

# Continuing Care Assistant (CCA)



## SCOPE OF PRACTICE & COMPETENCY FRAMEWORK

Approved May 2019

---



Copyright © All Rights Reserved

Nova Scotia Department of Health and Wellness, 2019, Halifax, NS

## Contents

---

Acknowledgements.....	4
Working Group Members: .....	4
Introduction .....	5
CCA Scope of Practice .....	6
Practice Context.....	6
Roles.....	6
Responsibilities .....	6
Functions.....	7
1. Independent.....	7
2. Client Specific Assignment .....	7
3. Delegation .....	8
Limitations.....	8
CCA Functions and Limitations.....	9
CCA Competency Framework.....	10
Framework Application.....	11
Meet Industry Needs .....	11
Maintain Current Curriculum/Certification.....	11
Support Performance Standard and Human Resource Functions .....	12
CCA Career Path Selection & Development .....	12
Framework Elements .....	12
Figure 1: CCA Competency Framework .....	13
Continuing Care Assistant Competencies.....	14
Foundational Competencies .....	14
Integrity.....	14
Accountability .....	15
Core Competencies .....	17
Care Setting Management (CSM).....	17
Communication .....	18
Infection Prevention & Controls (IPC) .....	19
Mental Health & Wellness .....	19
Nutrition .....	20
Personal Care .....	21
Safe Handling & Mobility (SHM).....	22
Safety Protocols .....	22
CCA Certification Standards: Entry Level Competence.....	23
Post Certification Proficiency Levels .....	24
Proficiency Scale .....	25
Definitions .....	26
References.....	29
Index.....	31
Appendix A: Assignment.....	34
Appendix B: Delegation .....	36

## Acknowledgements

---

We would like to express our gratitude to the many individuals and organizations who contributed to the development of the CCA Competency Framework. A very special *thank you* is extended to the working group and their employers who supported their role in this work.

### WORKING GROUP MEMBERS:

- Boudreau, Tonya - Digby/Clare Home Support Agency: Home Support representative
- Burris, Debbie - Nova Scotia Health Authority: Acute Care representative
- Connolly, Gloria - Nova Scotia Health Authority: Acute Care representative
- Cowan, Carol Anne - NSCC: Education Provider representative
- Dorey, Rebecca (replaced Brandy McIntosh effective Aug 9, 2018) - Risk Mitigation - Continuing Care: Department of Health and Wellness Representative
- Gillis, Stephen - Inverary Manor: CCAPAC representative
- Jackson, Rhonda - NSCC: Education Provider representative
- Kerr, Callie - Seaview Manor: Nursing Home representative
- Lake, Bernadette - Health Association Nova Scotia
- MacIsaac, Trent - College of Registered Nurses Nova Scotia: Ad hoc representative
- MacNeil, Mary - Guysborough County Home Support Agency: Home Support representative
- Sharples, Cailleagh - CCA Program Administration representative
- Fowler, Pam - CCA Program Administration representative
- Simmons, Florence - Oakwood Terrace: Nursing Home representative
- Simmons, Jylene - College of License Practical Nurses Nova Scotia: Ad hoc representative

## Introduction

---

The *CCA Scope of Practice and Competency Framework* defines the *CCA Scope of Practice*; as such, encompasses the roles, responsibilities, functions, and competencies of the **Continuing Care Assistant (CCA)** who provides personal care and support for activities of daily living (ADLs) and instrumental activities of daily living (IADLs). It also outlines the limitations under which these services may be provided.

In the province of Nova Scotia, CCAs are not regulated by legislation or governed by a regulatory body; therefore, responsibility for issues related to public interest and governance rests largely with the employer. In the absence of a governing body, the **Nova Scotia Department of Health and Wellness (DHW)** supports and provides oversight for the CCA Program which includes the educational component, certification process, and CCA Registry.

To assist with these activities, the Nova Scotia **Continuing Care Assistant Program Advisory Committee (CCAPAC)** was established by the DHW to govern the CCA Program. CCAPAC acts in an advisory capacity and makes recommendations to the DHW on all policy matters relating to the CCA Program and its services including, but not limited to, curriculum standards, certification, and CCA Registry. The Committee reports to the Executive Director, Risk Mitigation - Continuing Care, DHW.

## CCA Scope of Practice

---

Certified CCAs are individuals who provide assistance with *activities of daily living (ADLs)* and *instrumental activities of daily living (IADLs)* to individuals of all ages in a variety of practice settings for the purpose of promoting holistic health and independence. CCAs hold a provincial certification from the Nova Scotia Department of Health and Wellness.

### PRACTICE CONTEXT

To become a *Certified CCA*, a person must attain the required *competencies* by successfully completing all components of the *CCA Program* through a CCA Program *licensed education provider* and passing the *CCA Certification Exam*.

CCAs' practice environments include, but are not limited to, home care, long-term care, and acute care. As health human resource challenges intensify, new practice environments may emerge.

### ROLES

Based on educational preparation and experience, the CCA provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic care and independence. The CCA promotes healthy lifestyle choices and illness prevention through the provision and/or reinforcement of client teaching.

Within their scope of practice, the CCA engages in a process of *critical thinking* and exercises *judgment* in *assessing, planning, implementing, and evaluating* the ADL/IADL care they are authorized to provide to the client.

The CCA may provide assistance with ADLs and IADLs or other interventions that are outside of his/her educational preparation through delegation. Delegation is the decision and process to transfer an intervention that is outside the CCA Scope of Practice, from a regulated health care professional who has the authority to perform that intervention to a CCA.

### RESPONSIBILITIES

- Demonstrates a person-centred philosophy of care in all client interactions.
- Provides appropriate care as educated within their scope of practice and in accordance with the health care sector and the employer's policies and procedures.
- Exercises critical thinking and judgment in assessing, planning, implementing, and evaluating the ADL/IADL care which the CCA is competent, educated, and authorized to provide to the client as identified in the care plan.

- Ascertains the client's care they are being asked to perform is in their scope of practice and has been approved by their employer.
- Identifies activities they are educated to perform when working independently, when working with a regulated health professional, and when implementing a *client specific assignment* or a delegated *intervention*.
- Follows safe work practices and techniques to protect their own safety and those in their care.
- Follows the *delegation* protocol when aiding with ADLs and IADLs or other interventions that are outside of the CCA's educational preparation.

## FUNCTIONS

Depending upon the care needs of the client, the employer defined *scope of employment*, the interventions to be performed, and the competency of the CCA, there are three progressive levels of care within the CCA's functions.

### 1. *Independent*

Based on educational preparation, experience and competence, where the client requires assistance with routine ADLs and IADLs that are consistent with the CCA Scope of Practice (provision of care for which they have received the appropriate education and training) and scope of employment, the CCA may function *independently*. Within an established plan of care, this involves determining the appropriate intervention required while predicting and managing the outcomes of such an intervention, e.g., based on client preference provide a bed bath vs shower.

### 2. *Client Specific Assignment*

Based on educational preparation, training, experience and competence, the CCA provides assistance with non-routine ADLs and IADLs through a client specific assignment working under the direction of and in collaboration with a regulated health care professional.

A client specific assignment is required when the client's care needs and/or the evaluation of interventions requires the assessment by a regulated health care professional.

Client specific assignment refers to the process of a regulated health care professional designating aspects of client care that are consistent with the CCA Scope of Practice and CCA Scope of Employment to be performed by CCAs who have the required competency.

When the designated aspects of client care are assigned to a CCA, the regulated health care professional determines the degree of supervision required and must be available to provide it. The amount of supervision required and provided will depend upon the complexity of the care that is required and the competence of the CCA

providing it. The degree of supervision required must be established by the regulated health professional assigning the intervention. (Appendix A: Assignment Process)

### 3. *Delegation*

During delegation, the CCA may also provide assistance with ADLs and IADLs or other interventions that are outside of their educational preparation and scope of practice.

Delegation is the decision and process to transfer an intervention that is outside the CCA Scope of Practice, from a regulated health care professional who has the authority to perform that intervention to a CCA who has received the necessary additional education and who has been deemed competent. When the designated aspects of client care are delegated to a CCA, the regulated health care professional determines the degree of supervision required and must be available to provide it. The amount of supervision required and provided will depend upon the complexity of the care that is required and the competence of the CCA providing it. The degree of supervision required must be established by the regulated health professional who is delegating the intervention.

Delegated interventions must be defined and approved by the employer. Delegation involves the transferring of responsibility for the performance of the intervention, but not the accountability for the outcome of that intervention. The intervention is client and/or situation specific and not transferrable. Responsibility for delegation is shared among the CCA, the regulated health care professional and the employer. (Appendix B: Delegation Process)

In all three levels, the CCA:

- Acts within their scope of practice and their scope of employment protecting their safety, the safety of co-workers, client and family member.
- Demonstrates accountability for their practice as it relates to the client/family member, the employer, and the regulated health care professional.
- Understands their own values and attitudes and the effect(s) on establishing and maintaining successful client, care provider relationships.
- Demonstrates an ability to learn about the implication of each client's disease, disorder, condition, or personal circumstance and to adapt appropriately when carrying out the care plan.

### **LIMITATIONS**

The CCA will not act outside their scope of practice, scope of employment, and/or outside the employer's policies and procedures.

The CCA will contact the relevant health care provider when clients require interventions beyond the CCA Scope of Practice.



The CCA is under the direction/supervision of a regulated health care professional when performing a client specific assignment or delegated function.

### *CCA Functions and Limitations*

This table is an overview of the CCA's functions and limitations.

#### Independent

- Client requires assistance with routine ADLs/IADLs (e.g., mobility, personal care, homemaking)
- CCAs practice independently according to the established plan of care

#### Client Specific Assignment

- Client requires assistance with non-routine ADLs/IADLs within the CCA's education preparation (e.g., complex personal care, ostomy care, ROM exercise)
- CCAs are assigned employer-approved tasks and are appropriately supervised
- Requires a comprehensive clinical assessment and the development of a client specific care plan by a regulated health care professional

#### Delegation

- Client requires an intervention outside the CCA's educational preparation but within scope of employment (e.g., dressing change)
- CCAs are delegated employer-approved tasks by a regulated health care professional and are appropriately supervised
- The delegated intervention is client and/or situation specific and not transferrable

#### Limitations

- The CCA will not act outside their scope of practice, scope of employment, and/or outside the employer's policies and procedures.
- The CCA will contact the relevant health care provider when clients require interventions beyond the CCA Scope of Practice.
- The CCA is under the direction/supervision of a regulated health care professional when performing a client specific assignment or delegated function.

## CCA Competency Framework

---

The framework is a structure for defining the skills, knowledge, and abilities required of the CCA occupation. The framework includes a collection of the necessary competencies required to successfully work as a CCA within the province of Nova Scotia. Given that specific requirements of a CCA vary depending on the sector in which they are educated to be employed (long term care, home care, acute care) a broad framework applicable across sectors is necessary. For this reason, there may be sector or job specific competencies not mentioned; however, this does not imply that the framework cannot be linked or connected to a sector competency or organizational level competency models (scope of employment). The overall aim of this framework is to describe a common structure by which the knowledge, skills and abilities required of a Certified CCA are systematically organized. The framework forms the foundation upon which the CCA Scope of Employment can be developed and tailored as required by each sector or organization.

Recognizing the ever-changing care requirements of Nova Scotia's aging populations, having a Competency Framework<sup>1</sup> takes into consideration the evolving skill requirements for Certified CCAs. The framework clarifies the competencies Certified CCAs are educated and competent to perform. It does not list specific tasks or procedures because these can become outdated as practice evolves in response to changes such as the growth of knowledge, advances in technology, the evolving scopes of practice of other health care providers, and health care system changes.

As such, the framework serves to maintain the dialogue between employers, DHW, CCAPAC, educators and other key stakeholders to communicate and set current and changing competencies for the CCA occupation. The framework provides a consistent and systematic approach to ensuring that *learning outcomes* of the CCA Program align with performance requirements within the health care industry while maintaining alignment with sector and organizational competency models.

---

<sup>1</sup> Competency frameworks are used for defining and assessing competencies and represent a key component of recruitment, selection, education and performance management activities. Models can be created for specific jobs, job groups, occupations, industries and organizations (Catano, Weisner & Hackett 2016, 152). Competency frameworks and models provide organizations and individuals with a map of the behaviours and actions valued, recognized, and required by organization or educational program (i.e. learning competencies) (Catano, Weisner & Hackett 2016, p153)

## FRAMEWORK APPLICATION

Competencies are defined as groups of related knowledge, skills, and abilities required for successful job performance. They are coachable, observable, measurable and critical to individual and organizational success. The competency-based approach links the performance goals of the CCA with the health care sector and education standards. The learning outcomes and objectives required within the CCA Program define the specific knowledge (cognitive requirements), skills (physical elements) and abilities (attributes) students need to execute to graduate from the CCA Program, pass the Certification Exam and become Certified CCAs. Thus, there is direct alignment with respect to what is learned within the CCA Program education (scope of practice) and the requirements of industry for an *entry-level* Certified CCA.

The Competency Framework presents the structure on which entry-level competencies can be evaluated for CCA Certification. Educators can use the framework as a guide for a CCA student's academic performance management providing clear, measurable outcomes directly linked to industry expectations. Having a competency-based framework allows for a more effective recruitment process that aligns with the needs of the health sector and allows CCA students to understand expectations of performance at both the educational as well as the organizational level in specific behavioural terms. Organizations and sectors can apply the framework for establishing common criteria for the hiring, orientating/training, and measuring the CCA's performance.

The CCA Competency Framework identifies the competencies required for a Certified CCA to practice safely and effectively in the role, at entry level. For the CCA Program, the Competency Framework serves as a guide for curriculum development as well as public and employer awareness of practice expectations for a Certified CCA at entry-level. Therefore, the framework can be used to:

### *Meet Industry Needs*

The Competency Framework allows industry and DHW to be responsive to population health needs, industry identified practice changes and/or new practice requirements (knowledge, skills, and abilities) and subsequently identifies where the practice requirements fit within the CCA Competency Framework.

### *Maintain Current Curriculum/Certification*

The Competency Framework is used as a resource for evaluating existing education to ensure it addresses industry needs using competency-based learning objectives and outcomes; curriculum is developed and measured systematically while meeting industry practice requirements.

### *Support Performance Standard and Human Resource Functions*

The CCA Competency Framework can be the base for any organizational or sector specific CCA competency model allowing organizations to develop and maintain job descriptions, effective hiring/screening tools, beyond entry-level competency education, performance management tools, and career planning tools.

### *CCA Career Path Selection & Development*

Individuals considering entering the CCA occupation can use the framework to understand the role and what is required of a Certified CCA, the CCA Scope of Practice. CCAs can use the framework to understand the best approach to explore education, set career goals, and map out a plan of study.

## **FRAMEWORK ELEMENTS**

The CCA Competency Framework encompasses the practice requirements for newly Certified CCAs. The framework, being an industry competency model, is focused on entry-level practice for CCAs entering the workforce.<sup>2</sup>

The framework (Figure 2, Page 12) includes three key elements: domains (organized groupings for the competencies), the competencies, and associated behaviours. The framework includes two Competency Domains: Foundational Competencies and Core Competencies. Within each competency domain, there are labels used to organize the collection of competencies and behaviours required to be successful in the role of a Certified CCA. When a CCA initially enters the workforce as Certified, they are considered entry-level competent and meet the scope of practice requirements. As the Certified CCA gains experience and efficiency, the employer or sector determines the desired level of proficiency within the employment setting.

The Foundational Competency Domain forms the base of the pyramid and includes two competencies, Accountability and Integrity. The Foundational Competencies are defined as the fundamental professional requirements needed to meet industry's overall strategic demands of providing person-centred care. These competencies are pivotal to the CCA's ability to demonstrate the core competencies.

At the middle of the pyramid rests the Core Competency Domain which includes eight competencies: Care Setting Management (CSM), Communication, Infection Prevention & Control (IPC), Mental Health and Wellness, Nutrition, Personal Care, Safe Handling & Mobility (SHM), and Safety Protocols. CCA Core Competencies are defined as the

---

<sup>2</sup> Entry-level is at minimally competent; the point at which a newly Certified CCA can perform the skill safely and work independently with little or no direct supervision but may still require time to gain efficiency in performing the task.

competencies required to complete the necessary functions and tasks a CCA must perform.

The individual competencies are linked to behaviours. The behaviours provide an indication of how the competency can be applied to meet the unique care needs of the individual.

As depicted at the tip of the pyramid, there may also be organizational and/or sector specific competencies outside the framework. The unique competencies may be added to the organizations/sector specific competency model using this industry CCA Competency Framework as a base.

*Figure 1: CCA Competency Framework*



## Continuing Care Assistant Competencies

---

To have a competency is to have the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform functions or tasks in a defined work setting<sup>3</sup>. A competency is not necessarily specific to a task; it can be transferable to multiple tasks.

### FOUNDATIONAL COMPETENCIES

The *Foundational Competencies* are defined as the fundamental professional requirements needed to provide person-centred care and services. CCAs are expected to act professionally by functioning with integrity and accountability in meeting industry's best practice expectations in providing person-centred care.

#### Foundational Competencies

Accountability  
Integrity

### Integrity

---

The CCA acts with integrity earning others trust and respect through consistent professionalism in all interactions.

In demonstrating integrity, the CCA conducts themselves in an honest, respectful, caring manner during all interactions regardless of the communication mode (e.g., verbal, non-verbal, written, technology-based), respecting confidentiality in the care setting according to policies and procedures.

#### Behaviours:

- Respects confidentiality in the care setting including the use of technology.
- Conducts themselves in a caring manner, including consideration of others, listens attentively, and responds appropriately.
- Displays an attitude that is positive, friendly, helpful, courteous, person-centred, optimistic, patient, and team oriented.
- Conducts themselves in a respectful, honest, ethical, sincere, reliable, empathic, compassionate, gentle and attentive manner.

---

<sup>3</sup> Catano, Wiesner, Hackett, (2016). *Recruitment and Selection in Canada*, (6<sup>th</sup> Ed.). Nelson Education

- Demonstrates respect for the client’s personal situation and choices, environment, care needs, personal beliefs, and preferences by providing nonjudgmental and equitable care.
- Demonstrates respect for self, care team and others’ different opinions, beliefs, and preferences.
- Understands and maintains professional boundaries.
- Displays work-appropriate appearance.
- Functions as an effective team player including contributing to the team, displaying initiative, offering to help, sharing the workload, participating in tasks, and demonstrating accountability for themselves and to the group.

## Accountability

---

The CCA takes ownership for decisions, actions, quality, and timeliness of work and achieves results.

In demonstrating accountability, the CCA exercises due diligence, problem solves, adapts to change, communicates professionally, manages time and stressors effectively while pursuing continuous learning in the care setting according to policies and procedures.

### *Behaviours:*

- Assesses the risks for self and client prior to delivery of care applying effective safety strategies and techniques, including demonstrating due diligence, and meeting safe work practices by identifying, reporting, documenting, and addressing safety concerns.
- Demonstrates appropriate application of knowledge and skills, staying informed of team goals and the client’s status, asking questions, seeking guidance, reporting issues/changes and advocating.
- Problem solves appropriately, including employing critical thinking by applying logic and facts to formulate decisions when resolving or addressing situations and continuing to develop learned skills.
- Applies appropriate verbal (written and oral) and non-verbal communications skills, including voice control, language, messaging, confidentiality (e.g., media use).

- Adapts effectively to change, including approaching change with a positive attitude, managing changing environments, varying workloads, and working well with a variety of co-workers and clients.
- Applies appropriate time management strategies, including punctuality, preparedness, dependability and prioritizing workload effectively.
- Applies stress management techniques including being aware of and managing triggers, utilizing and continuing to develop coping skills.
- Recognizes the importance of and strives for work-life balance.
- Recognizes how one's approach, values, and preferences can impact care.
- Pursues continuous learning including seeking opportunities to learn, attending in-services and workshops, openly offering/receiving and applying feedback, and seeking to continuously improve.



## CORE COMPETENCIES

The *Core Competencies* are defined as the broad level competencies required to complete the necessary job functions a CCA must perform. CCAs are expected to have these competences to practice safely and effectively in the role of Certified CCA.



### *Care Setting Management (CSM)*

---

Using appropriate time management strategies, the CCA provides housekeeping services to maintain a clean and safe environment for the client, family, and the care team in accordance with the care plan, legislation (e.g., OH&S) and care setting policies and procedures.

Respecting client preferences, the CCA demonstrates knowledge of and contributes to care setting management needs of clients in a variety of care settings according to the care plan and policies and procedures.

#### *Behaviours:*

- Provides a restful and comforting environment.
- Respects the client's dignity and preferences considering the safety of the client, themselves, and others.
- Meets each client's household care needs in an efficient manner.
- Applies appropriate cleaning strategies and techniques.

## Communication

---

The CCA establishes and maintains supportive relationships and applies appropriate communication to share information in the care setting according to policies and procedures.

When communicating, the CCA interacts with clients, families and care teams respecting their unique needs and confidentiality while maintaining client records according to principles and legal requirements.

### *Behaviours:*

- Establishes and maintains an individualized approach while applying communication strategies and techniques in all situations.
- Collects data to support the client assessment.
- Demonstrates person-centred communication with clients, family, and the care team.
- Maintains client confidentiality.
- Responds and/or seeks appropriate help when changes occur in clients' conditions.
- Reports and documents changes in the client's behaviour and condition (e.g., using correct procedures and accepted terminology).
- Communicates appropriately using technology-based applications (e.g., electronic documentation).
- Practices in a manner consistent with the principles and legal requirements for maintaining a client record, including maintaining accurate and clear records of care provided.
- Contributes to the development and ongoing revisions of the client-specific, holistic plan of care, as a part of the collaborative care team.
- Accurately documents, in a timely manner, the client's care and incidents, working with the client, family, and care team to address concerns (e.g., safety).
- Applies accepted techniques to document efficiently using medical terminology.

## *Infection Prevention & Controls (IPC)*

---

The CCA provides infection prevention and control measures, maintaining personal and care team safety and the safety of the clients and families.

The CCA demonstrates knowledge of infection prevention and control guidelines according to legislation and care setting policies and procedures.

### *Behaviours:*

- Applies setting appropriate infection prevention and control measures.
- Applies client specific infection prevention and control measures.

## *Mental Health & Wellness*

---

The CCA promotes wellness across the life span; respecting spiritual, cultural, moral, ethical values; psychological needs and life style of the client, family, and the care team.

The CCA understands the impact common chronic illnesses have on the physiological, psychological, social, cultural, and spiritual needs of people within the continuum of wellness; promoting healthy choices; and prevention and intervention strategies for responsive behaviours according to the care plan and care settings policies and procedures.

### *Behaviours:*

- Recognizes and reports changes/variations in social norms (e.g., family dynamics, addictions, abuse).
- Provides care through a generational lens.
- Communicates community services available locally, provincially, and nationally.
- Reinforces the client's teaching in the promotion of wellness including promoting meaningful activities, healthy lifestyle choices and illness prevention.
- Responds appropriately to the psychological, cultural and social needs of the client across the life span.
- Respects the clients' rights and preferences including cultural, spiritual, moral and ethical beliefs and choices (e.g., right to live at risk, comfort measures).
- Applies care strategies recognizing all behaviour has meaning.

- Selects strategies recognizing how a safe and supportive care environment contributes to the client's response to care (e.g., balancing support and respecting independence).
- Applies strategies recognizing the impact of relationship building and approaches to care on the client's response to care.
- Applies strategies recognizing the impact that common chronic illnesses have on the continuum of wellness.
- Responds to a person's needs (e.g., safety, personal identity, dignity, self-esteem) across the life cycle.
- Applies health related knowledge to disease processes in caring for individuals across the life cycle (e.g., dementia related care, mental health, palliative care).
- Applies prevention strategies for responsive behaviours (e.g., dementia and nondementia related).
- Applies intervention strategies for responsive behaviours (e.g., dementia and nondementia related).
- Evaluates the client's response to care and applies appropriate measures to prevent injury to self and others.
- Demonstrates self care in the promotion of personal well being and safety.

## Nutrition

---

The CCA provides nutritional services to support the wellness of the client according to the care plan, Canada's Food Guide, and care settings policies and procedures.

The CCA promotes balanced nutritious snacks and meals, healthy eating habits, and food safety while meeting the client's needs, respecting culture, religion, dietary restrictions, food sensitivities, and preferences according to the care plan.

### *Behaviours:*

- Plans, prepares, cooks and serves snacks and meals to meet person-specific nutritional needs and preferences.
- Positions the client to meet nutritional and safety needs.
- Provides partial and/or complete feeding assistance.
- Assists the client with adaptive feeding devices.
- Applies the principles of Canada's Food Guide in promoting nutrition and healthy eating habits.
- Applies food safety principles when preparing, cooking and serving snacks and meals.

- Stores food according to food safety principles including packaging and dating.

## *Personal Care*

---

The CCA provides ADLs and IADLs promoting the client's wellbeing and safety as well as the family and care team's safety in accordance with the care plan and the care setting policies and procedures.

The CCA demonstrates knowledge of individualized personal care needs (e.g., hygiene, nutrition, rest, and mobilization) and applies special procedures and protocols to meet unique requirements related to specific client conditions and preferences according to the care plan and care setting policies and procedures.

### *Behaviours:*

- Assesses the client prior to care for safety and care concerns (e.g., skin integrity, changes in the client's status).
- Promotes the client's independence by supporting individual client capacities.
- Provides personal care (e.g., bathing, perineal care, hair care, oral care, nail care, and shaving).
- Assists the client with elimination needs and incontinent products.
- Supports the client while dressing/undressing.
- Applies medicated creams, ointments, and drops in accordance with the Joint Practice Guidelines.
- Provides support in a palliative situation understanding the principles of palliative care.
- Provides personal care needs such as hearing aid care, compression/anti-embolism garments, and catheter or ostomy care.
- Assists with implementing the health care plan or therapeutic treatment (e.g., skin integrity inspection and range of motion (ROM)).

## Safe Handling & Mobility (SHM)

---

Following positioning and transferring guidelines and applying principles of safe handling and mobility<sup>4</sup>, the CCA promotes wellbeing and safety in accordance with the care plan and the care setting policies and procedures.

The CCA applies strategies and procedures based on person specific assessment to assist with ambulation, positioning, transferring, and restraint protocol (chemical, environmental, physical) according to care plan and care setting policies and procedures.

### *Behaviours:*

- Applies principles of body mechanics.
- Assesses safe handling and mobility plans to ensure their own safety and that of the client.
- Performs active/passive range of motion (ROM) exercises with the client.
- Positions the client appropriately using safe handling and mobility devices (e.g., footboards, pillows, hand rolls/grips).
- Assists the client with transfer and ambulation including use of mobility aids.
- Transfers the client appropriately.
- Applies and promotes the use of prosthetic, orthotic, and assistive devices.
- Utilizes restraints appropriately.

## Safety Protocols

---

The CCA follows environmental security measures, fire and disaster protocols, and safety precautions related to client and personal safety and equipment according to legal requirements and care setting policies and procedures.

The CCA demonstrates knowledge of and contributes to a safe work environment in accordance with legislation and protocols (e.g., OH&S), and promotes safety including applying falls prevention protocols and strategies according to the care plan.

---

<sup>4</sup> Safe handling and mobility is referred to as body mechanics in the September 2013 CCA Program Curriculum Standards.

### *Behaviours:*

- Applies OH&S principles to maintain a safe environment.
- Assesses when an emergency response may be required.
- Applies the emergency protocols.
- Responds to emergencies.
- Applies effective measures, strategies and protocols for maintaining safety (e.g., minimizing falls, least restraint, potential abuse, medications).

## CCA Certification Standards: Entry Level Competence

---

The goal of the CCA Program is to ensure newly Certified CCAs possess the competencies required to practice safely and effectively in the role, at entry level. The *CCA Program Curriculum Standards* identify the required learning to ensure Certified CCAs have the competencies to deliver appropriate, timely, and respectful, person-centred care in a variety of practice settings.

The CCA Program Curriculum Standards learning outcomes are representative of the industry (government/employer) approved CCA Competencies Framework. The CCA education enables students to acquire the knowledge, skills, attitudes and judgment required for a beginning practitioner upon entry to the field as a Certified CCA. The CCA is prepared through their education program to practice according to the CCA Scope of Practice defined by the CCA Competency Framework.

Currently, CCAs can complete placements in long term care homes, home support agencies providing services to DHW clients, acute care as well as other approved alternative placement settings such as assisted living environments. Placements provide the opportunity for CCA students to apply the theory they have learned to the care of clients across the lifespan in varying contexts of practice.

### Newly Certified CCAs<sup>5</sup>:

- Are prepared as *generalists* based on the industry defined CCA Competency Framework to provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic care and independence.
- Enter the workforce with competencies that are transferable across care settings. Their hands-on skills and experiences in the educational practice setting vary depending on the placement settings and client diversity.

---

<sup>5</sup> Adapted from: *Entry-Level Competencies for Registered Nurses in Nova Scotia*, (2013), Adapted by the College of Licensed Practical Nurses and the College of Registered Nurses of Nova Scotia

- Meet entry-level expectations, performing duties safely and working independently with little or no direct supervision, but require time and support to gain efficiency and confidence.
- Benefit from a supportive work environment that encourages CCAs to feel welcome, safe, valued, respected, and nurtured to progress beyond entry-level. An orientation that includes care setting specific education, policies, and protocols is required.
- Understand a commitment to lifelong learning is fundamental to attain and maintain competence.

## Post Certification Proficiency Levels

---

Competency *proficiency levels* describe the level of a competency required to perform a specific process successfully within a particular job or position. Upon completing the CCA education program and gaining Certification, CCAs have reached entry level competency; therefore, it is anticipated individual organizations or sectors (e.g. organizations within the sectors) work directly with CCAs in their employ to advance their competency proficiency levels as required based on the services offered within that sector/organization. Proficiency levels should be determined based on a scale which is independent of a position. The levels within a proficiency scale should reflect observable differences from one level to another. It should be noted that a proficiency scale is not a tool used to assess employees, but a series of behaviours expected at a specific level. The following is an example of a proficiency level scale.



## PROFICIENCY SCALE<sup>6</sup>

Proficiency Level	Description
<b>Entry Level</b>	<ul style="list-style-type: none"> <li>• Basic understanding or knowledge needed for the job</li> <li>• Basic understanding and knowledge sufficient enough to handle routine tasks and situations</li> <li>• Requires some guidance or supervision when applying the competency</li> <li>• Understands and can discuss terminology and concepts related to the competency</li> </ul>
<b>Proficient</b>	<ul style="list-style-type: none"> <li>• Detailed knowledge, understanding, and application of the competency</li> <li>• Ability to handle non-routine problems and situations</li> <li>• Requires minimal guidance or supervision / works independently</li> <li>• Consistently demonstrates success in the competency</li> <li>• Capable of assisting others in the application of the competency</li> </ul>
<b>Advanced</b>	<ul style="list-style-type: none"> <li>• Highly developed knowledge, understanding, and application of the competency required to be successful in the job and organization (total mastery)</li> <li>• Is able to coach or teach others on the competency</li> <li>• Has a long-term perspective</li> <li>• Helps develop materials and resources in the competency</li> </ul>
<b>Expert</b>	<ul style="list-style-type: none"> <li>• Recognized by others as an expert in the competency and is sought out by others throughout the organization (expert in the area)</li> <li>• Works across teams, or sectors</li> <li>• Able to explain issues in relation to broader organizational issues</li> <li>• Creates new applications or processes</li> <li>• Has a strategic focus</li> </ul>

<sup>6</sup> Adapted from Russo, 2016: <http://www.ine.es/q2016/docs/q2016Final00276.pdf>

## Definitions

---

**Activities of Daily Living (ADLs)** activities that are well established as a routine. ADLs may include, are not limited to: eating, bathing, toileting, mobility, continence and communications. The same procedure may be an activity of daily living in one set of circumstances may be a part of the plan of care in another.

**Behaviours** are actions indicating how a competency can be applied.

**CCA Certification** is the education required for entry to practice as a direct care and support service provider in most DHW Continuing Care funded service provider organizations. CCA Certification is the education requirement for Care Team Aide (CTA) position in the acute care environment.

**CCA Certification Exam** is a standardized assessment tool administered external to the education providers, and functions as the final assessment tool for measuring a person's competency at entry-level to meet CCA Certification.

**CCA Program Curriculum Standards** outlines the education preparation required to ensure Certified CCAs have the competency to deliver appropriate, timely, and respectful person-centred care in a variety of practice settings.

**CCA Program** includes a number of key services focused on promoting quality education delivery and supports for Certified CCAs in Nova Scotia. The Program services flow from the CCA Program Curriculum Standards which define the education preparation and from the CCA Registry which supports the CCA and health care sector.

**Certified CCA** is an individual who provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic health and independence. A Certified CCA holds a provincial certification from the DHW.

**Client Specific Assignment** refers to the process of a regulated health care professional designating aspects of client care that are consistent with the CCA Scope of Practice (provision of care for which they have received the appropriate education and training) and scope of employment to be performed by CCAs who have the required competency.

**Competencies** are groups of related knowledge, skills, and abilities required for successful job performance. They are coachable, observable, measurable and critical to individual and organizational success.

**Continuing Care Assistant Program Advisory Committee (CCAPAC)** acts in an advisory capacity and will make recommendations to the Department of Health and Wellness on all policy matters relating to the CCA Program and its services, including but not limited to curriculum standards, certification, and CCA Registry. The Committee reports to the Executive Director, Risk Mitigation- Continuing Care, DHW.<sup>7</sup>

**Delegation** is the decision and process to transfer an intervention that is outside the CCA Scope of Practice, from a regulated health care professional who has the authority to perform that intervention to a CCA who has received the necessary additional education and who has been deemed competent. The intervention is client and/or situation specific and not transferrable.

**Department of Health and Wellness** is the provincial government body whose mandate is to provide better health care for Nova Scotians and their families - by offering programs and services that protect and promote health and treat illness<sup>8</sup>. DHW support and oversee the development of the CCA educational program and certification process.<sup>9</sup>

**Direct Supervision** requires the nurse is physically present in the practice setting and directly observing the actual intervention being given.

**Due Diligence** is the obligation to reasonably avoid/reduce harm to oneself, others, property, or organization; act with a certain standard of care<sup>10</sup>.

**Entry-level CCA** is at minimal competency; the point at which a newly Certified CCA can perform the skill safely and work independently with little or no direct supervision but may still require prompts and time to gain efficiency in performing the task.

**Generalist** a person whose competencies are applied to a field as a whole or to a variety of different fields.<sup>11</sup>

**Independent Practice** is based on educational preparation, experience and competence, where the client requires assistance with ADLs and IADLs that are consistent with the CCA Scope of Practice (provision of care for which they have received the appropriate education and training) and scope of employment, the CCA may function *independently*. This involves determining the appropriate intervention required and predicting and managing the outcomes of such an intervention.

---

<sup>7</sup> NS CCA Program Advisory Committee Terms of Reference, April 2017;  
<http://www.novascotiacca.ca/res/ha/documents/library/resources/ccapac/terms%20of%20reference%20revised%20april%202017.pdf>

<sup>8</sup> Source: <http://novascotia.ca/dhw/about/>

<sup>9</sup> NS CCA Program Advisory Committee Terms of Reference, April 2017;  
<http://www.novascotiacca.ca/res/ha/documents/library/resources/ccapac/terms%20of%20reference%20revised%20april%202017.pdf>

<sup>10</sup> Adapted from: <https://dictionary.cambridge.org/dictionary/english/due-diligence>

<sup>11</sup> <https://www.dictionary.com/browse/generalist>

**Instrumental Activities of Daily Living (IADLs)** are activities that support independent living and may include but are not limited to preparing meals, shopping for groceries or personal items, performing light or heavy housework, and use of telephone.

**Intervention** is a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.<sup>12</sup>

**Learning Outcomes** are statements that describe the knowledge or skills students should acquire by the end of an assignment, class, course, or program, and help students understand why that knowledge and those skills will be useful to them.<sup>13</sup>

**Licensed Education Provider** is a site-specific organization which operates under one of the approved education Acts and is approved by CCAPAC to utilize the CCA Program Curriculum Standards to educate students in preparation for CCA Certification.

**Person-centred Care** is a holistic social model of care, which considers the person and their families to be at the center of the care and services provided. The goal of person-centred care is to create relationships/partnerships among care provider staff, the client, and their families that will lead to the best outcomes and enhance the quality of life and the quality of care for the client. It is a philosophy that recognizes that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment.<sup>14</sup>

**Proficiency Level** is the level at which the competency must be performed to ensure success in the position.<sup>15</sup>

**Responsive Behaviour** refers to actions and/or words that occur as a reaction to something in a person's personal, social, or physical environment.<sup>16</sup> Behaviours can be a respond to something positive, negative, frustrating, or confusing in a person's environment.

**Scope of Employment** is the job specific roles, responsibilities, functions, and competencies defined by an employer through job descriptions and policies.

**Scope of Practice** is the educational preparation outlining the roles, responsibilities, functions, and competencies of the Continuing Care Assistant. It also outlines the limitations under which these services may be provided.

---

<sup>12</sup> College of Registered Nurses Nova Scotia *Standards of Practice for Registered Nurses*, 2017, page 21

<sup>13</sup> Centre for Teaching Support & Innovation <https://teaching.utoronto.ca/teaching-support/course-design/developing-learning-outcomes/what-are-learning-outcomes/>

<sup>14</sup> Alzheimer Society of Canada, [http://alzheimer.ca/sites/default/files/files/national/culture-change/culture\\_change\\_framework\\_e.pdf](http://alzheimer.ca/sites/default/files/files/national/culture-change/culture_change_framework_e.pdf)

<sup>15</sup> Catano, Wiesner, Hackett, (2016). *Recruitment and Selection in Canada*, (6th Ed., p. 154). Nelson Education

<sup>16</sup> Murray Alzheimer Research and Education Program. (n.d). *Responsive behaviours*. University of Waterloo. Retrieved July 21, 2015 from <https://uwaterloo.ca/murray-alzheimer-research-and-education-program/research/projects/responsive-behaviours>

## References

---

- Alzheimer Society of Canada. (n.d.). *Alzheimer Society of Canada*. Retrieved from [http://alzheimer.ca/sites/default/files/files/national/culture-change/culture\\_change\\_framework\\_e.pdf](http://alzheimer.ca/sites/default/files/files/national/culture-change/culture_change_framework_e.pdf)
- Catano (Solomon, A.-h. B. (2012). *A Job Analysis of the Continuing Care Assistant (CCA) Position*. Halifax: Saint Mary's University.
- Catano, W. H. (2016). *Recruitment and Selection in Canada, 6th Edition*. Nelson Education.
- CCA Program Advisory Committee. (2018). *CCA Program Terms of Reference*. Retrieved from Continuing Care Assistant.
- Centre for Teaching Support & Innovation. (n.d.). *What Are Learning Outcomes?* Retrieved from Centre for Teaching Support & Innovation: <https://teaching.utoronto.ca/teaching-support/course-design/developing-learning-outcomes/what-are-learning-outcomes/>
- College of Registered Nurses of NS. (2017). *Standards of Practice for Registered Nurses*. Halifax: College of Registered Nurses Nova Scotia.
- CRNNS and CLPNNS. (2012). *Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses*. Halifax: College of Registered Nurses of Nova Scotia and College of Licensed Practical Nurses of Nova Scotia.
- Department of Health and Wellness. (2013, September 1). CCA PBDR. *Continuing Care Assistant Professional Behaviour Development Rubric (PBDR)*. Halifax, Nova Scotia, Canada: CCA Program Advisory Committee.
- Department of Health and Wellness. (2013). *Continuing Care Assistant Competency Assessment Tool (CAT)*. Nova Scotia, Canada: CCA Program Advisory Committee.
- Department of Health and Wellness. (2013, September 1). *Continuing Care Assistant Program Curriculum Standards, September 2013*. Halifax, Nova Scotia, Canada: CCA Program Advisory Committee.
- District Health Authority, Acute Care. (2011, December). *CTA Position Description. Care Team Aide Position Description*. Halifax, Nova Scotia, Canada: Acute Care.
- District Health Authority, Acute Care. (2011, December). *CTA Role Profile. Care Team Aide Role Profile*. Halifax, Nova Scotia, Canada: Acute Care.
- Nova Scotia Association of Health Organizations. (2010, November). *CCA Generic Job Description Template. Continuing Care Assistant Generic Job Description Template*. Halifax, NS, Canada: NSAHO.

Nova Scotia Health Authority. (2017). *The Nova Scotia Palliative Care Competency Framework, A Reference Guide for Health Professionals and Volunteers*. Halifax: Nova Scotia Health Authority.

NSAHO. (2009). *Scope of Practice of the Continuing Care Assistant (CCA) in Nova Scotia*. Department of Health.

Russo, D. (2016, June 3). Competency Measurement Model. *European Conference on Quality in Official Statistics (Q2016)* (pp. 7-8 (adapted content)). Madrid: Dario Russo. Retrieved from Competency Measurement Model:  
<http://www.ine.es/q2016/docs/q2016Final00276.pdf>

The Dementia: Understanding the Journey Society. (2016). *Dementia: Understanding the Journey, 7th Edition*. Halifax: The Dementia: Understanding the Journey Society.

# Index

---

## A

abilities.....	10
abuse .....	19, 23
accountability .....	8, 15
activities of daily living .....	5
addictions.....	19
ADLs.....	<i>See</i> activities of daily living
ambulation.....	22
assessing .....	6
assistive devices .....	22

## B

bathing .....	21
beginning practitioner .....	23
behaviours .....	12, 13
body mechanics.....	22

## C

Canada's Food Guide .....	20
care plan.....	17, 20, 21, 22
Care Setting Management.....	17
catheter .....	22
CCA.....	<i>See</i> Continuing Care Assistant
CCA Career Path Selection & Development...	12
CCA Certification Standards: Entry Level Competence .....	23
CCAPAC. <i>See</i> Continuing Care Assistant Program Advisory Committee	
Certified CCA.....	6
cleaning .....	17
client capacities .....	21
client record .....	18
Client Specific Assignment.....	7
Collects data .....	18
comfort measures .....	20
common chronic illnesses.....	20
Communication .....	13, 18
community services .....	19
competencies .....	5, 10
competencies outside the framework .....	13
Competency Framework .....	10
competency-based approach.....	11
compression/anti-embolism garments.....	22
confidentiality .....	15, 16, 18
Continuing Care Assistant.....	5

Continuing Care Assistant Competencies.....	14
Continuing Care Assistant Program Advisory Committee.....	5
continuum of wellness.....	20
coping skills .....	16
Core Competencies .....	12, 13, 17
critical thinking.....	6, 16
CSM.....	<i>See</i> Care Setting Management C
cultural.....	19

## D

Delegation .....	7
dementia.....	20
Department of Health and Wellness .....	5
DHW....	<i>See</i> Department of Health and Wellness
disease .....	8
document .....	18
Domains .....	12
dressing .....	21
due diligence.....	16

## E

elimination needs .....	21
emergency .....	23
entry level .....	11, 12, 24
environment.....	17, 23
equipment .....	23

## F

falls .....	23
family dynamics .....	19
feedback .....	17
feeding .....	21
fire .....	23
food safety.....	21
footboards .....	22
Foundational Competencies Integrity, Accountability .....	14
Framework Application.....	11
Framework Elements .....	12
Functions.....	6
Functions and Limitations.....	9

## G

generalists .....	24
generational lens .....	19

## H

hair care .....	21
hand rolls/grips .....	22
healthy eating .....	21
hearing aid .....	22
household .....	17
housekeeping .....	17

## I

IADLs. <i>See</i> instrumental activities of daily living	
illness .....	19
incontinent .....	21
Independent .....	7
individualized approach .....	18
Infection Prevention & Controls .....	19
instrumental activities of daily living .....	5
integrity .....	15
intervention strategies .....	20
IPC..... <i>See</i> Infection Prevention & Control	

## J

Joint Practice Guidelines .....	21
---------------------------------	----

## K

knowledge .....	10
-----------------	----

## L

learning .....	11, 17, 24
Limitations.....	8

## M

Maintain Current Curriculum/Certification ...	11
meaningful activities .....	19
media .....	16, 18
medicated .....	21
Meet Industry Needs .....	11
Mental Health & Wellness.....	19
mobility aids.....	22

## N

nail care.....	21
nondementia .....	20
non-verbal .....	16
Nutrition .....	20

## O

OH&S.....	17, 23
oral care .....	21
orientation.....	24

orthotic.....	22
ostomy.....	22

## P

palliative care.....	20, 21
perineal care .....	21
Personal Care .....	21
person-centred.....	6, 15, 18, 20
philosophy of care..... <i>See</i> person-centred	
plan of care.....	7, 18
positioning .....	22
Post Certification Proficiency Levels .....	24
Practice Context.....	6
preferences.....	15, 16, 17, 21
preparedness .....	16
professionalism .....	15
proficiency.....	12, 24
Proficiency Scale .....	26
prosthetic .....	22

## R

range of motion.....	22
Reports .....	<i>See</i> document
Responsibilities .....	6
responsive behaviours .....	20
restraints.....	22
rights and preferences .....	20
Roles .....	6
ROM .....	<i>See</i> Range of Motion

## S

Safe Handling & Mobility .....	22
safety .....	19, 21, 22, 23
Safety Protocols .....	22
scope of employment.....	6
scope of practice .....	6
self care.....	20
shaving .....	21
SHM .....	<i>See</i> Safe Handling & Mobility
skills .....	10
skin integrity .....	21, 22
social needs .....	20
social norms .....	19
stress .....	16
supervision.....	8, 24
Support Performance Standard and Human Resource Functions .....	12
supportive relationships.....	18
supportive work environment .....	24



**T**

team ..... 17, 18, 19  
technology-based applications ..... 18  
therapeutic treatment ..... 22  
time management ..... 16, 17  
transferring ..... 22  
triggers ..... 16

**U**

undressing ..... 21

**V**

verbal ..... 16

**W**

wellness ..... 19  
work-life balance ..... 16  
workload ..... 15, 16

## Appendix A: Assignment<sup>17</sup>

---

An [Client Specific] assignment is the allocation of clients or client care responsibilities or interventions that are within the provider's scope of practice and/or scope of employment. Assignment describes the distribution of work that each staff member is to accomplish.

Nurses determine assignments according to:

- the client's condition (complexity, variability and acuity)
- the scope of practice of the health provider's profession
- the individual scope/competence of the individual performing the intervention
- the scope of employment/agency policy
- context of practice.

Assignment is appropriate when the assigned task falls within the CCA role description and training. The employer is responsible and accountable for developing job/role descriptions that clearly outline the tasks that can be assigned to a CCA in that organization. CCAs may be assigned clients in collaboration with an RN or LPN or assigned specific interventions for one or more clients.

Prior to assigning a client or an intervention, consideration should be given to the individual competencies of the CCA. For example, is the CCA a novice or inexperienced health care provider? If the task is within the role description but the CCA has not yet performed the task, the assignor would need to consider the appropriateness of the assignment. The CCA may have had past training in tasks but if the task is not included in the CCA role description, the task could not be assigned to the CCA. Regardless of the assignment, the nurse assigning the task to the CCA is always responsible and accountable for providing appropriate supervision and feedback to the CCA.

### Assigning ADLs/IADLs

Based on educational preparation, training, experience and competence, the CCA provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) through a client specific assignment working under the direction of an RN or LPN. The nurse assigning the intervention should be aware of the difference between a high or low risk activity of daily living (ADL) and an intervention that is part of a therapeutic plan of care.

The following circumstances should be considered when determining whether an intervention is considered to be an ADL/IADL:

---

<sup>17</sup> Adapted from: Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses, CRNNS and CLPNNS, 2012, page 4-5. Adapted by the College of Licensed Practical Nurses and the College of Registered Nurses of Nova Scotia

- client has been assessed by an authorized regulated healthcare professional, who evaluates the outcomes of the care provided on an ongoing basis
- need for the intervention has been identified
- client's needs are stable and the intervention is an established aspect of care
- CCA assigned the responsibility for the intervention has received instruction and is competent in performing the intervention for this individual client
- CCA performing the intervention is appropriately supervised by the nurse
- if the client was able to perform the intervention, s/he would perform the intervention her/himself as part of daily self-care (e.g., apply medicated cream)
- client responds or reacts to the intervention in a consistently predictable way
- the intervention is included in the CCA role description
- client will not be at risk if the intervention is performed by a CCA (consider whether RN or LPN competencies are required to perform the intervention).

Adapted from CARNA, Sept 2003 and CNO, 2008.

## Appendix B: Delegation

---

Activities that may be considered as delegated interventions are for those clients who are stable with predictable outcomes, there is minimum potential risk and the intervention does not require application of the nursing process. As clients become less predictable, the nurse is less likely to delegate interventions to the CCA. Delegation only occurs when it is determined to be in the client's best interest<sup>18</sup>.

During delegation, the CCA may also provide assistance with ADLs and IADLs or other interventions that are outside of his/her educational preparation and scope of practice. The intervention is client and/or situation specific and not transferrable.

Delegation is the decision and process to transfer an intervention that is outside the CCA Scope of Practice, from a regulated health care professional who has the authority to perform that intervention to a CCA who has received the necessary additional education and who has been deemed competent. When the designated aspects of client care are delegated to a CCA, the regulated health care professional determines the degree of *supervision* required and must be available to provide it. The amount of supervision required and provided will depend upon the complexity of the care that is required and the competence of the CCA providing it. The degree of supervision required must be established by the regulated health professional who is delegating the intervention.

Supervision is generally categorized as direct, indirect, or indirect remote.

- **Direct Supervision** - the nurse is physically present in the practice setting and directly observing the actual intervention being given.
- **Indirect Supervision** - the nurse is readily available for guidance and consultation on the unit or in the same location where the care is provided but is not directly observing the required intervention.
- **Indirect-Remote Supervision** - the nurse is available for guidance and consultation but is not physically present in the location where the care is provided. The nurse is providing direction through various means of written and verbal communications made possible through the use of technology.

Delegated interventions must be defined/approved by the employer. Delegation involves the transferring of responsibility for the performance of the intervention, but not the accountability for the outcome of that intervention. Responsibility for delegation is shared amongst the CCA, the regulated health care professional (delegator) and the employer.

### ***The CCA is responsible for:***

- Having the sufficient knowledge, skill, and judgment to accept the delegated intervention

---

<sup>18</sup> Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses, CRNNS and CLPNNS, 2012, page 6. Adapted by the College of Licensed Practical Nurses and the College of Registered Nurses of Nova Scotia

- Following policies and procedures; this includes ascertaining that the delegated intervention she/he is being asked to perform has been approved by their employer
- Only accepting delegation for those interventions for which she/he is competent
- Performing the intervention safely, effectively and ethically, including documenting care provided as per agency policy and reporting observations and client information to the delegator

***The regulated health care professional is responsible for:***

- Assessing the client's needs to inform the appropriateness of delegation
- The decision to delegate
- Determining if the CCA is competent to perform the delegation
- Appropriately supervising; supervision entails initial direction, periodic inspections and corrective action when needed
- For the overall outcome and the outcome of the intervention

***The employer is responsible for:***

- Providing adequate staff
- Ensuring there is a process in place to establish competence including adequate education and training
- Ensuring CCA competence
- Establishing written policies and procedures which include
  - Who the delegator is
  - CCAs to whom authority has been, or can be, delegated
  - The process for delegation
  - Guidelines for care<sup>19</sup>

---

<sup>19</sup> Assignment and Delegation Guidelines for Registered Nurses and Licensed Practical Nurses, CRNNS and CLPNNS, 2012, page 7, Adapted by the College of Licensed Practical Nurses and the College of Registered Nurses of Nova Scotia