Medication Assistance

Policy

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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** the practice of Health Care Aides (HCAs)* in a manner that protects and serves the public interest. 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 an HCA in medication assistance, including the required **evidence-informed** practices and expectations they must meet. This policy applies in any setting in which medication assistance is provided.

POLICY

Difference Between Medication Assistance and Medication Management

An HCA may provide medication assistance, but medication management falls outside of HCA scope of practice.

Medication assistance is a service provided to **client**s who are unable to take their medications on their own. Medication assistance focuses on supporting clients in safely taking their medications, but does not include making clinical decisions, performing assessments, or knowing the intended effect and side effects of medications (unless stated on the **care plan**). Medication assistance may include verbal reminders, prompts, and providing **physical support** to help clients take their medication(s).

Medication management is significantly more complex than medication assistance. It is a cognitive and interactive aspect of care that involves knowing the actions, interactions, and side effects of medications, assessing clients, making clinical decisions, and planning, implementing, and evaluating care. Medication management is usually provided by a **regulated health professional** whose scope and role includes the above activities along with administering medications to clients, such as a physician or nurse.

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

HCA Competence and Responsibilities in Medication Assistance

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

If **assign**ed to perform medication assistance, it is an HCA's **responsibility** to have the education, training, knowledge, skill, and experience to perform it safely. These five factors are referred to collectively as **competence**.

If an HCA feels they are missing one of these five factors, they should seek help from a **supervising health professional** who performs medication management or refuse the task until they can gain the necessary competence.

Medication Assistance and Cultural Safety

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

An HCA must acknowledge the client's needs and preferences and recognize the client as a key decision-maker in their own care. An 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 **outcome**s by providing clarity on any issues with medication use.

General Guidelines for Safe and Effective Medication Assistance

Safe and effective medication assistance supports clients in maintaining and improving their health.

When providing medication assistance, an HCA must ensure that all of the following requirements are met:

- An HCA has been assigned medication assistance by a supervising health professional;[†]
- An HCA has the competence to assist the client;
- The clients' needs are **predictable and stable**;

[†] For HCAs in self-employed practice, see the self-employed practice guideline.

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- A supervising health professional who is knowledgeable about the medication is available for **consultation**, guidance, and assessment as needed;
- The client has been assessed by a regulated health professional (other than an HCA);
- If there is a **significant change in health status**, a new medication, or a change in dose, the authorized or supervising health professional must review whether the assigned activity remains appropriate for an HCA to assist with as soon as they become aware of the change;
- An HCA will assist one client at a time, following all the steps of medication assistance before moving on to the next client;
- An HCA provides medication assistance with the client's or the **legally authorized representative**'s **(LAR) consent**;
- An HCA follows employer requirements;
- An HCA observes, reports, and documents changes in the client's condition, the need for additional support with medication assistance, and any other concerns;
- They report changes to the supervising health professional, or if the HCA is self-employed, to the client, the client's case manager, or physician/primary health provider;
- An HCA follows a care plan or Medication Assistance Record (MAR) and contacts the supervising health professional if it is unclear or inconsistent with the client's health status.[‡]

HCA Role in Providing Medication Assistance

Medication assistance is based on the client's assessed needs and the directions documented in the client's care plan by a regulated health professional (other than an HCA). An HCA provides medication assistance as assigned, ensuring it is within their regulatory scope of practice, employer scope of practice, and individual scope of practice. See the *Determining HCA Scope of Practice* document for more information on regulatory, employer, and individual scopes of practice.

Medication assistance may include:

- verbal reminders or prompts;
- opening medication packages or containers;
- handing medication to the client;
- providing physical support, which could include putting pills in the client's mouth;
- preparing, measuring, or removing medication from packaging;
- observing the client to ensure they have taken all of their medication; and
- documenting in the client record.

[‡] Supervision in this document is the guidance, consultation, and assistance that a supervising regulated health professional who is competent in medication management provides to an HCA. Please see the definition list for more details.

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Medication Rights and Safety Checks

Medication rights and safety checks help to reduce **medication error**s and potential harm to the client. To assist with medications, an HCA must complete the following medication rights and checks.

Medication Rights

- *Right client:* an 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:* an 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). An HCA must verify that the medication has not expired by checking the expiry date.
- *Right dose:* an HCA checks the amount of medication against the medication label and the client's MAR or care plan.
- *Right route:* an HCA checks the route of the medication against the client's MAR or care plan.
- *Right time:* an HCA ensures medications are given to the client at the scheduled time as per the medication label, client's care plan, or MAR. This includes the right day and time. Not all medications are scheduled to be taken every day.
    - If a dose is delayed or missed, an HCA must notify and receive direction from the supervising health professional before proceeding with medication assistance.
    - Additionally, an HCA must document if a dose was missed, the actual time the medication was taken (if late), and any instructions given by the supervising health professional.
- *Right reason:* an HCA ensures that the client takes their medication as directed, following instructions which may include shaking before use, taking it on an empty stomach, etc. If an HCA cannot find this information, they should ask the supervising health professional.
- *Right documentation:* an 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:* an HCA is expected to report any medication refusal and direct any client questions about their medication to the supervising health professional.

Safety Checks

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

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- *Check 1:* before preparing or removing the medication from its container or packaging. It includes verifying each medication, while it is still in the package, with the MAR or care plan.
- *Check 2:* while preparing and once the dose of medication ordered is removed from its container or packaging. An HCA prepares the medication according to any special instructions, such as "shake well," "give first," "to the right eye only," "do not crush," etc., and confirms the right medication, dose, and form (i.e., tablet, liquid, or capsule). An HCA also checks client allergies indicated on the MAR or the care plan.
- *Check 3:* after the preparation process has been completed and before assisting the client with the medication. This step involves re-checking the medication label against the MAR or care plan to confirm the above medication rights.

If an 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 supervising health professional who is proficient in medication management for assistance before providing medication assistance.

In some settings, an HCA may have additional responsibilities for receiving client medications from the pharmacy. To perform these duties, an HCA will follow employer requirements related to the task.

Types of Supervision

HCAs require supervision to perform medication assistance. Supervision refers to the support (assistance, consultation, and guidance) that an HCA receives from a supervising health professional who is competent in all aspects of medication management and best practices (as defined on page 1 of this policy).

There are three types of supervision, and certain activities may require different levels of supervision.

- **Direct supervision**
- **Indirect supervision**
- **Remote supervision**

An HCA who **engage**s in medication assistance is assigned the task by a supervising health professional who is available to provide guidance, consultation, and assistance.

The supervising health professional is responsible for:

- assigning medication assistance to an HCA, as appropriate;
- determining the level of supervision an HCA needs;
- communicating the level of supervision they will be providing to an HCA; and
- maintaining overall responsibility for assessing and evaluating the client's needs and responses to the medications per employer requirements.

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An HCA performing medication assistance demonstrates their competence to an authorized or supervising health professional before performing medication assistance.

Authorization for Medication Assistance

Medication Assistance and Restricted Activities

Restricted activities are high-risk activities performed as part of providing a health service that can only be performed by authorized and competent regulated health professionals. Legislation and regulation set out the scope of practice of an HCA in Alberta, and the CLHA further defines and identifies the requirements for an HCA to perform certain restricted activities.

Medication assistance on its own is not a **restricted activity**; however, the **route of administration** may make it a restricted activity. An HCA can be assigned a restricted activity that has been authorized by the *Health Professions Restricted Activity Regulation* (HPRAR).

The HPRAR authorizes an HCA to:

Insert or remove instruments, devices, fingers, or hands beyond the

- labia majora, and
- anal verge.

This means an HCA can provide medication assistance through the anal and vaginal routes if they are competent and have appropriate supervision and specific requirements in place as per the CLHA's *Standards of Practice for Health Care Aides on Restricted Activities and Supervision Requirements*. All requirements must be adhered to before an HCA can carry out this restricted activity related to medication assistance.

Medication Assistance and Activities of Daily Living

The HPA, schedule 10, section 3(2), states HCAs "assist and support **activities of daily living** (**ADL**s) to provide basic personal care and health services". The HPA Part 0.1, section 1.2, states an ADL is "an activity that individuals normally perform on their own behalf to maintain their health and wellbeing," which can include "specifically taught procedures, which generally result in predictable and stable responses".

Medication assistance provided via routes such as subcutaneous injections (e.g., insulin) or a gastrostomy tube (G-Tube) may be considered ADLs if they are a specifically taught procedure for a particular client.

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Medications Eligible for Medication Assistance by HCAs

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

- oral (by mouth) medications such as tablets, capsules, liquids, and 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;
- sublingual (under the tongue) and buccal (inside the cheek) medication, such as tablets and sprays; and
- injectable or G-Tube medications, if considered an ADL that is a specifically taught procedure.

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. When taking these medications, the client may experience severe adverse effects or complications. Examples include anticoagulants, insulin, certain **opioid**s, and chemotherapy agents.

Certain medications or routes of administration may be the responsibility of the supervising health professional, whereas others may be assigned to an HCA to assist with. An HCA 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 the employer requirements on high-alert medication in your workplace.

Assistance with Insulin as a Basic ADL

Insulin assistance as a basic ADL 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 of the needle/sharps into a biohazard container; and/or
- tracking and documenting details of the medication assistance.

Assistance with Insulin as an ADL That is a Specifically Taught Procedure

Assistance with insulin as a specifically taught procedure includes the above bullets and the information and requirements below:

- dialing up the insulin dose on the insulin pen; and/or
- injecting insulin subcutaneously.

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An HCA may be authorized to assist with the injection of insulin subcutaneously. However, they would be performing this task as a specifically taught procedure if an **authorized health professional** with education, training, and competence in diabetes management has determined that dialing up and injecting insulin for a particular client:

- is an ADL (versus a restricted activity); and
- is not putting the client at greater risk by having the HCA perform this task.

Before an HCA dials up or injects insulin (as a specifically taught procedure), an authorized health professional must have performed an assessment per employer requirements and determined that the client's response is expected to be predictable and stable. An HCA who is taught to dial up and inject insulin must have both the theoretical knowledge and practical experience, enabling them to recognize **adverse event**s and respond effectively.

Dialing up and injecting insulin needs to be assigned and supervised by an authorized health professional who is competent in insulin administration. An HCA must have direct supervision until competence is demonstrated, after which time the authorized health professional may determine the appropriate level of supervision required.

Regardless of the setting, only in exceptional circumstances can an HCA be assigned assistance with insulin. Exceptional circumstances include when there is no LAR available to provide assistance, when there is no regulated nurse onsite to administer medication, and this is the only option available to support the client's needs. Insulin is a high-alert medication, and any errors involving its dose, timing or administration can cause serious harm. Changes in the client's blood glucose, food intake, or health status may also require an assessment, which is outside the scope of practice of an HCA. This requirement helps ensure the most appropriate healthcare professional is providing care when administering insulin, due to the associated risks of this medication.

Note: Regularly scheduled client assessments to determine the most appropriate health care provider to administer a client's insulin should occur due to the high risk of hospitalization, death, and adverse events.

Assistance with Oral Controlled Substances

Controlled substances are drugs that have the potential for abuse or addiction. An HCA can assist with controlled substances that are given by mouth if the medications are in pharmacy-controlled packaging (unit dose packaging is recommended whenever possible). When assisting with these medications, safe storage practices need to be followed to reduce risk. For example, locking the medications in a cupboard or container. An HCA needs to follow all employer and applicable medication assistance requirements and seek guidance from the supervising health professional as needed. For controlled substances that are ordered **pro re nata (PRN)** or as needed, see the PRN section of this document for more information (page 11).

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In home environments, a locked container may be recommended based on an assessment by the regulated or supervising 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.

Controlled substances can cause serious side effects such as respiratory depression. The HCA should be knowledgeable about the serious side effects before providing medication assistance with oral controlled substances. An HCA must observe the client closely for these signs and immediately report any indications of an emergency to their supervisor or call 911.

Emergency Situations

In an emergency situation, such as a suspected overdose or **anaphylaxis**, section 1.6(2) of the HPA allows for emergency treatment to be provided by any person, including a health professional (i.e., an HCA) if:

- no authorized person is available to perform the restricted activity;
- there is no specific compensation or reward payable for performing the restricted activity;
- the activity provides physical comfort or stabilizes a person; and
- the person is ill, injured, or unconscious as a result of an accident or other emergency.

An HCA should speak to their employer to clarify if they can respond to emergency situations and, if supported to do so, follow employer requirements and seek the training to assist a client who is at risk.

An HCA can assist a client in an emergency situation without being assigned or getting an order. The HCA's role in such cases may include:

- recognizing the signs and symptoms i.e., anaphylaxis or overdose;
- calling for immediate help if another more trained health professional is available;
- calling 911;
- giving a reversal agent as soon as possible, i.e., an Epi-pen or naloxone;
- documenting the event and intervention provided; and
- reporting the event to the supervising health professional.

An HCA would not be expected to have medical knowledge in assessment or other training or skills but would have to determine (like any member of the public) that the person is in an emergency situation and that carrying out any of the above steps is appropriate.

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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. An HCA is not authorized to assess clients and should not recommend PRN medications to clients.

An HCA may assist with PRN medications if all the following are met:

- a supervising health professional who performs medication management as part of their scope and role regularly assesses the client and their frequency of use of any PRN medications.
- a supervising health professional assigns an HCA to assist a client with that PRN medication.
- the client's response to that PRN medication is known and has been predictable and stable over time;
- the care plan outlines what the client needs the PRN medication for, and it is only given for that reason; and
- the care plan provides instructions for an HCA to follow when providing PRN medication assistance.

An 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.

Regardless of the setting, only in exceptional circumstances can an HCA be assigned assistance with PRNs, excluding when following bowel routine protocols. Exceptional circumstances include when there is no legally authorized representative available to provide assistance, when there is no regulated nurse onsite to administer medication, and this is the only option available to support the client's needs. This requirement ensures the most appropriate healthcare professional is providing PRN medications to the client, as administering PRN medications generally requires assessment and follow-up after each dose, which are outside the HCA's scope of practice.

Over-the-Counter Medications

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

An HCA can provide medication assistance to clients with OTC medications if they are part of the client's care plan or MAR. An HCA is not authorized to suggest or recommend OTC medications or natural health products to their clients. An HCA should notify the supervising

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health professional 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 or MAR.

Medication Assistance Through a Feeding Tube

Instilling medication into feeding tubes such as a nasogastric tube (NG-tube), G-tube, and jejunostomy tube (J-tube) may be considered a specifically taught ADL for certain clients. This type of medication assistance may include measuring the medication dose, crushing, dissolving, or mixing the medication, instilling it into the feeding tube, and flushing with water before and after each dose.

For an HCA to assist a specific client in administering medications through their feeding tube (as a specifically taught ADL), the client must have a predictable and stable response.

An HCA would also require this activity to be assigned and supervised by an authorized health professional who is competent in performing medication management via a G-tube. An HCA must have direct supervision until competence is demonstrated, after which time the authorized health professional may determine the appropriate level of supervision required.

Note: It is the responsibility of the authorized health professional who is supervising an HCA to assess the client, the tube, and the site as per employer requirements and confirm that the medication can be crushed.

Regardless of setting, only in exceptional circumstances can an HCA be assigned assistance with medication via a feeding tube. Exceptional circumstances include when there is no designated LAR able to provide assistance, when there is no regulated nurse onsite to administer medication, and this is the only option available to support the client's needs. This helps to have the most appropriate healthcare professional providing care when injecting medications via a G-Tube, as assessment of the site and patency of the G-Tube should happen each time, which is outside the HCA's scope of practice.

Hazardous Medications

Hazardous medications, such as **cytotoxic medication**s, are beneficial for treating specific client conditions. However, they may put an HCA's health at risk (i.e., cancer, infertility, etc.) if the proper precautions have not been taken when preparing, handling, or disposing of the medications. An HCA can assist with hazardous medications if the care plan or MAR clearly outlines the appropriate personal protective equipment (PPE) to use. An HCA is expected to use the appropriate PPE and follow employer instructions to handle these medications.

Assistance with Oxygen Therapy

An HCA may assist clients receiving oxygen therapy by verifying that the client's oxygen flow rate matches the flow rate indicated on the care plan and by monitoring the oxygen

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flow from the device to ensure that the tubing is not kinked and all connections are secure. 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 breathing faster or harder than usual. An HCA must immediately inform their supervisor if they observe any signs indicating that the client's condition may have changed or call 911 if it is an emergency.

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. An HCA is authorized to provide medication assistance in the use of medical cannabis if it is part of the client's care plan.

Observing and Reporting Outcomes

Before, during, or after providing medication assistance, an HCA must observe the client and report to the supervising health professional any:

- concerns or changes in the client's condition from their normal function and/or behaviour;
- clinical adverse events (unexpected reactions or outcomes), **near miss**es, 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.

Storage, Disposal, and Handling of Medications

An HCA appropriately stores, disposes of, and handles medications when providing medication assistance as per the client's care plan. For the proper storage, disposal, and handling of medications, an HCA must:

- not **pre-pour medication**s;
- not leave medications unattended;
- maintain hand hygiene throughout the medication assistance process;
- use the appropriate PPE throughout medication assistance (as required);
- follow care plan 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 care plan and employer requirements.

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Adverse Events and Medication Errors

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

- manage their 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 for storing, handling, using, and safely discarding medication;
- provide clients with information about whom to contact if they have questions or concerns about their medication;
- identify and report medication concerns, such as packaging or labelling concerns, to the supervising health professional in a timely manner;
- if an adverse event or near miss occurs, report the incident as soon as possible to the supervising health professional and work with team members to respond to the event; and
- fill out the proper employer report and consider strategies to prevent a recurrence.

Safe medication assistance requires collaboration among members of the healthcare team. Medication errors can result from individual mistakes, system issues, or both. HCAs are responsible and accountable for maintaining their competence in medication assistance. HCAs can also help prevent future medication errors by identifying system issues and suggesting improvements.

An HCA 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, an 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.

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CONCLUSION

This document provides a necessary foundation for standardizing and regulating an HCA's practice in medication assistance. It contributes to the overall quality of healthcare delivery and public protection. Following these guidelines supports an 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).

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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/Activities 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: is an actual or potentially harmful and negative outcome that happens to a client as a result of a drug or professional service that they have received.

Anaphylaxis: a severe potentially life-threatening allergic reaction that can occur within seconds or minutes of exposure to an allergen.

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

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.

Care plan: is the plan of care to be provided to an individual client (may include a MAR, care record, etc.). 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: possessing the education, training, knowledge, skill, and experience to perform a task safely.

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.

Consultation: discussing with and/or seeking information, advice, or direction from a supervising 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.*

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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.

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 restricted activity.

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.

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 onsite 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.

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

Legislation: the preparing and enacting of laws by local, provincial, or federal government bodies. This may include the *Health Professions Act* or other laws, regulations, bylaws, standards of practice, and code of ethics.[i]

Legally authorized representative (LAR): an individual who, under law, has the ability to act on behalf of another person. The LAR may be a parent, grandparent, or caregiver who has the legal authority to grant consent on behalf of another.

Medication: according to the *Pharmacy and Drug Act*, a medication/drug is any substance or combination of substances intended for use in the diagnosis, treatment, mitigation, or prevention of a disease, disorder, or abnormal physical state, or any of their symptoms, in humans or animals. It also includes substances that restore, modify, or correct the body structure or function of humans or animals.

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.

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

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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.

Point of care: the point in 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 practice is not allowed per the HCA *Medication Assistance* policy.

Pro re nata (PRN) medication: a medication that is not scheduled but is instead taken as needed following a prescriber's order.

Regulated health professional: a person who is registered as a member under section 33(1)(a) of the HPA.

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.

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 include oral, rectal, etc.

Significant change in health status: An important change in a client's condition that is different from what is usual or expected for the client and may require further assessment, monitoring, treatment, or a change to their care plan.

Predictable and stable: a client is considered predictable and stable when their health condition and care requirements remain consistent, and healthcare providers can reasonably expect how the client will respond to care, how their health may change, and what care they will continue to need.

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.

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