previous events;
- document rationale for decisions made and problems encountered, including the assessment of client needs and the deficits in assigning ADL tasks as expected; and
- follow employer requirements.

## **Documentation**

When an ADL task is assigned to an HCA, the LPN is required to complete documentation related to their outlined responsibilities in assigning the task, supervising the HCA, and other documentation as required. This may also include the date of the assignment, the HCA who was assigned the task, and any instructions and education provided to the HCA regarding the assigned task. Please refer to the *Documentation* policy for more information and follow any employer requirements on documentation.

## **CONCLUSION**

This practice guideline outlines an LPN's responsibilities when assigning ADL tasks to an HCA and when supervising an HCA performing ADL tasks. Ultimately, the LPN is responsible for their clients' care and needs to collaborate with the HCA to ensure the client receives safe, competent, and ethical 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](http://clha.com).

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