

Health Care Aide Role in Medication Assistance

A Companion to the
Alberta Provincial Continuing Care Medication Assistance Program (MAP) Manual

Updated March 1, 2016

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Introduction

Health Care Aide (HCA) is the generic term used to describe unregulated, entry-level health workers who perform tasks identified in the Health Care Aides Competency Profile.¹ The title used may be determined by individual employers (e.g., Nursing Attendant, Home Support Aide, Disability Support Worker, etc.).² HCAs are an integral member of the health care team, and may be involved in assisting clients to meet their medication support needs.

Certified HCAs are instructed in theory and skills based on the Government of Alberta Provincial Health Care Aide Curriculum (hereafter referred to as 'the HCA Curriculum'). Unregulated workers not certified or deemed substantially equivalent are required to demonstrate their knowledge and skills through successful completion of the HCA Competency Assessment Profile (CAP) and a learning plan. Those with less than 500 hours previous experience are encouraged to pursue certification.²

The purpose of this document is to consolidate the governance documents that define the full range of medication assistance activities that the HCA is potentially able to participate in, and the contextual circumstances required to support these activities. Specific page references are included to facilitate easy access to the original sources of information.

Medication Assistance vs. Administration

Medication support is described as “a spectrum of services provided to the client to ensure medications are taken by the client as intended by the prescriber”.³ Different levels of support may be provided by different team members working in collaboration according to scope of practice and role function. While the terms ‘medication assistance’ and ‘medication administration’ are sometimes used interchangeably, it is important to differentiate between these terms in order to appreciate the different level of responsibility and accountability between HCAs and regulated nurses (RN, RPN and LPN) when it comes to medication support activities.

Medication assistance is a service provided to clients to ensure medication is taken as intended by the prescriber when the client is assessed as being unable to independently take his or her own medications safely. This may include opening packages of medication and providing medications to the client for immediate ingestion, application, inhalation, insertion, instillation or injection. Medication assistance includes a range of activities from verbal reminders to full hands-on assistance and observation. It may support individuals, or may involve groups of clients through delivery of pass medications. Medication assistance is carried out by a nursing professional, and may be assigned to an unregulated care provider when it is safe and appropriate to do so. Clients requiring medication assistance recognize the need to take medications and consent to the assistance provided. Clients unable to take their own medications because of cognitive impairment may have medication assistance assigned to an

¹ Alberta Health & Wellness (November 2001). Health Care Aides Competency Profile

² AHS – Seniors Health (2012). Hiring Standards for Employers of Health Care Aids (HCAs) working in Continuing Care

³Pg. 29 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living

unregulated care provider when a health care professional has assessed it is safe to do so and when the client does not refuse to take the medications.⁴

Medication administration is the activity of supplying to a client a dose of a medication for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection. It is more than just the psychomotor task of giving a medication to a client. It is a cognitive and interactive aspect of nursing care and involves assessing the client, making clinical decisions and planning care based on this assessment. Medication administration requires the knowledge and skills of a nursing professional, and is beyond the role of the HCA.⁵

The HCA providing medication assistance must be supervised by a regulated nurse. The regulated nurse is also responsible for communicating with other health care team members, including the physician/prescriber and/or the pharmacist. Note: “nurse” is a protected title under the Health Professions Act and may only be used by regulated members of CARNA, CLPNA or CRPNA.⁶

Conditions for HCA Involvement in Medication Assistance

Employers are responsible for the assignment of work ensuring HCAs are individually competent to perform the work, regardless of their educational background or work experience.⁷ HCAs are responsible for identifying when they do not have the required knowledge/skill to perform the assigned task, and to ask for help if they are unsure.⁸

The following four conditions must all be met in order to support HCA involvement in medication support activities:

1. HCA job description – must state that medication assistance is included in the HCA roles and responsibilities.
2. Employer policies and procedures – must specifically describe how medication related tasks are to be done safely including the type of medication system used and the types of medications with which HCAs can assist, including use of PRNs. They should indicate approved abbreviations and medical terms, types of forms and documentation, and how supervision will be carried out.
3. Appropriate HCA education and training – must include the knowledge, skills, and attitudes required to safely assist with medications, and what to do in specific situations.
4. Ongoing supervision – must be provided, whether direct or indirect, from a regulated health-care professional (e.g., RN, RPN or LPN).⁸

⁴ Pg. 28 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

⁵ Pg. 27 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

⁶ Pg. 1 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

⁷ AHS – Seniors Health (2012). Hiring Standards for Employers of Health Care Aids (HCAs) working in Continuing Care

⁸ Pg. 11 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)

Nurse and HCA Responsibilities

Clearly defined roles and responsibilities will support team members in understanding how to work collaboratively. Effective communication is critical to ensure the sharing of necessary information between the HCA and the nurse, and to integrate the care activities.⁹ Individual sites/programs may need to develop more specific roles and responsibilities to support their teams. Below are some of the general medication-related responsibilities of the HCA and the nurse.^{10 11 12}

HCA	Nurse (RN, RPN or LPN)
<ul style="list-style-type: none"> • Provide medication assistance and support as assigned by, and under the supervision of a regulated nurse • Ensure medications are taken at the appropriate time • Report observations • When instructed by a regulated nurse, observe for general or specific side effects for a specific client as directed • Document assistance given • Request help when activity assigned exceeds level of competence 	<ul style="list-style-type: none"> • Assess the client's medication support needs • Provide medication administration and/or medication assistance based on client need • Identify client stability and complexity of the care required • Develop the care plan and make ongoing adjustments as necessary • Monitor and coordinate the medication regime • Determine appropriate timing of medication • Prepare medication as required • Determine if medication assistance can be assigned to an unregulated care provider • Teach/instruct the HCA if necessary and appropriate • Supervise the unregulated care provider • Provide instruction regarding observing for common or specific side effects for a specific client, as required • Observe client response and make the connection between observations and medications • Evaluate reporting and documentation of client response and care outcomes

Medication Assistance by HCAs

Basic Skills

Outlined in the Health Care Aide Competency Profile and the HCA Curriculum are foundational skills that are considered basic to HCA practice.¹³ The AHS Health Care Aide Role Description further clarifies the minimum expectations for medication assistance provided by HCAs in all care settings.¹⁴

⁹ Pg 2 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

¹⁰ Pg. 14 - AHS Health Professions Strategy & Practice (November 2011). Health Care Aide Role Description.

¹¹ Pg 7-10 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

¹² Pg. 13,19 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)

¹³ Pg 8 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

¹⁴ Pg. 14 - AHS Health Professions Strategy & Practice (November 2011). Health Care Aide Role Description.

Task/Activity	Description	Comments
Oral medications *	Solid pills, capsules, or tablets	Delivered using controlled dosage system (e.g., blister/bubble pack or dosette). Medication may be crushed and/or mixed with food or fluid as directed. ¹⁵
	liquid form	The HCA Curriculum provides theory and practice on measuring out liquid medications into a calibrated med cup, however, pre-poured medication is preferred.
	sublingual / buccal	Must come in separate packaging.
	powder	Powders follow the same principles as liquids (accurately measuring) and/or crushing (mixing with appropriate food or fluid as directed).
Ophthalmic medications	eye drops and eye ointments	
Otic medications	ear drops given using a dropper and bottle or directly from a nozzle bottle	
Topical medications	ointments, creams, lotions, and powders (excluding powders that require reconstitution)	
Transdermal patches	medicated skin patches	The HCA can assist with <u>any</u> transdermal patch, however the employer policy and procedure should note this and identify if there are any exceptions. ¹⁶
Inhaled medications	given through mouth/nose to open up the breathing passages to the lungs	Includes those delivered by a metered-dose inhaler (MDI), used independently or with an aero chamber or a nebulizer. Other types of inhalers include diskus, turbuhaler and nebulizer.
Nasal medications	sprays, drops directly into nasal passage	Not supported in the HCA Curriculum with a lab skills checklist, but are considered inhaled medications and supported as a Core Competency in the HCA Role Description. ¹⁷
Insulin (Assistance only)	<ul style="list-style-type: none"> - insulin syringes that have been prepared by a health care professional - insulin pens when the client is able to dial the correct dose independently 	HCA assists <u>only</u> by bringing the insulin to the client and assisting to prepare the site for the injection. After the client self-injects, the HCA will assist the client to ensure the needle has been disposed of in a biohazard container. When the client is capable, they should place the needle in the biohazard container themselves.

* Multidose containers can only be used where deemed appropriate for the practice setting and within the parameters outlined by the supervising health care professional.¹⁶

¹⁵ Pg. 30-31 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)

¹⁶ Pg. 11 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)

¹⁷ Pg. 14 - AHS Health Professions Strategy & Practice (November 2011). Health Care Aide Role Description.

Restricted Activities

Activities or tasks assigned to the HCA may vary according to client requirements in various care settings. Interventions assigned to the HCA must be compliant with Alberta's Health Professions Act (HPA), the Government Organization Act (GOA) and the joint nursing document *Decision Making Standards of Nurses in the Supervision of HCA's* (CARNA, CRPNA & CLPNA, 2010).

Restricted Activities are defined under Schedule 7.1 of the Government Organization Act of Alberta.¹⁸ These include invasive procedures that involve a significant degree of risk to the public, and therefore may only be performed by regulated health care professionals who are authorized by their professional regulation and who have the appropriate level of competency.¹⁹

Activities of Daily Living are defined as activities that an individual normally performs on their own behalf to maintain their health and well-being, and includes:

- routine and invasive self-care activities.
- specifically taught procedures, which generally result in predictable and stable responses.¹⁹

Under certain circumstances, a restricted activity may qualify as part of the routine activities of daily living for an individual client if appropriate, given the context and specific situation. The appropriateness of assigning these activities to HCAs must be determined by a nurse and must be based on all of the following criteria:

- if the client did not have physical and/or cognitive limitations and was able to perform the task, s/he would do the task her/himself as part of her/his daily normal routine, and
- the client's health needs are stable and the restricted activity/task is an established aspect of care, and
- the outcomes of the invasive procedure are generally predictable, and
- the client will not be at risk if the task is performed by an HCA, and
- the client and/or her/his family or guardian have been involved in developing the care plan and understand that a restricted activity/task may be assigned to an HCA, and
- the client has been assessed by a nurse and the outcomes of the care provided will be evaluated on an ongoing basis by a regulated nurse, and
- the HCA performing the procedure has been assigned this procedure by a nurse, and
- the HCA assigned the responsibility for the task has received instructions from a nurse and the HCA is competent in performing the intervention/task or activity.²⁰

The following table identifies some of the common restricted activities that support the client's medication management needs and, under specific circumstances, may be considered an activity of daily living.

¹⁸ Government of Alberta (current as of June 12, 2013). Government Organization Act.

¹⁹ Pg. 7 - AHS Health Professions Strategy & Practice (2012). Overview of the Health Professions Act

²⁰ Pg 4-5 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

Task/Activity	Description	Comments	
Bowel care	Assists with established bowel routine for the purpose of fecal evacuation. ²¹ e.g., - rectal suppository - small volume enema	Transferable Once the HCA is competent to perform this task, the HCA may perform this task with other patients within the care setting under supervision. ²²	Taught in HCA curriculum.
Vaginal medications	Assists with inserting vaginal medication. ²¹ e.g., - suppository - cream	Transferable Once the HCA is competent to perform this tasks, the HCA may perform this task with other patients within the care setting under supervision. ²²	<u>Not</u> Taught in HCA curriculum.
Insulin injection	Assist with injection of prepared insulin syringe, or dialing up dosage on insulin pen and injecting.	Non-transferable requires client specific training and explicit instructions in the care plan.	Should only be considered where a regulated nurse or family are not available and there are no other options. Consider switch from syringe to insulin pen.
Instilling medications into gastrostomy/ jejunostomy tubes	May involve crushing prepackaged medications and mixing with liquid before instilling into G or J Tube.	Non-transferable requires client specific training and explicit instructions in the care plan.	Should only be considered where a regulated nurse or family are not available and there are no other options.
Blood glucose monitoring	Point of care testing which includes: <ul style="list-style-type: none"> • finger poke for collection of a capillary blood sample • use of client/site glucose meter • reporting and documentation of results. 	Non-transferable Requires client training on a client-specific glucometer. Using the same glucometer may be transferrable between clients within the care setting under supervision.	HCA care plan must have clear predetermined parameters for reporting. The regulated nurse will interpret and manage blood glucose results as appropriate, and will provide guidance as needed to client and HCA. ²³

²¹ Pg 4 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

²² Pg. 15 - AHS Health Professions Strategy & Practice (November 2011). Health Care Aide Role Description.

²³ AHS Health Professions Strategy & Practice (August 28, 2013). Health Care Aide (HCA) Role Functions [within Acute Care]

It is important to identify that the very same task or procedure may be a restricted activity or an activity of daily living depending upon the clinical situation. It is the regulated nurse's responsibility to safely assign these activities to unregulated providers, and to recognize and respond to changes in the client's condition which may shift the activity from an activity of daily living back to being a restricted activity.²⁴ When making decisions for safe assignment and supervision of care, client factors to consider include acuity of the client, complexity of care needs, predictability of response, and risks of negative outcomes.²⁵

Insulin Injection	
<p style="text-align: center;"><u>Restricted</u></p> <p>Upon initial diagnosis and determination of an insulin regime, and any time thereafter when blood glucose levels become unstable because of the complications/changes in patient status, the task of administering the insulin should be considered RESTRICTED and managed by a regulated professional.</p>	<p style="text-align: center;"><u>Activity of Daily Living</u></p> <p>Once the patient becomes stable, and the blood glucose levels are predictable, it then becomes possible for the unregulated provider to perform the task of assisting with the insulin injection. This can now be considered an ACTIVITY OF DAILY LIVING.²⁶</p>
Bowel Care	
<p style="text-align: center;"><u>Restricted</u></p> <p>A client lives in her daughter's residence, post CVA, mental status is impaired, and requires help to mobilize. The outcome of her bowel care requires careful monitoring for bowel status, the client is currently having weekly physician assessments to determine the cause of bowel and elimination problems. Because of the monitoring involved, it would not be appropriate to assign this activity to an HCA at this time. The bowel care, including digital rectal stimulation and suppositories, are therefore RESTRICTED.</p>	<p style="text-align: center;"><u>Activities of Daily Living</u></p> <p>Once the bowel routine becomes stable and predictable, then it could be considered an ADL for this client and may be assigned to an HCA if deemed appropriate by the nurse. When the outcome and response to the bowel care is consistent and predictable, the same HCA who has been trained and comes to the home each day, who knows the client well, and whose daughter is involved in care planning and evaluation: the bowel care can now be considered an ACTIVITY OF DAILY LIVING.²⁷</p>
Vaginal Cream	
<p style="text-align: center;"><u>Restricted</u></p> <p>An elderly, cognitively impaired client lives with her son and daughter in law who is an LPN. The HCA comes in to assist with bathing daily. The vaginal cream is ordered for a persistent acute vaginal infection. Monitoring of profuse vaginal discharge, some bleeding, believed to be caused by client's attempts to relieve itching, requires a regulated health care professional to assess and monitor. Therefore this is considered RESTRICTED at this time.</p>	<p style="text-align: center;"><u>Activities of Daily living</u></p> <p>The prescription of a pre-measured vaginal cream is for diagnosis of post-menopausal vaginal dryness to prevent irritation or ulceration. The client has been on the same medication/dosage for several years with effective, stable and predictable outcomes. The client is cooperative, although she asks every day what the health care aide is doing with the cream (cognitive impairment). This activity because it is stable and predictable is considered an ACTIVITY OF DAILY LIVING.²⁷</p>

²⁴ Pg. 7 - AHS Health Professions Strategy & Practice (2012). Overview of the Health Professions Act

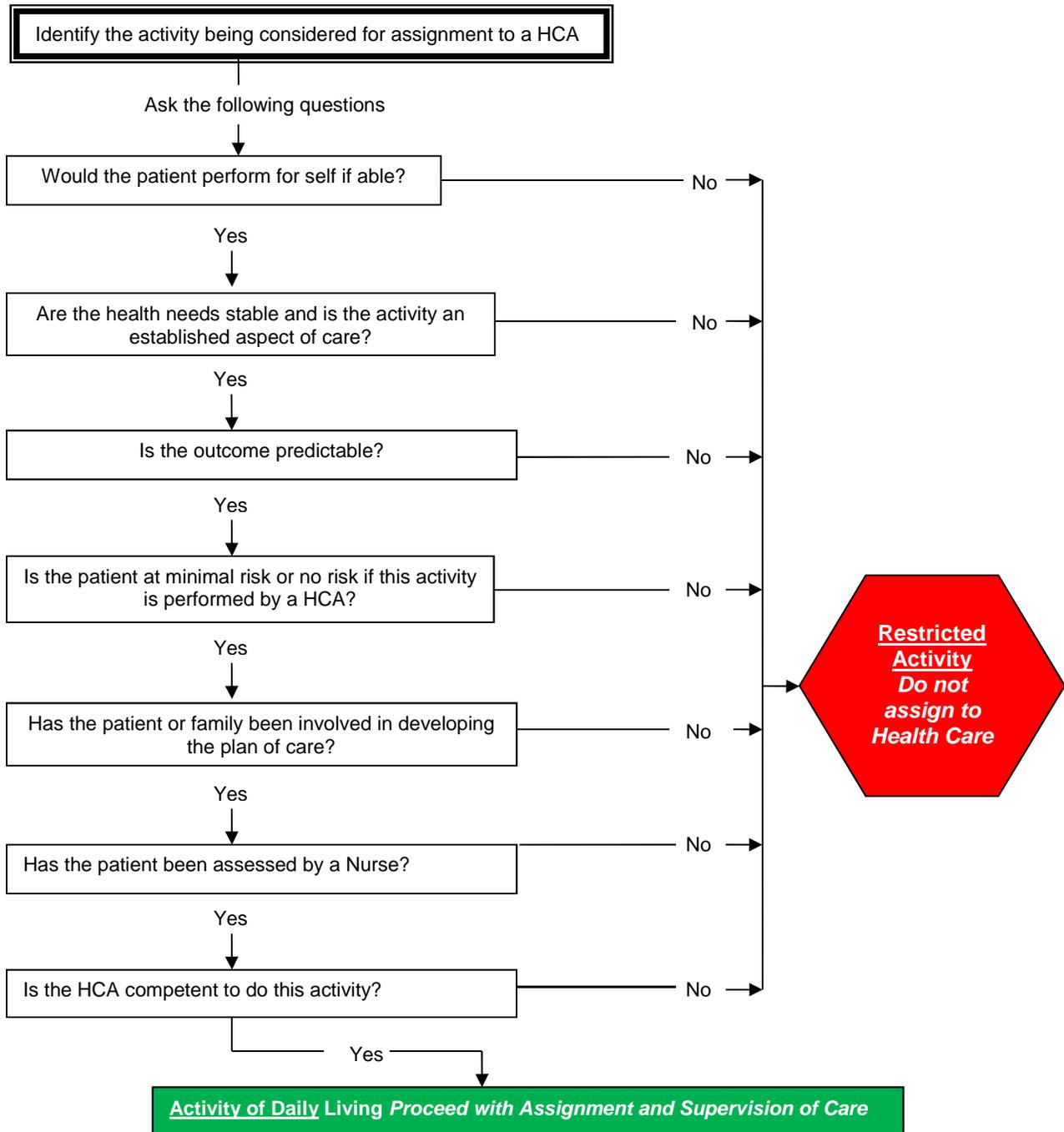
²⁵ Pg. 5 - CARNA (2008). Guidelines for Assignment of Client Care

²⁶ Pg. 7-8 - AHS Health Professions Strategy & Practice (2012). Overview of the Health Professions Act

²⁷ Pg 18 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

CARNA, CLPNA, and CRPNA have collaborated to provide regulated nurses with a decision-tree to help determine when an activity can be considered an activity of daily living and therefore could be assigned to an HCA.

Decision Tree: Restricted Activity or Activity of Daily Living²⁸



²⁸ Pg 6 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

PRN medications

PRN medications are taken when required for a specific medical symptom,²⁹ and are generally administered by a regulated nurse based upon clinical assessment.³⁰ Under certain circumstances, HCAs can support clients by assisting with PRN medications.

PRN medications contribute to a client's quality of life, and help to support ageing in place. When a client is capable of communicating their need for a PRN medication to address a specific symptom, the HCA is able to deliver that medication according to documented instructions provided. A regulated health care professional is responsible for the overall assessment, monitoring and evaluation of the client. A regulated nurse provides an appropriate level of supervision to the HCA.³¹

Orders for PRN medications must include the specific symptom for which the medication is to be used, specific dose, and maximum frequency of use. A healthcare professional needs to clarify incomplete PRN orders with the prescriber before medication support activities for these medications are assigned.³¹

HCAs can only assist a client with a PRN medication if:

- Assistance with PRNs by HCAs is identified within employer policy and procedure
- The client has been assessed by a regulated health care professional as capable and responsible for directing their personal use of PRN medications
- The task has been assigned and is described on the care plan
- The medication is packaged separately with appropriate labeling
- The PRN medication is given for the condition for which it was prescribed^{30 32 33}

If the medication requested by the client is not identified on the care plan, or the request is for a purpose other than indicated, the HCA is not able to provide this assistance. HCAs are not able to assess the need for a PRN medication; they can only support activities based on specific directions from a health care professional that are identified in the care plan.

It is strongly recommended that PRN medications be reassessed by a health care professional on a regular basis and reduced to the most appropriate amount required to achieve anticipated outcomes. In addition, ongoing monitoring should be conducted to determine appropriateness of adding it as a regular medication to the controlled dosage system, or discontinuing.

²⁹ Pg. 13 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)

³⁰ Pg 9 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

³¹ Pg. 10 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

³² Pg. 14 - AHS Health Professions Strategy & Practice (November 2011). Health Care Aide Role Description.

³³ Communication with CARNA, Medication Assistance Program Standardization Group Minutes April 25, 2012

FAQs

1. How can it be determined that an HCA is competent to assist with medication support activities?

Health care providers are required to have the necessary knowledge, skills and abilities to safely perform the assigned procedure or activity. It is recommended that newly hired HCAs receive orientation to the medication system, site/program policies and procedures, and expectations of healthcare providers related to medication assistance. Training in medication management must be provided within the first 6 months of hire and at least every two years thereafter according to the CCHSS (2016)³⁴, but can be done at any time if there are concerns about a care provider's performance. HQCA recommends annual verification of medication-related knowledge and skills.³⁵ A recommended and acceptable method of verifying HCA knowledge and skills is through a return demonstration of the activity and documenting the outcome.³⁶ Continuing education programs are as essential for HCAs as they are for all regulated health professionals.³⁷

2. How can a nurse provide supervision to an HCA if they are not physically present with them?

Supervision must be conducted by an authorized or qualified health care professional. Supervision is defined by the three regulatory bodies for nursing in Alberta (CARNA, CLPNA, CRPNA) as consultation and guidance by the regulated nurse in the practice setting. Supervision of HCA's can be accomplished through the following ways:

- Direct supervision - A regulated nurse is present in the practice setting at point of care.
- Indirect Supervision - A regulated nurse is readily available for guidance and consultation in the same physical location where care is being provided, but is not directly at the side of the HCA.
- Indirect remote supervision - A regulated nurse is readily available for guidance and consultation but is not physically located at the point of care, but can be easily contacted through the use of technology such as telephone, pager or other electronic means to provide verbal assistance or guidance as required.³⁸

³⁴ Pg. 24 – Alberta Health Continuing Care Branch (2016). Continuing Care Health Service Standards.

³⁵ Pg. 22 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

³⁶ Pg 10 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

³⁷ Pg 2 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

³⁸ Pg 4-5 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.

3. Can HCAs assist with narcotic medications either orally or in a transdermal patch?

HCA's can assist with any oral medication that is packaged in a controlled dosage system with other regularly scheduled medications. It is highly recommended that tamper-proof packaging be used (e.g., blister/bubble pack) as opposed to using a refillable dosette.³⁹ HCA's can assist with any transdermal patch. A system for tracking and appropriate disposal of transdermal patches is recommended both for client safety and for quality assurance purposes. Employer policy and procedure should clearly assign accountability and provide staff with the ability to demonstrate that narcotics were safely stored and accounted for while on their shift.⁴⁰

4. What if a family member asks the HCA to assist with giving vitamins or other over-the-counter medication?

HCA's are only allowed to provide medication assistance based on activities that have been assigned to them as outlined in the care plan. Any over-the-counter medication including vitamins, herbals, and other complementary/alternative medications should be approved by the primary care physician/prescriber and must be packaged and labeled appropriately.

5. Can HCA's leave medication for the client to take later as requested by client? For example, the HCA assists with medications at 8pm however, the client wishes to take their sleeping pill at 10pm when the HCA is no longer there to assist?

Instructions for supporting the client should be detailed in the care plan as some levels of assistance do not require the HCA to observe the client taking the medication. The regulated nurse must assess and consider whether this is appropriate action based on the risk to the client and to others within the care setting (e.g., client in private home vs. client in congregate living where others may access their personal space).

³⁹ Pg. 16 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

⁴⁰ Pg. 16 - Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living.

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