

CARE AIDE COMPETENCY PROJECT

Framework of Practice
for Community Health Workers
& Resident Care Attendants

2007



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MESSAGE FROM THE MINISTER OF HEALTH



I am extremely pleased to present British Columbia's *Framework of Practice for Community Health Workers and Resident Care Attendants*. This document was developed through the Care Aide Competency Project and achieves an important milestone in the B.C. healthcare system. For the first time, British Columbia is introducing formal competencies for a key group of health providers, and as a result we will move towards standardized processes and roles for Community Health Workers (CHWs) and Resident Care Attendants (RCAs).

British Columbia has long been recognized as a leader of innovation in healthcare. From mapping the SARs genome to developing the world-renowned ActNow program, from providing some of the best cancer care in the world to initiating unique ehealth solutions, our healthcare system is truly emerging as a leader in excellence. We rely on our health providers at all levels to demonstrate the commitment, skills and knowledge that will ensure we can continue to support existing programs and manage new and emerging initiatives. Resident Care Attendants and Community Health Workers have an important contribution to make to the sustainability and efficiency of B.C.'s healthcare system, and this document will be a valuable tool as they continue to advance their professions.

The primary goal of the Care Aide Competency Project (CACP) was to develop the occupational competencies and standards Community Health Workers and Resident Care Attendants require in order to deliver best practices and quality client care. Community Health Workers (CHWs) and Resident Care Attendants (RCAs) are front-line care providers in a variety of institutional and community settings including both home support agencies and residential care facilities.

While this document will primarily be used as a reference tool for RCAs, CHWs, health care leaders, educators and administrators, it reflects an important change in the B.C. healthcare system. *Framework of Practice for Community Health Workers and Resident Care Attendants* will improve the standards and competencies for these important professions and demonstrate our commitment to ongoing improvements in healthcare delivery.

George Abbott
Minister of Health



Section 1

Introduction to the Project

INTRODUCTION

Community Health Workers (CHWs) and Resident Care Attendants (RCAs) are front-line care providers in a variety of institutional and community settings including both home support agencies and residential care facilities. These care providers are not licensed or monitored by a regulatory body. As a consequence, they have no legally defined scope of practice.

Nevertheless, it is important to recognize that CHWs/RCAs do not practice independently or in isolation. They work as members of a healthcare team and receive direction and supervision from other health professionals such as Licensed Practical Nurses and Registered Nurses. The CHW/RCA cannot competently carry out their role without the support, resources and direction of other members of the team, many of whom are in supervisory roles.

The Health Human Resource Planning Strategy identified a need to address demand and supply issues for Community Health Workers and Resident Care Attendants. As part of this, the plan indicated the need for a clear understanding of the roles and responsibilities of these positions. Benchmarks for CHWs/RCAs have been developed to describe what people do and match that with job descriptions and pay scales in collective agreements (see Appendix B).

Previously, descriptions of how people go about their work and the education they need to perform in a safe and competent manner have not been undertaken for this sector in British Columbia. In addition, the current provincial curriculum for CHWs/RCAs needs to be updated. It was timely, therefore, to develop the *Framework of Practice for Community Health Workers and Resident Care Attendants* to serve both as a guide for provincial practice standards and as a basis for revising and updating the provincial curriculum.

It must be noted that the environment in which CHWs/RCAs practice has changed considerably over the past decade with the most rapid change occurring in the last three years. The client and resident populations have become more medically fragile, cognitively complex and diverse in age and personal care requirements. As the older population increases in number and life expectancy, more people are in poor health and many have multiple chronic healthcare problems. More individuals with complex healthcare needs are now cared for in their homes, impacting the role and scope of work for CHWs/RCAs.



PROJECT DESCRIPTION

The goal of the Care Aide Competency Project (CACP) was to develop occupational competencies and standards for Community Health Workers and Resident Care Attendants in British Columbia. The CACP was a six month initiative, funded by the Ministry of Health through the Nursing Policy Secretariat of the Health Employers Association of BC (HEABC), and was completed May 31, 2007. A Steering Committee comprised of representatives from the Ministry of Health, unions, employers, educators and HEABC, provided leadership and advisement.

The main focus of the project was to identify the basic occupational competencies and standards required for best practice in the field. The majority (97 per cent) of the basic competencies outlined in this document are common to both Community Health Workers and Resident Care Attendants. Although CHWs/RCA's have different work settings, they share the same purpose, values, beliefs/principles, functions/activities and knowledge/skills specifications. The following descriptions of best practice are based on a key assumption and expectation that a current care plan is in place for clients and residents.

The project timeframe and priorities did not allow for a full examination of the CHW/RCA advanced level competencies. Nevertheless, as the project consultant traveled the province talking with healthcare workers in the field, these advanced practice requirements were often discussed. Documentation of the information obtained through these discussions is included as a beginning "road map" of knowledge and skill specifications that may guide the development of advanced level programs for CHW/RCA workers.

This document outlines the processes and outcomes of the Care Aide Competency Project. It includes a Framework of Practice that identifies the competencies required for safe, proficient performance of the job. It is a framework of competent performance and best practices describing what CHWs/RCA's do, how they do it, and why.

The CHW/RCA Framework of Practice will be used as a curriculum guide to develop new curriculum or to review and modify existing curriculum to ensure the educational preparation of these workers is current and relevant to the complex and changing healthcare practice settings in which they work.



METHODOLOGY

A respected approach to occupational competency development, the Functional Analysis Model, was used to develop the competencies reflected in this document. Functional Analysis, which has been used in many countries for a wide range of occupations, analyzes the entire function of the work role, in this case the role of Community Health Workers and Resident Care Attendants, reflecting the role in a holistic and integrated fashion.

Functional Analysis examines six components of occupational competencies:

- 1) Key Purpose Statement
- 2) Values, Beliefs and Principles
- 3) Functions
- 4) Activities
- 5) Performance Indicators
- 6) Knowledge and Skills Specifications

(See Schematic Overview of Components and Appendix A).

The six components are linked into one framework that represents competent practice.

The main method of data collection and framework development was interviews and focus group sessions. Approximately 200 people from all health authorities, including affiliated contract service providers participated. Of this group, 50 per cent were experienced CHWs/RCA's and included workers with union roles and responsibilities such as shop stewards. The remaining 50 per cent included employers (15 per cent), managers (15 per cent), supervisors/team leaders (15 per cent) and educators from the clinical practice setting and the Colleges (5 per cent).



In January, 2007, 15 interviews were conducted with experienced managers, supervisors or employers of CHWs/RCA and educators from the College and practice settings. These interviews, conducted in person or by telephone, lasted 60-90 minutes. Following the interviews, eight face-to-face focus group sessions, 6-8 hours in length, were conducted across B.C. An additional session was conducted by videoconference and lasted three hours. The focus groups were divided evenly amongst the three stakeholder groups - three groups of employer/manger/supervisors, three CHW and three RCA groups. Participant numbers ranged from 12-25 with an average of 18. Focus group sessions were conducted in Duncan, Victoria, Vancouver, New Westminster, Langley, Penticton, Merritt and Prince George. The videoconference session included 40 managers and supervisors of CHWs/RCA from the Northern and Interior Health Authorities.

The individuals involved in the initial interviews were asked to describe the key purpose and functions of the CHW/RCA role and identify contextual factors relevant to the role and scope of practice. In the focus groups, participants worked on the development and validation of the competencies, each group building on the work of the previous group. Participants were asked to reflect on and describe various aspects of CHW/RCA practice - purpose, values, functions, activities, performance indicators, and knowledge and skills specifications. Each session included independent and small group activities focused on developing and validating the components of the framework of practice

At each session a draft document with the latest competency work was distributed and work sheets were used to collect the data. Participants were asked a series of open-ended questions to encourage discussion on competencies and best practice. Data was recorded on flip chart sheets, session worksheets and in minutes.

Feedback from participants was positive. Most indicated that they appreciated the involvement of all stakeholders and the care and detail taken to listen to all perspectives. Participants found the thinking process 'heavy work' at times but also rewarding. Practitioners, in particular, often expressed their appreciation for being offered the opportunity to reflect on their practice and share ideas and perspectives. All participants voiced strong support for the project.



REPORT PREPARATION

This report is divided into three sections:

1. SECTION 1 is the introductory section, providing information about the project and how it was conducted. Included in this section is the project description, an outline of the methodology used and information on how the report was prepared.
2. SECTION 2 presents the outcomes of the project i.e. the basic competencies required for safe, proficient performance by healthcare workers designated as Community Health Workers or Resident Care Attendants. These competencies are outlined in a Framework of Practice. The Framework of Practice is depicted in a schematic form, to better illustrate the model and the development process. The Framework of Practice includes: the key purpose statement; values, beliefs and principles; functions; activities; and performance indicators.
3. SECTION 3 completes the Framework of Practice and identifies the basic and advanced level knowledge and skill specifications. The major portion of this section addresses specific knowledge and skills graduates must gain from a basic CHW/RCA educational program. An additional part of this section presents a beginning “road map” of knowledge and skills specifications for advanced level training in three areas of practice: Dementia Care, Mental Health Care and Palliative Care.
4. SECTION 4 provides a brief summary and some suggested next steps. These next steps are based on the feedback from the focus group participants and the steering committee. They outline required next steps in terms of communications, education, leadership and support that will be key to enabling CHWs/RCAs to successfully meet these competencies.

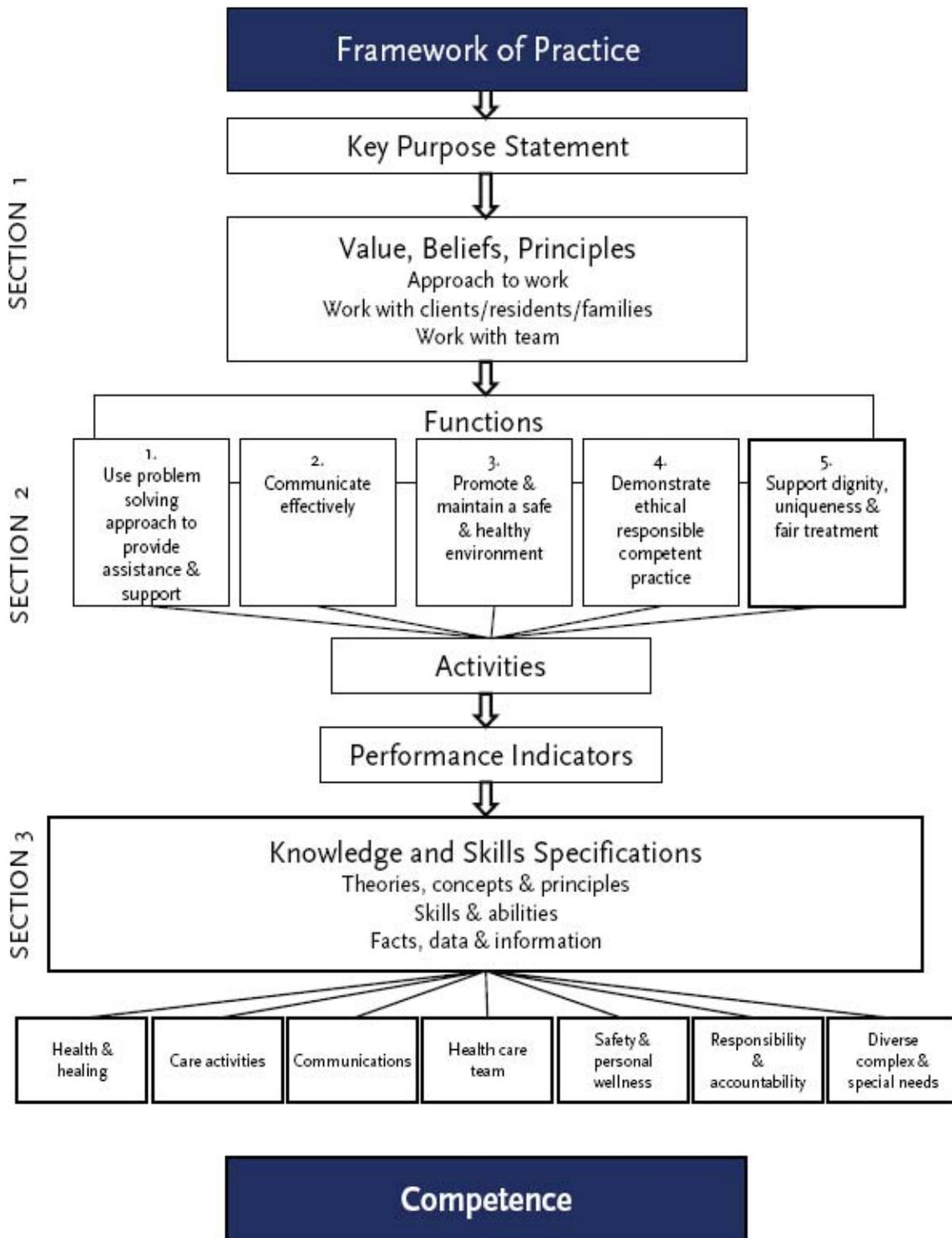
Three appendices are included which provide information on:

- 1) Terminology used throughout the report
- 2) Benchmark Classification Codes
- 3) An example of Personal Assistance Guidelines



FRAMEWORK OF PRACTICE

Care Aide Competency Project



Section 2
Framework of Practice

PART ONE - JOB PERFORMANCE COMPETENCIES

OVERVIEW OF COMPONENTS



KEY PURPOSE STATEMENT

Community Health Workers (CHWs) and Resident Care Attendants (RCAs)¹ promote and maintain the health, safety, independence, comfort and well being of individuals and families². CHWs and RCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and residents. They work as members of a health care team in a variety of settings³ with direction and supervision⁴ from other health professionals.

1. Community Health Workers (CHWs) are service providers who assist individuals to remain independent and in the community as long as possible. CHWs administer personal care under the general direction of a home care agency supervisor or Registered Nurse. Resident Care Attendants (RCAs) work in facilities that provide 24-hour professional care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in the community. RCAs work under the direct supervision of an appropriate health professional. Within most residential care settings, the title given these workers is Resident Care Attendant (RCA). Currently there are many names used to describe these workers, including: Home Support Worker, Neighbourhood Home Support Worker, Home Maker, Home Support Attendant, Health Care Worker, Nurse Aide, Nurse/Nursing Assistant, Resident Care Aide, Care Aide, Personal Care Aide, Personal Support Worker, Patient Care Aide, Home Health Aide, Continuing Care Assistant, Assisted Living Worker, and Lifestyle Assistant.
2. The most common terms used to define the individual receiving care are client, resident, patient, and tenant. Families includes family members and significant others chosen by the individual receiving care. It is broadly defined to mean families of origin, families of choice and persons of representation.
3. CHWs and RCAs work in a variety of acute care, residential, home and community settings (e.g. independent, supportive care, assisted living, group home options, hospice/palliative care).
4. Direction and supervision can include activities such as instruction, assistance, guidance and mentoring. Both CHWs and RCAs have access to direction and supervision from other health professionals, but the context in which direction and supervision is provided is different and depends on the work setting. RCAs work along with the health care team in a facility setting and have direct access to other health professionals. CHWs work on their own, in the home and community setting and have primarily indirect access to other health professionals (e.g. through contact by telephone, pager, voice mail or written communication).



VALUES, BELIEFS AND PRINCIPLES

The work done by Community Health Workers and Resident Care Attendants is based on a set of fundamental values, beliefs and ethical principles that are consistently reflected in all aspects of their work with clients, residents, families, team members and others. These core values, beliefs and principles serve as the foundations of practice.

In their approach to work, Community Health Workers and Resident Care Attendants display:

- » Honesty and integrity in all actions
- » Compassion and empathy towards others
- » A caring, confident competent manner
- » Patience
- » A sense of responsibility for the safety of self and others
- » Reliability and cooperation
- » Respect for the equality, dignity, rights and fair treatment of others
- » Respect for privacy and confidentiality
- » Accountability
- » Creativity and flexibility in appropriately adapting care and resources to meet the needs and realities of the situation
- » A sense of responsibility for caring for self and own health and wellness

In their work with clients, residents and families, Community Health Workers and Resident Care Attendants display:

- » A commitment to client/resident-centered practice
- » Respect for each person including their right to participate in their care, understand decisions which affect them and to make choices while considering the safety and well being of others
- » Recognition that the client/resident is a whole person with unique needs, abilities, preferences and experiences
- » Respect for the role that families play in the provision of care
- » Recognition and maintenance of clear professional boundaries within the service relationship, balancing compassion with quality care
- » Respect for the client/resident's environment
- » Respect and a non-judgmental approach to diversity when working with people from a variety of cultures and backgrounds
- » A holistic approach to care that promotes the client/resident's physical, emotional/psychological, social and spiritual health and well being
- » An ability to appropriately advocate for the client/resident and family



In their work with the health care team and others Community Health Workers and Resident Care Attendants demonstrate:

1. A collaborative, cooperative approach
2. An ability to take initiative and, when required, ask for help
3. A commitment to participate in their own learning and development
4. An ability to act as a resource, sharing their knowledge and skills as appropriate
5. Respect for diversity amongst team members
6. Integrity in all relationships
7. Responsibility and accountability to the team and others
8. Openness and willingness to seek and provide constructive feedback
9. Effective communication



FUNCTIONS

Functions describe the broad-areas of responsibilities workers need to assume in order to fulfill the key purpose of their occupation. They describe the work at a broad level, reflect a meaningful unit of work, and answer the question: “What needs to happen for this key purpose to be achieved?”

Participants in this project used the CHW/RCA key purpose statement to guide the identification of five functions or responsibilities that are key to CHW/ RCA best practice. These are:

1. Use a problem solving approach to provide assistance and support that promotes the physical, emotional/psychological, social and spiritual health and well-being of clients, residents and families
2. Communicate effectively with clients, residents, families and other team members
3. Contribute to promoting and maintaining a safe and healthy environment for self, clients, residents and their families
4. Perform job in an ethical, responsible and accountable manner, maintaining competent practice
5. Support the dignity, uniqueness and fair treatment of clients, residents, their families and others

Over the course of the project, activities and performance indicators were identified and refined for each of these primary functions. These provide the *Framework for Practice for Community Health Workers and Resident Care Attendants in B.C.*



FUNCTIONS, ACTIVITIES & PERFORMANCE INDICATORS

FUNCTION #1

Use a problem solving approach to provide assistance and support that promotes the physical, emotional/psychological, social and spiritual health and well-being of clients, residents and their families.

ACTIVITY 1.1

Use a problem solving approach in care activities independently and in collaboration with the healthcare team by observing, planning, evaluating and taking the appropriate action.

PERFORMANCE INDICATORS

1. Client/resident information from the individual care plan and/or communication notes is gathered and discussed with team members
2. The client/resident and their situation is assessed using skilled observation, reflection and communication
3. Changes in the client/resident health situation are observed and reported in a timely manner and an update to the care plan is requested
4. Priorities for care within the care plan are identified and communicated to client/resident and others as appropriate
5. In consultation with the health care team, care is reviewed and evaluated and modified as needed
6. The regular recording and reporting requirements are followed and completed on time
7. Emergency situations are immediately acknowledged, verbally reported and documented
8. Care activities are performed competently and standards and limits of practice are adhered to
9. Only the tasks as identified in the care plan are followed without further consultation with the health care team
10. Creative problem solving approaches to care are used to adapt to the physical structure, equipment and resources of a home setting



ACTIVITY 1.2

Assist residents, clients and their families to maintain independent functioning within their capabilities

PERFORMANCE INDICATORS

1. The client/resident care plan is followed
2. Updates or changes to the client/resident are communicated to the appropriate health team member promptly in order to keep the care plan current
3. Care activities focus on keeping clients/residents involved in their care
4. Care is provided based on client/resident needs, capabilities and interests
5. The client/resident's choices and rights are promoted and encouraged while still considering the safety and well being of others
6. The client/resident is asked to participate in decisions regarding their care routines and outcomes according to their abilities and cultural preferences
7. Responsibilities, boundaries and expectations of the care provider are discussed with the client/resident and families and followed in practice
8. Self-care efforts that maintain and promote independence of clients/residents and families are encouraged and acknowledged
9. Suggestions to assist and support independence are offered, as appropriate

ACTIVITY 1.3

Provide personal care and assistance in a competent manner that is skilled, safe and organized

PERFORMANCE INDICATORS

1. The individual and the environment are assessed and goals and priorities are set and updated in collaboration with the client/resident and other health care team members
2. Changes to client/resident needs are noted and adjustments to care made as necessary, in accordance with the care plan and consultation with the healthcare team
3. Communications such as information, instruction or social conversation is respectful and centres around/includes the client/resident at all times
4. Personal care time is used to facilitate client/resident communication and engagement
5. Personal care is performed safely and respectfully according to agency, facility and employer standards and policies



6. Personal care, as set out by the care plan, recognizes the needs and preferences of the client/resident as appropriate
7. An assessment of the setting is done to ensure that the work area is safe, clean and adequate supplies are available prior to commencing the personal care
8. Unsafe work areas are reported promptly and documented
9. Changes are made in the home setting to ensure the work area is as clean, safe and organized as possible
10. Work is completed according to the care plan and in a timely and organized manner
11. Infection control practices are adhered to consistently
12. Client/resident privacy is respected and confidentiality is maintained according to agency, facility and employer standards and policy
13. Direction and assistance from team members is requested when necessary
14. Delegated and assigned tasks are performed only after the required training/education has been provided by the appropriate healthcare professional and their worker confirms confidence in performing the task

ACTIVITY 1.4

Promote the emotional/psychological, social and spiritual health of the client, resident and their families

PERFORMANCE INDICATORS

1. The client's/resident's thoughts and feelings are asked about and listened to in a caring and respectful manner
2. Emotional support is offered and given in a manner that allows for expression and acceptance of feelings
3. Information on the care to be provided is explained clearly and questions are welcomed
4. Social interests and spiritual beliefs and practices of the client/resident are identified on the care plan, encouraged and supported
5. Information on available community resources and supports is provided when appropriate
6. A non-judgmental approach is used in all interactions with clients/residents



FUNCTION #2

Communicate effectively with clients, residents, families and other team members

ACTIVITY 2.1

Demonstrate verbal, non-verbal and written communication skills

PERFORMANCE INDICATORS

1. Communication is clear, respectful and constructive
2. Active listening skills such as perception checking, empathic responding and paraphrasing are used
3. Feedback is requested, given and received in a tactful, genuine and timely manner
4. Non-verbal messages are recognized, interpreted and clarified as appropriate
5. Eye contact, body positioning and facial expressions are used appropriately
6. Written communication in English is accurate, relevant and understandable
7. English language is spoken so as to be clearly understood using the appropriate volume, tone and vocabulary
8. Communication styles/approaches are adapted as appropriate for the person and the situation
9. Negative feedback is responded to in a non-defensive manner
10. Communication that becomes abusive is recognized and reported according to agency, facility and employer standards and policies
11. Conflict and confrontation are recognized and diffused appropriately when possible

ACTIVITY 2.2

Develop and maintain caring relationships with residents, clients and their families

PERFORMANCE INDICATORS

1. Personal identification is worn at all times, identifying the care provider's first name and role
2. Residents/clients and their families are addressed formally at first and then by name of choice
3. Communication is caring, courteous and respectful at all times
4. Client/resident and family perspectives and input are valued and responded to appropriately and in a timely manner



5. Client/resident personal values, beliefs and choices are acknowledged and respected and preferred routines are accommodated in accordance with the care plan/service plan
6. The rights, needs and interests of the client/resident and their families are acknowledged and advocated for and reported to the appropriate person
7. Policies and procedures are followed in relation to maintaining confidentiality and communicating appropriate information
8. Appropriate boundaries for developing and maintaining caring relationships are identified and followed
9. Touch and humour are used appropriately as ways to communicate effectively at times
10. Opportunities for spontaneous talk and activities are encouraged

ACTIVITY 2.3

Function effectively as a contributing member of the team

PERFORMANCE INDICATORS

1. Input is provided to the healthcare team to help develop the client/resident care plan.
2. The client/resident care plan as established and updated by the health care team is followed and supported to achieve desired outcomes
3. Differences or changes in the client/resident health status are promptly documented and reported verbally to a health care professional for direction
4. Support and assistance is offered to healthcare team members as needed
5. Own abilities and limits of competence are recognized and assistance from team members is asked for when necessary
6. Appropriate lines of communication are used according to agency, facility and employer standards and policy
7. Confidentiality is maintained in all communications with the healthcare team in keeping with standards of practice, policies, and legislation
8. Communications are focused, clear and timely
9. Problems, concerns and conflict are identified in a timely manner, discussed and resolved in a non-threatening way and help is requested if unable to resolve a problem
10. Responsible and accountable behaviours, such as being reliable, on time and ready to work, are consistently demonstrated
11. Client/resident information is communicated regularly to the team through discussion, team meetings or conferences.



FUNCTION #3

Contribute to promoting and maintaining a safe and healthy environment for self, clients/residents and their families

ACTIVITY 3.1

Promote own personal safety, health and well being

PERFORMANCE INDICATORS

1. The policies and procedures for ensuring the personal safety of self and others are followed consistently
2. The safety plan for self, client and resident is followed
3. When changes to a safety plan are required, the need is communicated to the team and supervisor
4. Health and safety risks are reported promptly.
5. Standard (universal) precautions are used with clients/residents
6. Critical incidents are reported and documented promptly to appropriate personnel.
7. The need for personal support after a critical incident is recognized
8. Health and safety information, as provided, is consistently utilized
9. Responsibility for own health and well-being is recognized
10. Resources, strategies and supports available for self-management, personal health and well-being are identified and used
11. The established health and safety employment requirements as set by legislation are followed consistently
12. Correct body mechanics are used in the delivery of care
13. An informed and safe approach is used when traveling to and accessing the client in the home setting including consideration of factors such as unknown/unsafe neighbourhoods and pets
14. Potential risks related to the client are known prior to entering the home (through risk code on the assignment sheet, team communications, etc)



ACTIVITY 3.2

Maintain a safe environment for clients, residents and families

PERFORMANCE INDICATORS

1. The safety information provided in the care plan is followed
2. Changes to the safety information are reported to the healthcare professional and the care plan is updated
3. Unsafe or potentially unsafe situations are identified, responded to, documented and reported according to agency, facility and employer standards and policies
4. Risk prevention strategies are followed consistently
5. Specific procedures to address the immediate safety needs of individuals are identified and followed

ACTIVITY 3.3

Operate equipment safely

PERFORMANCE INDICATORS

1. New or unfamiliar equipment is only operated following receipt of the requisite information, training and demonstration
2. The established care plan and instructions for use of equipment are followed
3. Equipment which requires repair is removed from the work area and dealt with according to agency, facility and employer standards and policies



FUNCTION #4

Perform job in an ethical, responsible and accountable manner and maintain competent practice

ACTIVITY 4.1

Carry out reporting and recording responsibilities

PERFORMANCE INDICATORS

1. Relevant information is reported and documented as appropriate following the agency, facility and employer standards and policies
2. The language used in reporting or documenting is clear, current, factual, objective and relevant to the client/resident
3. Verbal reports and written records are completed in a timely manner and followed up as needed
4. Abuse or neglect is reported promptly to a health care professional for appropriate action

ACTIVITY 4.2

Foster and uphold the mission statement, policies and standards of the organization

PERFORMANCE INDICATORS

1. The expectations and guidelines established in job descriptions are followed consistently
2. The standards, policies and procedures of the facility, agency and employer are adhered to consistently (e.g. safety, privacy, confidentiality)
3. Conflicts or issues that arise related to policies and standards are discussed with the appropriate health care team member
4. Responsible and accountable behaviour is consistently demonstrated (e.g. being on time, wearing safe and appropriate work clothing, taking responsibility for own actions, etc)



ACTIVITY 4.3

Participate in own learning and development

PERFORMANCE INDICATORS

1. Personal strengths and limitations are identified, assessed and evaluated on an ongoing basis
2. Self-assessment occurs on a regular basis and, in collaboration with the employer, a plan for skill improvement is developed that includes specific learning and training needs
3. Guidance, instruction and direction are asked for when necessary
4. Contributions to team, staff and in-service meetings are made regularly
5. Feedback related to performance is obtained from team members
6. Educational activities and events are identified and attended, based on available resources
7. New learning and best practices are shared with team members in a respectful manner



FUNCTION #5

Support the dignity, uniqueness and fair treatment of clients, residents, families and others

ACTIVITY 5.1

Display respect and sensitivity to individuals from diverse backgrounds and cultures

PERFORMANCE INDICATORS

1. Kindness, concern and respect for others and their personal space is displayed
2. Personal and cultural values, beliefs and practices of others are acknowledged and respected
3. Own presence is communicated to the client/resident prior to care activities (e.g. knocking on door, verbal greetings, etc.)
4. Personal privacy, maintaining client/resident's dignity, especially during personal care activities is respected and encouraged
5. Specific client/resident preferences for care are acknowledged and followed as appropriate

ACTIVITY 5.2

Promote the rights and fair treatment of clients/residents, their families and others

PERFORMANCE INDICATORS

1. Agency, facility and employer standards and policies are followed
2. Clients/residents and families are treated equally and with respect, regardless of differences in gender, age, background, care needs and abilities
3. Clients/residents are included in conversations and are asked for their input
4. Lack of fair treatment is recognized and reported and ways to support and improve the fair treatment are discussed with the healthcare team and carried out
5. Insensitive, neglectful or abusive behaviour is identified, documented and reported promptly to the health professional



ACTIVITY 5.3

Support the autonomy and uniqueness of clients/residents and their families

PERFORMANCE INDICATORS

1. Client/resident achievements, strengths and independence are encouraged and supported
2. Differences in beliefs, values and backgrounds of self and others are identified and respected
3. Information on the client/resident's personal history and preferences is gathered, acknowledged, communicated to the team and incorporated into the delivery of care and service (e.g. interests, care preferences, stories from their past, goals, etc)



Section 3
Framework of Practice

PART TWO - KNOWLEDGE AND SKILLS SPECIFICATIONS



BASIC KNOWLEDGE AND SKILLS SPECIFICATIONS

In order to perform all the functions and activities reflected in the occupational competencies, Community Health Workers and Resident Care Attendants have a wide range of knowledge and skills. What follows in this section are the knowledge and skills expectations associated with the work of CHWs and RCAs. These are divided into three categories:

- » Theories, Concepts, and Principles - What CHWs/RCAs must understand
- » Skills and Abilities - What CHWs/RCAs must be able to do/apply
- » Facts, Data and Information - What CHWs/RCAs must know

Given the integrated nature of the work of Community Health Workers and Resident Care Attendants, it is essential that all those undertaking the work have a strong grounding in all three categories.

The knowledge and skills specifications are presented in the following seven broad content categories:

1. Health and Healing
2. Care Activities/Personal Care Assistance
3. Communications
4. Health Care Team
5. Safety and Personal Wellness
6. Responsibility, Accountability and Ethical Behaviour
7. Caring for individuals with Diverse, Complex and Special Needs – Level 1

Each category is introduced, then followed by detailed specifications for each content area. The majority of the basic knowledge and skills specifications are common to both CHWs and RCAs.



1. Health and Healing

Promoting and maintaining health and healing is at the core of the work done by Community Health Workers and Resident Care Attendants. It forms the theoretical framework for practice and includes the philosophical beliefs, concepts, principles and skills that are inherent in optimum care. CHWs/RCA's need to understand the caring philosophy; concepts and principles related to health and healing; human needs; human growth and development; common challenges to health and healing (e.g. pain, loss, illness, death); and the health challenges experienced by adults with chronic conditions and disabilities.

One of the primary functions of CHWs and RCA's is to provide assistance and support that promotes the physical, emotional/psychological, social and spiritual well-being of clients/residents and their families. In order to competently implement this function, a basic understanding and skill level in assessment and problem solving is essential. Competence in basic assessment requires knowing when and what to assess and reporting the relevant information to the appropriate health care professional in a timely manner. Competence in basic problem solving requires knowing how to identify and assess a problem, establish priorities and identify the safest and most appropriate actions for solving or rectifying the problem within the parameters of one's practice.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO HEALTH AND HEALING

CHWs/RCA's must understand:

Health and Healing

- » definition of holistic health
- » interrelationship between mind, body and spirit,
- » the physical, psychological/emotional, social and spiritual components of health and healing

Caring and a Caring Philosophy

- » goals, characteristics and qualities of a caring interaction
- » optimum care

Basic Human Needs

- » physiological needs,
- » cognitive, emotional needs
- » affiliation, achievement, self-fulfillment and spiritual needs
- » the interrelationships of needs
- » factors influencing the meeting needs of needs in older adults



Normal Structure and Function of the Body

- » normal structure and function of each body system
- » common changes as a result of normal aging

Human Development

- » growth and development across the life span with a focus on the adult/older adult
- » the normal aging process

Common Challenges to the Healing Process

- » loss
- » pain
- » illness
- » death

Common Health Challenges in the Adult

- » common medical conditions in adult/older adults
- » loss of physical abilities
- » impact on function and behaviour
- » implications for care

Chronic Conditions

- » basic definition and concepts
- » implications for care
- » focus of self care

Basic Assessment

- » definition, role, requirements and parameters of practice
- » variety of appropriate sources of information (e.g. care plan, health care team and client/resident)
- » methods for effectively gathering information, observing changes in client/resident and environment
- » relationship between common health problems and observed changes

Basic Problem Solving

- » definition, role, requirements and parameters of practice
- » establishing appropriate priorities
- » consulting with client/resident and healthcare team
- » carrying out plan of action
- » evaluating effectiveness of outcomes



The Family

- » the role of the family
- » diverse family units
- » common developmental stages
- » impact of illness on family members
- » common coping styles

SKILLS AND ABILITIES RELATED TO HEALTH AND HEALING

CHWs/RCA's must be able to:

- » Display kindness, concern and respect towards others
- » Respect the dignity, worth and uniqueness of each client/resident
- » Display respect and sensitivity to diversity in needs, abilities, background and culture
- » Use touch and humour appropriately
- » Promote the rights and fair treatment of clients, residents and families
- » Recognize and respond to client/resident's needs
- » Assess the client/resident and the situation
- » Use appropriate sources and methods for assessment
- » Observe changes in client/resident and environment
- » Establish appropriate priorities
- » Consult/communicate with the client/resident and health care team
- » Perform care and service according to the established care plan
- » Be well organized and use time efficiently
- » Be creative and adaptable
- » Evaluate effectiveness of own actions
- » Act as an advocate
- » Maintain professional boundaries

FACTS, DATA AND INFORMATION RELATED TO HEALTH AND HEALING

CHWs/RCA's must know:

- » Information on the client/resident's care plan
- » Information about the client/resident health care needs,
- » The client/resident's unique personal history, achievements, strengths and preferences
- » Agency, facility and employer standards and policies related to privacy and confidentiality
- » Basic legislation on human and legal rights



2. Care Activities-Personal Care Assistance

One of the most important roles and contributions of Community Health Workers and Resident Care Attendants is to provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients/residents. Personal care activities are directed to supporting, promoting and maintaining the health, safety, independence, comfort and well being of clients/residents.

CHWs/RCA's are required to carry out personal care and assistance procedures in a competent manner that is client/resident centered, skilled, safe and organized.

One of the more significant recent changes in the role of the CHW and RCA has been in the area of personal assistance skills. The CHWs/RCA's are performing more assignable and delegated skills. Many assignable skills are learned in the basic CHW/RCA education program, where the general principles for selected delegated skills or delegation of transfer (DOT) skills are examined. Most delegated skills, which are client/resident specific, are taught by a health care professional in the work setting.

A sample of personal assistance guidelines (PAGS), which are specific guidelines that identify the assigned and delegated tasks that can be performed by an unregulated care provider is included in Appendix C.

THEORIES, CONCEPTS, AND PRINCIPLES RELATED TO PERSONAL CARE ASSISTANCE

CHWs/RCA's must understand:

- » Principles and rationale underlying personal care skills
- » Medical asepsis and infection prevention
- » Universal precautions
- » Concepts and principles of correct body mechanics
- » Components of unsafe work environments and practices
- » The importance of privacy and confidentiality
- » Concepts and strategies that encourage independence and self care
- » Basic concepts and principles of assisting with medications, including:
 - roles and responsibilities, legal implications of actions
 - conditions/situations where assistance/support is appropriate
 - types of assistance that is appropriate
 - 'rights' of drug administration
 - introduction to common drug classifications and common drugs used
 - reporting and recording



- » Concepts and principles related to range of motion
- » Meal planning and preparation (CHWs), including:
 - nutritionally sound meals
 - adapting food choices
 - basic components of common special diets
 - safe food handling and storage procedures

SKILLS AND ABILITIES RELATED TO PERSONAL CARE ASSISTANCE

CHWs/RCA's must be able to:

- » Plan and implement care based on the client's/resident's needs and with direction from the care plan
- » Keep the client/resident informed during care-giving activities
- » Adhere to infection control practices
- » Ensure the client's/resident's safety and comfort
- » Report any observed difficulties with care to healthcare professional
- » Request direction and assistance from team members/healthcare professional when necessary
- » Use correct body mechanics
- » Demonstrate good organizational skills
- » Demonstrate good psychomotor ability
- » Make accommodations in the home setting in order to provide a clean, safe, organized work environment (CHW)
- » Use a variety of mechanical lifts and equipment safely
- » Carry out specific personal care skills related to:
 - personal hygiene and grooming
 - assisting with movement and ambulation
 - monitoring temperature, pulse and respirations
 - assisting a client/resident with eating and elimination
 - promoting comfort and rest
 - providing basic palliative care
- » Assist a client with meals (CHW), including:
 - meal planning, preparation and service
 - preparing special diets from written instructions
 - operating kitchen appliances
- » Carry out specific tasks related to assisting with medication administration
- » Apply the Personal Assistance Guidelines - identify assignable and delegated skills and competence requirements (see Appendix C)



FACTS, DATA AND INFORMATION RELATED TO PERSONAL CARE ASSISTANCE

CHWs/RCA's must know:

- » The client's/resident's care plan and required personal care activities
- » Whether a client/resident might be harbouring a communicable infection (e.g. Hepatitis, HIV)
- » Agency, facility and employer standards and policies related to performing personal care activities
- » Current Personal Assistance Guidelines of the health authority/region, including:
 - Definition of and criteria for assignable and delegated tasks
 - Assigned tasks for clients/residents who can direct care
 - Delegated tasks for clients/residents who can direct care
 - Delegated tasks for clients/residents unable to direct care
 - Health care professionals responsible for assigning and delegating tasks
- » Available community resources and supports



3. Communications

An essential practice requirement for Community Health Workers and Resident Care Attendants is the ability to communicate effectively with clients, residents, families and other team members. This is one of the most valued aspects of CHW/RCA practice. As front-line workers, it is critical that CHWs/RCAs are able to develop and maintain effective caring relationships with clients/residents and families.

Competence in human relations and communications is based on self-awareness and an increased understanding of others. In order to develop effective interpersonal relationships, basic communication concepts and practical skills must be understood and applied in the work setting.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO COMMUNICATIONS

CHWs/RCAs must understand:

Knowledge of Self

- » Self awareness, self-concept, and self-esteem
- » Individual, societal and cultural factors influencing perception
- » Own personal communication styles

Basic elements of communication

- » Sender
- » Receiver
- » Message
- » Feedback

Basic communication concepts and principles

- » Range and impact of different communication styles, levels and preferences
- » The role of socio-economic and cultural experiences
- » Common problems and barriers to communication and ways to improve communications



Characteristics and qualities of caring interpersonal communications

- » Valuing
- » Using non-labeling language
- » Caring and non caring responses
- » Respectful communications
- » Use of common courtesies
- » Appropriate use of touch and humour

Nonverbal communications

- » The value and importance of non verbal communications
- » Appropriate and inappropriate non verbal communications
- » Appropriate use of touch and inappropriate touching

Basic Conflict Management

- » Concepts and principles
- » Application to practice

Assertive Communications

- » Passive, aggressive and assertive communications
- » When and how to be assertive

Clients/residents Experiencing Communication Losses

- » Sensory losses - hearing, visual
- » Memory loss
- » Loss of speech/aphasia
- » Alternative/augmentative communication methods

Appropriate Communications in Practice

- » Goals
- » Roles and professional boundaries
- » Common challenges
- » Principles of self-disclosure

Basic Computer Technology

- » Basic principles
- » Concepts and skills



SKILLS AND ABILITIES RELATED TO COMMUNICATIONS

CHWs/RCA's must be able to:

- » Use appropriate English language including verbal, non-verbal and written communication skills
- » Use attending – responding effectively to others (verbally and non verbally)
- » Use active listening skills- perception checking, paraphrasing
- » Receive and provide constructive feedback
- » Resolve conflict, diffuse anger and hostility, manage conflict
- » Use alternative communication methods and systems where required
- » Identify, respect and adapt to a wide range of different communication styles
- » Use current computer technology
- » Record and document communications

FACTS, DATA AND INFORMATION RELATED TO COMMUNICATIONS

CHWs/RCA's must know:

- » Information on the client/resident's care plan
- » Agency, facility and employer standards and policies related to written communications and confidentiality
- » Common medical terminology
- » Resources, supports and technology to assess and aid in communication strategies



4. Healthcare Team

Community Health Workers and Resident Care Attendants are valuable, contributing members of the healthcare team. In addition to providing competent client/resident-centered personal care and assistance, CHWs/RCA's are valued for, and relied upon for their ability to demonstrate a collaborative cooperative approach; effective communications; strong observation, reporting and recording skills; and a reliable work ethic.

CHWs/RCA's work as members of the healthcare team in a variety of settings with access to direction and supervision from other healthcare professionals. RCA's tend to work with a healthcare team in a facility setting and have direct access to other health professionals. CHWs often work on their own, in the community and have primarily indirect access to other health professionals (e.g. by telephone, pager, voice mail or written communications).

CHWs/RCA's practice interdependently, as team members, not in isolation or independently. They carry out their day to day activities with the support, resources and direction of other members of the team, such as Licensed Practical Nurses or Registered Nurses, many of whom assume supervisory roles. To be competent CHWs/RCA's must understand the roles and responsibilities of all team members and have the ability to recognize their own competence and parameters of practice, thereby knowing when to request direction and support from others. They also must be prepared to respectfully offer support and assistance to a coworker or supervisor when needed.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO THE HEALTHCARE TEAM

CHWs/RCA's must understand:

- » The basic components of the healthcare system in BC
- » The value of the roles of CHWs/RCA's within the healthcare team
- » Boundaries, parameters and limitations of the CHW/RCA role
- » Components of interpersonal relationship development
- » Basic concepts of group development, functions and dynamics
- » Roles of team members within a functioning group
- » Appropriate lines of communication
- » Principles of collaboration
- » Core principles of team building
- » Accountability and ethics in working relationships
- » Aspects of confidentiality of shared information



SKILLS AND ABILITIES RELATED TO THE HEALTHCARE TEAM

CHWs/RCAs must be able to:

- » Communicate changes in client's/resident's health status promptly
- » Communicate client/resident information regularly to the team through discussion, team meetings or conferences
- » Know when to ask for help
- » Seek clarification when a situation changes or directions are not clear
- » Develop and maintain relationships with members of the healthcare team
- » Develop and model effective interpersonal skills
- » Give and accept constructive feedback
- » Articulate and maintain values and best practices
- » Offer support and assistance when needed
- » Demonstrate and model genuineness, respect, empathy and diplomacy in interpersonal relationships
- » Use consensus building, negotiating, problem solving and conflict resolution skills appropriately
- » Contribute effectively in groups
- » Educate others about the roles and contributions of CHWs/RCAs

FACTS, DATA AND INFORMATION RELATED TO THE HEALTHCARE TEAM

CHWs/RCAs need to know:

- » The client/resident's care plan
- » The relevant information to communicate
- » Information sharing protocols and procedures
- » Responsibilities, mandates and roles of self and other members of the healthcare team
- » The priorities, shared goals and tasks of the team



5. Safety and Personal Wellness

One of the key functions for Community Health Workers and Resident Care Attendants relates to providing care and services that promote and maintain the safety and well-being of individuals and families. As well, challenges to the personal safety of both CHWs and RCAs have increased requiring these workers to also focus on their own personal safety in light of demands and issues in their work environment.

Although CHWs/RCAs enjoy their work, they also experience considerable work-related stress. As a consequence, these workers require knowledge and skills related to stress management, avoidance of burnout and general healthy lifestyle practices.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO SAFETY AND PERSONAL WELLNESS

CHWs/RCAs must understand:

Basic Safety

- » Definition, concepts and principles
- » Safety Plans, purpose, role in safety planning, factors influencing safety planning (capabilities, language, background, cultural)

WHMIS and Food Safe Program

- » Concepts and principles
- » Applications

Body Mechanics

- » Basic theory and applications
- » Worksafe BC theory and protocols

Universal Precautions

- » Basic concepts and principles
- » Applications

Risk Management

- » Basic definitions and approaches



Safety Issues Encountered in Practice

- » Realities and challenges
- » Common safety needs and issues
- » Promoting and maintaining a safe environment
- » Specific procedures and effective strategies to address immediate safety issues
- » Roles and parameters of practice in relation to safety

Living At Risk

- » Respecting the client /resident's privacy and lifestyle choices
- » Accepting the choice to live at risk as long as the client/ resident has made an informed choice

Critical Incidents

- » Recognizing situations where critical incident debriefing is warranted

Personal Wellness

- » The value of personal growth and development
- » Components of a healthy lifestyle
- » Personal experience of health, personal wellness and social supports
- » Cultural and societal influences on lifestyle choices
- » Relationship between lifestyle choices and health
- » Negative effects of tobacco, alcohol and drugs
- » Positive effects of exercise and good nutrition
- » The change process and the methods/approaches to improve personal health

Self Defense

- » Basic principles and techniques

Stress

- » The impact of stress and the need to maintain wellness
- » Components, common responses and effects of stress
- » Common stressors related to the work of a CHW and RCA
- » Burnout and compassion fatigue
- » Frameworks for self-care
- » Strategies for self assessment and wellness intervention



SKILLS AND ABILITIES RELATED TO SAFETY AND PERSONAL WELLNESS

CHWs/RCA's must be able to:

- » Recognize safety risks and implement appropriate safety measures
- » Promote and maintain a safe environment
- » Adhere to health and safety standards
- » Use correct body mechanics at all times
- » Perform all personal care skills safely
- » Operate equipment safely
- » Use appropriate self defense principles and techniques
- » Recognize work stressors
- » Care for themselves and use a range of health and wellness strategies

FACTS, DATA AND INFORMATION RELATED TO SAFETY AND PERSONAL WELLNESS

CHWs/RCA's must know

- » Information on the client/resident's care plan
- » Agency, facility and employer standards and policies related to health and safety; safety procedures; and protocols for reporting and recording
- » Worksafe BC requirements and protocols
- » Protocols for reporting abuse and neglect
- » Equipment operating instructions and requirements
- » Available resources and employee assistance programs and supports
- » Resources to assist in improving healthy lifestyle choices



6. Responsibility, Accountability and Ethical Behaviour

A key function for Community Health Workers and Resident Care Attendants is to perform their job in an ethical, responsible and accountable manner. Since CHWs and RCAs are neither licensed nor monitored by a regulatory body they do not have a legally defined scope of practice. It is imperative, therefore, that CHWs/RCAs thoroughly understand the expectations and parameters of their job roles.

In practice, competent performance is demonstrated through activities such as carrying out reporting and recording responsibilities; following the mission statement, policies and standards of the agency, facility and employer; and participating in personal learning and development. The ability to continually reflect on and improve practice is an essential part of competent performance.

THEORIES, CONCEPTS, AND PRINCIPLES RELATED TO RESPONSIBILITY, ACCOUNTABILITY AND ETHICAL BEHAVIOUR

CHWs/RCAs must understand:

- » The demands and rewards of the Community Health Worker and Resident Care Attendant roles
- » The impact of personal values, beliefs and principles on their practice
- » Ethical standards, decision-making and framework of practice
- » Relevant legal and contractual obligations that guide practice
- » Legal implications of written records
- » The importance of lifelong learning
- » The function of motivation and commitment in on-going learning.



SKILLS AND ABILITIES RELATED TO RESPONSIBILITY, ACCOUNTABILITY AND ETHICAL BEHAVIOUR

CHWs/RCA's must be able to:

- » Clarify and articulate personal values and a philosophy of practice
- » Articulate the parameters of their job role
- » Apply principles and guidelines of confidentiality
- » Model ethical and accountable behaviour
- » Demonstrate dependability, honesty and integrity
- » Dress in safe and appropriate work clothing
- » Exhibit confidence and competence in the work environment
- » Accurately report and record
- » Identify and meet documentation and reporting requirements, maintaining records and documents according to organizational policies and procedures
- » Take responsibility for their own decisions
- » Request feedback on their own performance
- » Self-evaluate on the basis of “best practices” and make improvements in own practice as needed
- » Share information on new learning and best practices
- » Advocate for the role and contributions of CHWs/RCA's

FACTS, DATA AND INFORMATION RELATED TO RESPONSIBILITY, ACCOUNTABILITY AND ETHICAL BEHAVIOUR

CHWs/RCA's must know:

- » Agency, facility and employer standards and policies related to privacy, confidentiality, safety, procedures and protocols for reporting and recording
- » Agency, facility and employer standards and guidelines related to practice and conduct
- » Resources and supports for learning and professional development
- » Current information and emerging trends related to best practice



7. Caring for individuals with Diverse, Complex and Special Needs: Level 1

This last content area completes the description of the basic competencies for Community Health Workers and Resident Care Attendants. Although the majority of clients/ residents are older adults, the age span has changed over recent years with younger (30-65) and very old (85-100) individuals now requiring care by CHWs/RCA.

Many older adults are experiencing advanced physical deterioration and moderate to severe mental decline. For example, in order to provide care competently for clients and residents experiencing moderate to severe dementia, CHWs/RCA need to apply the concepts, principles and strategies required to effectively communicate with and provide personal care for individuals with significantly altered behaviours.

These knowledge and skills specifications do not tie to a specific function from the Framework of Practice, but are relevant to all aspects (the values, functions, activities, performance indicators, etc).

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO CARING FOR INDIVIDUALS WITH DIVERSE, COMPLEX AND SPECIAL NEEDS: LEVEL 1

CHWs/RCA must understand

Chronic Care

- » Basic definitions and concepts
- » Goals and focus of care
- » Encouraging self-care
- » Approaches

Common Health Problems in the Older Adult

- » Common conditions
- » Impact on function and behaviour
- » Implications for care
- » Best practices
- » Common disease processes that contribute to changes in physical functioning, mobility problems
- » Physical disabilities
- » Sensory Loss, Hearing, visual aphasia
- » Common causes of reversible changes in mental functioning



Optimum Care

- » Value of optimum care
- » Key concepts and principles (e.g. client/resident centred, best practices)
- » Influencing factors

Changes in Cognitive/Mental Functioning Dementia

- » Basic introductory concepts and principles
- » Reversible and irreversible dementia, delirium
- » Common causes of reversible changes in mental functioning
- » Pathology, processes and characteristics of irreversible dementia

Understanding Behaviours - Individuals with Moderate to Severe Dementia

- » Possible causes
- » Different responses
- » Impact of caregiver behavior
- » Factors influencing appropriate behavior
- » Communicating effectively with clients/residents
- » Effective responses to challenging behaviours/altered perceptions
- » Safety of self and client/resident

Caring Interactions

- » Unique needs and issues e.g. safety
- » Vulnerability to abuse and neglect
- » Personal care assistance, focus on self care management
- » Encouraging self-care
- » Principles, effective approaches and strategies for communicating with a person with dementia
- » The importance of the environment

Interacting with Families

- » The experience and impact of the illness on the family
- » Effective ways to support families

Self-Care for the Care Provider

- » Impact on CHWs/RCA's emotional and physical health
- » Self-assessment
- » Recognizing stress and burn out cues
- » Ways to prevent and cope with stress and burnout
- » Developing self-care routines



Palliative Care/ Care of the Dying

- » Basic introductory concepts and principles
- » Stages of grief and dying - the impact on the client, resident and their families
- » Common reactions as people approach death
- » Common reactions of family members
- » Differences in how clients/residents and families respond to dying and death (family structures, cultural values, backgrounds)
- » Physical, emotional and spiritual needs and appropriate interventions
- » Impact of dying and death on self
- » Personal and professional boundaries - knowing when to step back
- » Ethical dilemmas and how to handle them

Mental Health Challenges

- » Basic introductory concepts and principles
- » Common mental health challenges – depression, anxiety disorder, bipolar disorders, schizophrenia, dual diagnoses
- » Common signs and symptoms
- » Basic mental health practice concepts
- » Effective approaches
- » When and what to report
- » Principles and approaches used to plan and implement care for clients/residents experiencing Mental Health Challenges
- » Recognizing signs of drug and alcohol abuse with clients and residents and their families
- » Problematic substance use (drug and alcohol) challenges in caring for people with addictions



SKILLS AND ABILITIES RELATED TO CARING FOR INDIVIDUALS WITH DIVERSE, COMPLEX AND SPECIAL NEEDS: LEVEL 1

CHWs/RCA's must be able to:

- » Provide observation and assessment of the client/resident's health status – physical, emotional, social, spiritual, well-being
- » Communicate effectively
- » Note any changes in the client/resident's health and report these changes to the appropriate health care professional
- » Report and record all relevant information in an accurate and timely manner
- » Provide personal care assistance according to the care plan and in line with the direction of the health care professional
- » Demonstrate compassion and respect
- » Display sensitivity to diversity and a non-judgmental approach in all aspects of care
- » Support family members
- » Be courteous
- » Provide relevant information to client/resident and family members
- » Practice active listening
- » Assist the client/resident and family to be involved in the care activities as appropriate
- » Observe family members for stress and need for respite and consult with health care professional for direction
- » Set appropriate personal boundaries in interactions with client/resident and family members
- » Reflect on the benefits and challenges of this type of work

FACTS, DATA AND INFORMATION RELATED TO CARING FOR INDIVIDUALS WITH DIVERSE, COMPLEX AND SPECIAL NEEDS - LEVEL 1

CHWs/RCA's must know

- » The client/resident's care plan
- » Agency, facility and employer standards and policies
- » The client/resident's abilities, needs and preferences
- » Medications & protocols
- » Community and facility resources
- » Approaches that have been effective with this client/resident
- » Supports and resources for the client/resident and family
- » Supports and resources for self



ADVANCED KNOWLEDGE AND SKILLS SPECIFICATIONS

Advanced level competencies are inclusive of all framework of practice components and also identify knowledge and skills beyond those cited in the basic knowledge and skills specifications. These advanced competencies are not expected to be included in basic training programs for Community Health Workers and Resident Care Attendants. CHWs/RCA may acquire these advanced level competencies through a variety of means such as independent study, work experience, in-service training and post-basic education programs offered by B.C. post secondary educational institutions

This project was not aimed at achieving a full examination of the CHW/RCA advanced level competencies. Nevertheless, these advanced practice requirements were often discussed. Documentation of these discussions is included in the next few pages of this report, providing a beginning “road map” of knowledge and skill specifications that may guide the development of advanced level programs for CHW/RCA workers.

As noted, it is important to recognize that the environment in which the CHW and RCA practice has changed drastically over this past decade. The client/resident populations have become more medically fragile, cognitively complex and diverse in age and personal care requirements. As the older population increases in numbers and life expectancy, more people experience higher degrees of illness and are diagnosed with multiple chronic health problems. It is not surprising, therefore, that both CHWs and RCAs are being called upon to develop the advanced competencies required for providing care for clients and residents with complex and/or special needs. The CHWs, in particular, identified an increasing need for advanced level knowledge and skills. RCAs who work in acute care settings also require specific additional training to prepare them for their role.

The advanced level knowledge and skills specifications identified in this section build on the basic knowledge and skills these workers already possess. The advanced specifications include:

1. Caring for Individuals with Diverse, Complex and Special Needs: Palliative Care Level 2
2. Caring for Individuals with Diverse, Complex and Special Needs: Mental Health Care Level 2



NOTE: The advanced level knowledge and skills specifications included on the following pages are not considered to be exhaustive. They represent examples and a beginning representation of what is needed for these advanced competencies.

Caring for individuals with Diverse, Complex and Special Needs: Palliative Care Level 2

Advanced level palliative care knowledge and skills specifications build on the basic competencies and incorporate all relevant aspects of the Framework of Practice (values, functions, activities, performance indicators and all other knowledge and skills specification).

CHWs/RCAs with advanced competencies in palliative care demonstrate a more in-depth understanding of the client/resident who is dying and the impact of death and dying on the individual and the family. These care providers are better prepared to support family members as well as apply the concepts, principles and strategies needed to effectively communicate with and provide care for individuals requiring palliative care.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO ADVANCED PALLIATIVE CARE

CHWs/RCAs must understand all level one palliative care theories and concepts as well as:

Hospice and Palliative care

- » Definitions
- » Goals
- » Client/resident needs
- » Active compassionate therapy

Palliative Care Team

- » Members
- » Roles
- » What and when to report and to whom

Self Reflection

- » Reflecting on dying and death



Stages of Dying

- » Physical changes
- » Emotional stages

Optimum Care

- » Key concepts
- » Influencing factors
- » Importance of individualizing care

Symptom Management

- » Assessment/observation
- » Comfort measures
- » Reporting, communicating with healthcare team
- » Care plan changes

Pain Management

- » Assessment/observation
- » Reporting
- » Medication delivery
- » Non-medicinal pain management strategies
- » Recording and reporting

Supporting Grieving and Bereavement

- » Establishing positive relationships with clients/residents and families
- » Supportive interactions
- » Remaining composed

The Family

- » Common reactions of family members
- » The emotional support needs of the family
- » Family dysfunction and how to support healthier functioning

Self-Care for the Care Provider

- » Impact on the care provider's emotional and physical health
- » Developing healthy personal boundaries with balanced emotional involvement
- » Self care routine
- » Stress and burn out cues
- » Recognizing own loss and need for grieving
- » Ways to bring closure



SKILLS AND ABILITIES RELATED TO ADVANCED PALLIATIVE CARE

CHWs/RCA's must be able to apply all level one palliative care skills and abilities as well as:

- » Provide a variety of comfort and pain management techniques in accordance with the care plan and the direction of the healthcare professional
- » Demonstrate an acceptance of the process – allowing dying and death to be OK, giving people permission
- » Display sensitivity to unique needs of the family – know when to act and when to not, allow family to grieve
- » Display finely tuned listening, verbal and non-verbal communication skills that focus on recognizing and validating what the client/resident and family are experiencing
- » Provide the special care and support that is needed at this time
- » Display an appropriate use of touch
- » Demonstrate an appropriate use of silence and being present

FACTS, DATA AND INFORMATION RELATED TO ADVANCED PALLIATIVE CARE

CHWs/RCA's must know:

- » Agency, facility and employer standards and policies (e.g. confidentiality, universal precautions, no CPR protocol, care of body after death)
- » The client/resident's care plan and specific needs or preferences
- » Supports and resources that are available for the client/resident and family
- » Supports and resources that are available for the care provider



Caring for Individuals with Diverse, Complex and Special Needs: Mental Health Care Level 2

Advanced Mental Health Care knowledge and skills build on the basic competencies and incorporate all relevant aspects of the Framework of Practice for Community Health Workers and Resident Care Attendants (values, functions, activities, performance indicators and all other knowledge and skill specifications).

CHWs/RCA's with advanced competencies in mental health care demonstrate a more indepth understanding of the client/resident experiencing mental health challenges and the impact of this on the family. These care providers understand and are able to apply the concepts, principles and strategies needed to effectively communicate with and provide care for individuals experiencing mental health challenges and to support family members.

THEORIES, CONCEPTS AND PRINCIPLES RELATED TO ADVANCED MENTAL HEALTH CARE

CHWs/RCA's must understand all Level One mental health care theories and concepts, as well as:

History of Mental Health care

- » How mental health has been seen in past times
- » Stigma
- » Impact of mental illness

The Basics of Mental Health

- » Concept of recovery
- » Core services
- » Best practices
- » Ethical practice

Common Mental Health Challenges

- » Depression
- » Anxiety disorders
- » Bipolar disorders
- » Schizophrenia
- » Dual diagnoses
- » Common signs and symptoms
- » Treatments
- » Signs of potential suicide
- » Appropriate interventions



Problematic Substance Use

- » Drug and alcohol – basic concepts
- » Challenges of addiction
- » Caring for individuals challenged by addictions

Optimum care

- » Key concepts
- » Influencing factors
- » Importance of individualizing care

Caring Activities

- » Unique needs and issues e.g. stereotyping, safety
- » Vulnerability to abuse and neglect
- » Personal care assistance
- » Focus on self-care
- » Principles and effective strategies for communicating

Interacting with Families

- » The experience and impact of mental illness on the family
- » Effective principles and strategies for supporting families
- » Involving families in care

Self-Care for the Healthcare Provider

- » Impact on emotional and physical health of care providers
- » Self-assessment
- » Stress and burnout cues
- » Ways to prevent and cope with stress and burnout
- » Developing self-care routines



SKILLS AND ABILITIES RELATED TO ADVANCED MENTAL HEALTH CARE

CHWs/RCA's must be able to apply all Level One mental health care skills and abilities as well as:

- » Display well-developed communication skills
- » Use behavioural management skills
- » Use non-violent crisis intervention skills
- » Assist the family in understanding and accepting the client's/resident's behaviour

FACTS, DATA AND INFORMATION RELATED TO ADVANCED MENTAL HEALTH CARE

CHWs/RCA's must know:

- » The client's/resident's care plan
- » Safety plan
- » Agency, facility and employer standards and policies
- » The supports and resources that are available for the client/resident and the family
- » The supports and resources that are available for the care provider.



Section 4
Summary & Next Steps



NEXT STEPS

The first step, the development of a current and comprehensive competency document that clearly frames the roles and responsibilities and practice of CHWs/RCAs in B.C. has been completed. The second step, the updating and development of the provincial curriculum can now begin. This curriculum work will ensure that the educational preparation of these workers is current and relevant to the complex and changing healthcare practice settings in which they work.

In addition, there are several other factors that need to be considered in order for these competencies to be successfully operationalized. There are many challenges in the both the education and practice settings that must be addressed in order to make these environments more attractive to CHWs and RCAs, hence improving the recruitment and retention of these valuable healthcare workers.

- 1. Standardize the job title and name for CHWs and RCAs and use this same term in the provincial curriculum**

Currently there are too many names used to describe the Home Support Worker and Resident Care Attendant. The most recent name change has been for home support workers. In an effort to standardize the title for this worker and to better align with the established benchmarks, the title Home Support Worker (HSW) has been replaced with Community Health Worker (CHW). Regardless of the more recent CHW job title change, variance in job titles remains problematic. It creates challenges in terms of communication and education and does little to advance the public's understanding and appreciation of the nature of the work done by these practitioners. Stakeholders need to collaborate and agree on a name that can be used to refer to the work of both CHWs and RCAs. Names that relate in some way to the nursing profession were seen as the most relevant.



2. Focus on the orientation, training and mentorship of the healthcare team members who supervise or manage CHWs and RCAs.

There was strong agreement amongst all stakeholders that the orientation, training and mentorship demands on LPNs, RNs and other healthcare team professionals have increased considerably in the past five years. The successful implementation of the CHWs/RCAs competencies is dependent on providing the necessary education and supports to the health care professionals who supervise or manage these workers. More detailed assessment and planning is required, but it is clear that we must better support and educate the professionals who are responsible for supervising the worker and who are ultimately responsible for the care of the client/resident.

3. Use the advanced level competencies identified in the Framework of Practice to guide in the future development of post basic courses for CHWs and RCAs

As mentioned, the practice environment and the client/resident profile have changed significantly over the past decade. More requirements for advanced level competencies in caring for specific client groups have emerged. The project identified advanced level competencies in the areas of palliative and mental health care. Future initiatives should include post basic program development in these areas, once the revised curriculum is implemented. Another new area of practice is in acute care. More development work needs to be done to identify the advanced level competencies in this area. The project timeframe and priorities did not allow for a full examination of advanced level competencies in acute care. It was not included in the document as an advanced competency because there was not adequate data from the participants (employers, managers, supervisors and workers who are working in specialized acute care settings). This was a reality and limitation of the study.



4. Open the door to access and options for career mobility

As well as responding to the current challenge of recruiting and retaining CHWs/RCAs, it is commonly accepted that we will require many of these workers in the future. Some will come from outside Canada and will require English language training. There is concern in the field that some workers do not have the adequate practice competencies or language skills to perform safely. In order to meet these realities, we need to be more proactive in determining the most effective strategies to provide entry into education or practice for these individuals.

Historically there have been few post-secondary educational options for CHWs and RCAs to continue their education once they leave the College setting. Many CHWs/RCAs termed this situation as ‘a closed door’. It is recommended that more work be done to develop and promote these opportunities. For example, future curriculum design and development needs to ensure that there are adequate laddering options ‘across the health and human services field’ for these workers.

There appears to be little information in the standard career source resources or in the high schools career fairs on the CHW/RCA career choice. Educators and school counselors need to be made aware of the basic and post basic career options in this field so that high school students have access to current information and make informed choices.

More collaborative work with the Ministry of Children and Family Development is recommended. MCFD has proposed the need for a post basic course that would give CHWs the required training to care for special needs children in the home (e.g. stable clients in urban settings, cared for at home by parents who need night shift respite). This new career option would be well received by all parties.





Appendices



Appendices

Appendix A - Terminology

THE FOLLOWING TERMS HAVE BEEN DEFINED IN ORDER TO GIVE READERS A COMMON UNDERSTANDING AND SOME CONTEXT FOR WHAT THE TERMS MEAN WHEN USED IN THIS DOCUMENT.

Assessment - CHWs and RCAs apply a basic level of assessment in their work. They gather information about their clients and residents through skilled observation, reflection and communication. They use a variety of sources (e.g. care plan, health care team and client/resident) and methods (reading, talking, observing) in assessment. Competence in basic assessment requires knowing when and what to assess and reporting the relevant information to the appropriate health care professional in a timely manner.

Client/Resident - The individual receiving service or care from the CHW or RCA. Community Health Workers (CHWs): Front-line care and service providers who assist individuals to remain independent and in the community as long as possible. The CHW administers personal care under the general direction of a home care agency supervisor or Registered Nurse. Currently there are many names used to describe this worker, including: Home Support Worker, Neighbourhood Home Support Worker, Home Maker, Home support Attendant, Health Care Worker, Nurse Aide, Nurse/Nursing Assistant, Resident Care Aide, Care Aide, Personal Care Aide, Personal Support Worker, Patient Care Aide, Home Health Aide, Continuing Care Assistant, Assisted Living Worker, and Lifestyle Assistant.

Competence This is a standardized requirement for an individual that encompasses a combination of work related knowledge, skills and behaviours needed to effectively perform in a specific job. In this document, the term is used as the application of knowledge, skill, understanding, values and



Performance Indicators - Performance indicators are linked to activities and functions and denote the critical components of good performance in the work place. They describe how individuals should be carrying out each activity to meet the needs of clients/residents, their employers and the occupation. Performance indicators answer the question: “How do I know an activity has been performed well?”

Knowledge and Skills Specifications - While the previous components (functions, activities and performance indicators) describe the expectations required of a worker, it must be recognized that competent performance requires that individuals have the requisite knowledge, understandings and skills to perform well. Knowledge, understandings and skills specifications describe the necessary content that enables individuals to think through each situation and draw on information and resources to help them respond to contingencies and make appropriate decisions. Basically, these specifications describe what people “have in their heads” and use in their practice when they are performing competently. These could be theories, concepts and/or principles; skills; or facts, data and/or knowledge. This component completes the framework of practice and provides the basis for reviewing, modifying and developing new curricula.

Personal Assistance Guidelines - Specific guidelines that identify the assigned and delegated tasks that can be performed by an unregulated care provider. Assignable tasks are those that can be assigned and are part of the regular CHW/RCA role and job description. Delegated tasks are client specific and not within the job description of the CHW or RCA. These tasks can be delegated by a designated health care professional to a CHW/RCA only after the health care professional assesses whether a task is appropriate to delegate, the required training and monitoring is carried out, the appropriate resources are in place and the worker confirms confidence in performing the task.

Personal Care - Personal care activities are directed to supporting, promoting and maintaining the health, safety, independence, comfort and well being of clients and residents. Personal assistance provided by CHWs and RCAs include: assisting with personal hygiene and grooming; assisting with movement and ambulation; assessing temperature, pulse and respirations; assisting with eating and elimination; promoting comfort and rest; assisting the client/resident who is responsible for his/her own medications; and providing basic palliative care.



judgments required to carry out the role and work of a CHW/RCA.

Competencies - Specified knowledge, understandings, skills, values and judgments used by Community Health Workers and Resident Care Attendants in order to provide safe, proficient care for individuals in a variety of institutional and community settings. The CHW/RCA Framework of Practice identifies the basic competencies required for competent performance. The basic knowledge and skill specifications required for CHWs and RCAs are learned in an entry level education/training program.

Advanced level competencies are inclusive of all framework of practice components and also identify knowledge and skills beyond those cited in the basic knowledge and skills specifications. CHWs/RCAs may acquire the advanced level knowledge and skill specifications through a variety of means such as independent study, work experience, in-service training and post basic education programs offered by BC post secondary educational institutions

Families - The family members and significant others in the life of the client/resident. It is a broadly defined term to include families of origin, families of choice and persons of representation.

Framework of Practice - A holistic and integrated overview of all aspects of competent practice within a specified job role. It includes: Key Purpose Statement: The key purpose statement describes the intention of the occupation. This statement is similar to a mission statement in that it summarizes the primary goal of the occupation. In the case of this report, the Key Purpose Statement is intended to apply to all Community Health Workers and Resident Care Attendants, regardless of their work setting. Values, Beliefs and Principles: The core values, beliefs and principles that serve as the foundations of practice and are consistently reflected in all aspects of the job role.

Functions - Functions describe the broad-areas of responsibilities workers need to assume in order to fulfill the key purpose of the occupation. Functions describe the work at a broad level, reflect a meaningful unit of work, and, answer the question: “What needs to happen for the key purpose to be achieved?”

Activities - Activities describe the functions in greater detail. They are specific and inform the functions and give them greater meaning. The activities depict the day-to-day practice of the worker in fulfilling each function. Activities answer the question: “What do CHWs/RCAs do in their work to fulfill or carry out each function?”



Problem Solving - Problem solving includes identifying and analyzing the problem; identifying priorities and options, consequences and sources of assistance; utilizing the safest, most appropriate action to rectify the problem; and evaluating the outcome. Competent CHWs/RCA's use a systematic problem-solving process, both independently and in consultation and collaboration with other members of the health care team.

Resident Care Attendants (RCAs) - Front-line care providers who work in facilities that provide 24-hour professional care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in the community. RCAs work under the direct supervision of an appropriate health professional. Within most residential care settings, the title given these workers is Resident Care Attendant (RCA).

Supervision - The provision of guidance or direction, support, evaluation and follow-up by an appropriate health care professional for the purpose of achieving the goals of care. Supervision can be direct, when the supervisor is immediately present, or indirect, when the supervisor is not immediately present to guide or direct. Indirect supervision may be conducted by phone, pager, voice mail and through written communications.



APPENDIX B - Benchmark Classification Codes

BENCHMARK

Community Health

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Worker 1

Implementation Date: May 2, 2003 81701

1-7

CLASSIFICATION GRID: 3

BENCHMARK TITLE: COMMUNITY HEALTH WORKER 1

BENCHMARK NUMBER: 81701

JOB FAMILY: CLIENT SERVICES

SCOPE AND LEVEL DEFINITION

Provides home support services to clients such as housekeeping and meal planning and preparation.

TYPICAL FUNCTIONS AND RESPONSIBILITIES

1. Performs housekeeping duties such as sweeping and mopping floors, vacuuming, dusting, washing dishes, and laundry.
2. Plans, prepares, and serves meals, and shops for groceries.
3. Observes clients and their environments, and reports unsafe conditions and behavioural, physical, and/or cognitive changes to supervisor.
4. Demonstrates methods and provides basic information to clients in relation to housekeeping, meal planning and preparation, and grocery shopping, in accordance with pre-established care plans.
5. Accompanies clients on outings such as appointments, shopping, and leisure activities.
6. Completes and maintains related records and documentation such as communication books and progress reports.
7. Performs other related duties as assigned.



BENCHMARK

Community Health

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Worker 1

Implementation Date: May 2, 2003 81701

1-7

QUALIFICATIONS

Typical Education, Training, and Experience

- » Grade 12
- » Class V BC Driver’s License
- » Recent, related experience of three months

Or an equivalent combination of education, training, and experience

Or other Qualifications determined to be reasonable and relevant to the level of work

Typical Skills and Abilities

- » Home management skills
- » Physical ability to carry out the duties of the position
- » Ability to work independently and in cooperation with others
- » Ability to operate related equipment
- » Ability to communicate effectively, both verbally and in writing
- » Ability to organize and prioritize
- » Ability to observe and recognize changes in clients

BENCHMARK

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Resident Care Aide

Implementation Date: May 2, 2003 81201

1-20

CLASSIFICATION GRID: 8

BENCHMARK TITLE: RESIDENT CARE AIDE

BENCHMARK NUMBER: 81201

JOB FAMILY: CLIENT SERVICES

SCOPE AND LEVEL DEFINITION

Provides residents with nursing assistant care and personal care, and performs housekeeping duties in a residential setting such as a hospice or group home.



TYPICAL FUNCTIONS AND RESPONSIBILITIES

1. Provides residents with nursing assistant care such as catheter care, enemas, suppositories, taking vital signs, applying non-sterile dressings and topical medications, diabetic urine and blood testing, obtaining routine urine and stool samples, and checking skin for ulcers, wounds, infections, and skin problems.
2. Administers medication to residents and provides medication reminders, in accordance with established policy.
3. Assists clients with activities of daily living such as feeding, lifts & transfers, bathing, skin care, oral hygiene, and toileting.
4. Porters and ambulates residents.
5. Observes and monitors residents and their environments, and reports unsafe conditions and behavioural, physical, and or cognitive changes to supervisor.
6. Performs housekeeping duties such as sweeping and mopping floors, vacuuming, dusting, washing dishes, and laundry.
7. Performs limited food preparation such as heating prepared food, and making tea, coffee, toast, salads, and sandwiches.
8. Checks and restocks supplies such as personal care supplies, first aid supplies, and housekeeping supplies, and assists in taking inventory.
9. Completes and maintains related records and documentation such as resident admission, transfer and discharge forms.
10. Accompanies clients on outings such as appointments, shopping, and leisure activities.
11. Performs other related duties as assigned.

BENCHMARK

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Resident Care Aide
Implementation Date: May 2, 2003 81201
1-20

QUALIFICATIONS

Typical Education, Training, and Experience

- » Grade 12
- » Resident Care Attendant Certificate
- » Certificates in CPR, First Aid, and Food Safe
- » Recent, related experience of one year

Or an equivalent combination of education, training, and experience

Or other Qualifications determined to be reasonable and relevant to the level of work



Typical Skills and Abilities

- » Physical ability to carry out the duties of the position
- » Ability to work independently and in cooperation with others
- » Ability to operate related equipment
- » Ability to communicate effectively, both verbally and in writing
- » Ability to organize and prioritize
- » Ability to observe and recognize changes in clients
- » Ability to establish and maintain rapport with clients

BENCHMARK

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Support Worker 1
(Program Name)

Implementation Date: May 2, 2003 81501

[Amended April 1, 2006) 1-5

CLASSIFICATION GRID: 8

BENCHMARK TITLE: SUPPORT WORKER I (PROGRAM NAME)

BENCHMARK NUMBER: 81501

JOB FAMILY: CLIENT SERVICES

SCOPE AND LEVEL DEFINITION

Assists clients with mental, developmental, and/or physical disabilities to live successfully in the community by providing a variety of day-to-day physical, emotional, and social supports, life skills assistance, information, resources, and demonstrations, in accordance with pre-established care schedules.

TYPICAL FUNCTIONS AND RESPONSIBILITIES

1. Provides feedback and input regarding clients' needs, performance, and progress.
2. In accordance with established care plans, assists clients with the development of life skills such as maintaining personal hygiene, housekeeping, meal planning and preparation, meeting financial obligations, making and keeping appointments, and interpersonal skills by methods such as demonstrating and modeling appropriate actions.
3. Administers medication to clients and provides medication reminders, in accordance with established policy.
4. Participates in and oversees various client-focused social and recreational activities.
5. Identifies available social, economic, recreational, and educational services and resources in the community that will meet clients' needs. Provides clients with related information.



6. Assists clients with activities of daily living such as feeding, lifts and transfers, grooming, and toileting.
7. Accompanies clients on outings such as appointments, shopping, and leisure activities.
8. Completes and maintains related records and documentation such as statistics, progress reports, and daily logs.
9. Receives client feedback, and inquiries and complaints, and responds as required.
10. Performs housekeeping duties such as sweeping and mopping floors, vacuuming, dusting, washing dishes, and laundry.
11. Performs outdoor residence maintenance duties such as mowing lawns.
12. Provides direction to volunteers as required.
13. Performs other related duties as assigned.

BENCHMARK

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Support Worker 1
(Program Name)

Implementation Date: May 2, 2003 81501

[Amended April 1, 2006) 1-5

QUALIFICATIONS

Typical Education, Training, and Experience

- » Grade 12
- » Certificate in Community Social Service
- » Class V BC Driver's License
- » Certificates in CPR, First Aid, and Food Safe
- » Recent, related experience of one year

Or an equivalent combination of education, training, and experience

Or other Qualifications determined to be reasonable and relevant to the level of work



Typical Skills and Abilities

- » Physical ability to carry out the duties of the position
- » Ability to work independently and in cooperation with others
- » Ability to operate related equipment
- » Ability to communicate effectively, both verbally and in writing
- » Ability to organize and prioritize
- » Ability to observe and recognize changes in clients
- » Ability to establish and maintain rapport with clients
- » Home management skills
- » Ability to instruct
- » Ability to analyze and resolve problems
- » Conflict resolution and crisis intervention skills

Awarded: January 9, 1987 15301

Pay Equity Finalized April 1, 2006 8-19

FACILITIES SUBSECTOR COLLECTIVE AGREEMENT

BENCHMARK

Job Family: Patient Care

Class Series: Nursing Assistants

Grid: 22

Class Title: Nursing Assistant I

I. Level Definition

Under the direction of a Registered Nurse, positions at this level perform nursing procedures such as taking temperature, pulse and respiration in addition to patient care duties relating to feeding, personal hygiene and transporting patients and/or performs clerical duties such as assembling and maintaining patient charts and transcribing Doctors' orders.

II. Typical Duties

- (1) Provides personal care to patients such as assisting the patient with bathing, dressing, care of skin and hair; changing bed; assisting with toilet needs; and overseeing patient exercise routines.
- (2) Assists patients with meals by completing menu slips, serving and collecting meal trays and feeding designated patients.
- (3) Transports patients utilizing mechanical aids such as wheelchairs, and/or stretchers.



- (4) Performs nursing procedures such as taking temperature, pulse and respiration, administering suppositories and enemas, obtaining specimens such as urine and administering non-sterile dressings; records observations, and reports problems and/or changes to designated nursing staff.
- (5) Accompanies patients on outings and during social activities to provide assistance as required.
- (6) Sets up charts for new patients and charts information such as weight, temperature, pulse and respiration as directed; attaches documents to charts such as laboratory and special examination reports after review by Nurse and/or Doctor; completes discharge charts for Medical Records according to established procedures.
- (7) Transcribes Doctors' orders to appropriate forms such as X-ray and laboratory requisitions, dietary rooms and medication cards.
- (8) Performs related clerical duties such as typing, answering the telephone, making appointments, ordering supplies through stores and maintaining records such as time sheets and daily census.
- (9) Performs other related duties as assigned.

III. Qualifications

(1) Education, Training and Experience

Grade 10 plus graduation from a recognized Nursing Assistant Program or an equivalent combination of education, training and experience.

(2) Skills and Abilities

- (i) Ability to communicate effectively both verbally and in writing.
- (ii) Ability to deal with others effectively.
- (iii) Physical ability to carry out the duties of the position.
- (iv) Ability to type at 50 w.p.m.
- (v) Ability to organize work.
- (vi) Ability to operate related equipment.



BENCHMARK

Community Health

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Worker 2

Implementation Date: May 2, 2003 81702

1-8

CLASSIFICATION GRID: 8

BENCHMARK TITLE: COMMUNITY HEALTH WORKER 2

BENCHMARK NUMBER: 81702

JOB FAMILY: CLIENT SERVICES

SCOPE AND LEVEL DEFINITION

Provides home support services to clients such as assisting clients with activities of daily living, performing delegated tasks for which transfer of function training has been completed, planning and preparing meals, and housekeeping.

TYPICAL FUNCTIONS AND RESPONSIBILITIES

1. Assists clients with activities of daily living such as feeding, lifts and transfers, bathing, skin care, oral hygiene, and toileting.
2. Performs delegated tasks for which transfer of function training has been completed, such as catheter care, suppositories, applying non-sterile dressings, and implementing exercise and mobilization routines.
3. Administers medication to clients and provides medication reminders, in accordance with established policy.
4. Plans, prepares and serves meals, and shops for groceries.
5. Performs housekeeping duties such as sweeping and mopping floors, vacuuming, dusting, washing dishes, and laundry.
6. Observes clients and their environments, and reports unsafe conditions and behavioural, physical, and/or cognitive changes to supervisor.
7. Demonstrates methods and provides basic information to clients in relation to activities of daily living, housekeeping, meal planning and preparation, and grocery shopping, in accordance with preestablished care plans.
8. Completes and maintains related records and documentation such as communication books and progress reports.
9. Accompanies clients on outings such as appointments, shopping, and leisure activities.
10. Performs other related duties as assigned.



BENCHMARK

Community Health

COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT Worker 2

Implementation Date: May 2, 2003 81702

1-8

QUALIFICATIONS

Typical Education, Training, and Experience

- » Grade 12
- » Home Support/Resident Care Attendant Certificate
- » Class V BC Driver's License
- » Certificates in CPR, First Aid and Food Safe

Or an equivalent combination of education, training, and experience

Or other Qualifications determined to be reasonable and relevant to the level of work

Typical Skills and Abilities

- » Home management skills
- » Physical ability to carry out the duties of the position
- » Ability to work independently and in cooperation with others
- » Ability to operate related equipment
- » Ability to communicate effectively, both verbally and in writing
- » Ability to organize and prioritize
- » Ability to observe and recognize changes in clients
- » Ability to establish and maintain rapport with clients



Appendix C - A Sample of Personal Assistance Guidelines (PAGS) from IHA

Interior Health Authority
June 20, 2007



Personal Assistance Guidelines Overview

This document is a revision to and replaces the Ministry of Health Services (MoHS) 1997 Personal Assistance Guidelines (PAGs). The updated content reflects current language and models of service delivery associated with Home and Community Care (HCC) within Interior Health Authority. These guidelines should be used in conjunction with health authority and organization specific policy and procedures. This document will continue to be revised based on changes in legislation, policy and/or delivery of care services.

Delegating tasks to a UCP may occur in a variety of programs, including HSCL (Health Services for Community Living), Home Support, Adult Day Programs, and Assisted Living. This requires the HCC professional to confirm the UCP has the capability/training of doing the task. This may be accomplished by providing education regarding the task. It is also the responsibility of the Interior Health (IH) professional to establish a system for monitoring the Delegation of task (DOT).

Unregulated Care Providers (UCP) provides care to clients who require personal assistance with activities of daily living. An UCP is defined as a paid care provider who is neither registered nor licensed by a regulatory body and who have no legally defined scope of practice (RNABC, 2002). UCPs include, but are not limited to: resident care aides, Community Health workers, Therapy assistants, and special education assistants. Their work setting includes client homes, group homes, assisted living, residential care facilities and schools.

The tasks performed by a UCP fall into two general areas:

- » Section I: Assignable Tasks and
- » Section II: Delegable Tasks (or delegation of a professional task)

Assignable tasks are tasks that are within the UCP's role description and training as defined by the employer/supervisor. These tasks are not considered to be client specific and do not require ongoing professional judgment or monitoring. The Service Provider Professional is responsible and accountable to develop role descriptions that clearly outline the tasks that can be assigned to a UCP in that agency/health authority. Service Providers should ensure the UCP has completed an appropriate training program and supplement this training if needed, with on-the-job training. Service Providers must complete a written service plan. UCPs can only do tasks outlined on a written service plan. The UCP's supervisor is responsible and accountable for providing



ongoing supervision to assess the UCP's ability to perform tasks within the role description. The UCP is accountable to their supervisor for the satisfactory performance of these tasks.

Delegable tasks are tasks that are client-specific, and/or invasive, require clinical judgment and are not commonly in the role of the UCP. Delegable tasks are normally performed by a Registered Nurse (RN), Physical Therapist (PT), Occupational Therapist (OT), Registered Dietician (RD) or Respiratory Therapist (RT), but under certain circumstances it may be in the best interest of the client to delegate the task to a UCP. Licensed Practical Nurses (LPNs) also perform many of the tasks that are delegable, however the LPN is not able to delegate tasks to UCPs. The UCP must be able to be trained in the performance of the task. It is the task, not the function that is delegated to the UCP by the health care professional. The health care professional remains responsible for training of the UCP in the specific task, overall assessment, determination of client status, care planning, interventions and evaluation of care.

The list of assignable and delegable tasks recognizes that as a UCP competencies increase in certain areas and the practice environment evolves over time, certain tasks that have been listed as commonly delegable may become assignable, and tasks that have never been delegable may become delegable.

PURPOSE

The PAG's document provide direction to clarify the boundaries of practice and responsibility for the UCP, the HA/ HCC Health Care professionals, and Private Agencies.

The PAG's document:

- » Outlines the assignable tasks routinely performed by an UCP and the professional tasks, which may be delegated to an UCP.
- » Defines the circumstances under which criteria are used to determine when a Delegation of Task from a HA/HCC professional to an UCP may occur.
- » Explains the process involved in a Delegation of Task.
- » Defines the responsibilities of all parties involved in a Delegation of Task.

A need was identified within IH Community Care Programs to standardize the approach in delegating a task to unregulated care providers (UCP). Rather than limit the delegation process to a defined list of tasks. IH has developed



a flexible delegation of task framework to help guide practice. The result is an increased ability on the part of Health Care providers to meet the increasingly complex health care needs of the population within the IHA.

Delegation of Task Process

Delegation of task is a component of clinical care planning and follows the process of assessment, planning, implementation and evaluation. Delegation of task (DOT) is the process of transferring, from a Health Care Professional, the responsibility for the performance of components of a professional task to another competent health worker in a selected situation. The UCP receive specific training on all delegated tasks they perform and are checked for competency before they are allowed to perform the task.

The Health Care Professional retains overall responsibility and accountability for the task. The client and family are involved and are kept informed throughout the delegation process.

The objectives of the task delegation process are:

- » To meet client needs through the safe provision of care
- » To support the client's independence and quality of life
- » To promote efficient use of resources.



General Guiding Principles

- » A number of factors must be considered in providing care and support to clients and their families or significant others who need assistance in managing their daily health care.
- » The right of the client to receive safe, appropriate, cost-effective care.
- » The delegation of task is considered after other alternative care options have been explored.
- » The right of the client, their family and informal caregiver to be given all information necessary to make informed, voluntary decisions and to share responsibility in the planning and delivery of care.
- » Health Care Professionals ensure that appropriate consent for the health care treatment or procedure has been obtained from the client / TSDM (Temporary Substitute Decision Maker) before proceeding with task delegation. The health care professional who is responsible for providing the treatment is responsible for obtaining consent for the treatment or procedure.
- » The responsibility of the client to maintain optimal personal and functional independence wherever possible.
- » The right of the client to live at risk without putting others at risk.
- » The right of Service Providers to refuse a Delegation of Task without prejudice when they are unable to meet conditions of insurance liability and risk.
- » The right of the UCP to refuse to perform a task not authorized by the Service Provider Professional without prejudice.
- » The responsibility of Health Care Professionals to maintain their practice competencies and abide by their standards of practice.
- » Service to the client will be delivered as a result of a collaborative team approach and with the assurance of effective communication among all parties.
- » Routine Practice for infection prevention and/or control will be followed at all times.



Roles, Responsibilities And Accountabilities

Regulatory Professional Bodies

- » Identify scope of practice for the Health Care Professional
- » Establish professional standards of practice
- » Establish resources to help promote and develop continued competence

Health Authority Management	Health Care Professionals
<ul style="list-style-type: none"> » Establish current standards of practice, policies and procedures » Outline the roles, responsibilities and accountability of individuals involved » Create organization support to foster competent, safe, and ethical practice » Create policy to effectively manage risk. 	<ul style="list-style-type: none"> » Understand current policies, procedures, and standards » Ensure that all alternate care options have been explored. (e.g. is the task needed? Can the client or family be taught the task? Can the task be modified?) » In collaboration with the health care team, clarifies whether the client can or cannot direct own care. » Uses professional judgment and clinical assessment skills to determine when a delegable task can be delegated to an authorized UCP service provider for a specific client. » Provide ongoing assessment, planning, implementation and evaluation functions » Collaborate and consult with interdisciplinary team members



Service Provider - IHA or Publicly funded Agencies	Paid Unregulated Care Providers/ Family Care Providers
<ul style="list-style-type: none"> » Establish operational policies and procedures relating to accepting a delegation of task » Ensure continued competence in UCP » Assess ability of the organization to meet and maintain the requirements of a delegated task » Collaborate with professional health team members » Monitor and supervise employees » Report changes in client situation according to directions from care plan to responsible health care professional. 	<ul style="list-style-type: none"> » Competently performs the delegable task as outlined in the client-specific plan of care. » Perform delegated tasks only when authorized by a health care professional » Report changes in client health status according to directions from care plan and according to organizational/agency policies

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SECTION I – ASSIGNABLE TASKS

Criteria for Assignable Tasks

- » Assignable tasks are tasks that may be performed routinely by a UCP, who has the appropriate level of training as defined by the employer.
- » Assignable Tasks may be performed for clients who can and those clients who cannot direct their own care.
- » Assignable Tasks require training, knowledge, and skills.
- » Assignable Tasks must be on the written service plan.
- » There is adequate supervision available from the Service Provider Professional.
- » Assignable Tasks are routine Personal Assistance tasks and not client specific.
- » Assignable Tasks may have additional complex practice components and therefore may require a Registered Occupational Therapist (OT), Registered Respiratory Therapist (RRT), Registered Physiotherapist (PT), or a Registered Dietician (RD) to assist the Service Provider to develop a specific client written plan of care (e.g. feeding issues when there are swallowing difficulties, prosthetics/orthotics where there is circulatory impairment or complex transfers).
- » *Even though a task may be on the list of assignable tasks, the health care professional may choose to make it a delegated task to manage any risks. For example, a nutrition assist with a client with mild dysphagia may be a delegated task*



ASSIGNABLE TASKS - ALL CLIENTS

For specialized assignments and/or delegation of tasks, refer to Appendix 2

ACTIVITY AND MOBILITY	<p>Assist client to walk/move with or without a mobility aid. (Walker, crutches, wheelchair etc). Includes use of transfer/walking belt; set up of client and/or environment and verbal cueing.</p> <p>Note: Technique must NOT be complicated nor will it involve significant risk</p>
<p>ASSISTANCE WITH OXYGEN EQUIPMENT</p> <p>Application and removal of oxygen delivery devices (i.e. nasal cannula, masks)</p>	<p>Assist with:</p> <ul style="list-style-type: none"> » Changing oxygen cylinder regulators (OCD) » Filling of liquid oxygen strollers » Cleaning intake filter on oxygen concentrators » Application and removal of oxygen delivery devices (i.e. nasal cannula, masks) if not an artificial airway
ASSISTANCE WITH INHALED RESPIRATORY DEVICES	Assist with weekly cleaning of spacer devices, inhalers and nebulizer equipment
BATHING	Assist client with bed bath, sponge bath, tub bath, shower, and perineal care.
BED MAKING	Make an occupied bed.
BOWEL CARE	Perform bowel care as part of an established regime including suppository insertion or a pre-packaged enema. (eg. microlax, fleet etc)
BRONCHIAL HYGIENE	<ul style="list-style-type: none"> » Coaching Client to cough » Reminding client to do breathing exercises which do not require a device » Assist with positioning and use of incentive spirometer » Suctioning of mouth and pharynx
CARE OF THE BODY AFTER DEATH	Follow Service Provider procedure.
CATHETER CARE	<p>Clean outside of the catheter from the urinary meatus to the connecting tube.</p> <p>Empty, change and clean catheter urinary drainage bag and make reportable observation such as color and output.</p>



CONDOM CATHETER CARE	<ul style="list-style-type: none"> » Apply condom catheter » Remove condom catheter. Inspect and clean skin. » Reapply condom catheter.
EXERCISE PROGRAM THAT DOES NOT REQUIRE “HANDS ON” ASSISTANCE	Direct, supervise, encourage and/or help with set up for client to do home exercise program as per written plan. e.g. SAIL home exercise program
FOOT CARE	<p>The provision of basic foot care to clients whose circulation and sensation has been assessed as normal by a health care professional (e.g. soaking, filing and the use of pumice stones).</p> <p>No clipping of nails with clippers or scissors</p>
GROOMING	<p>Assist client with hair washing, combing and setting, shaving and dressing.</p> <p>Shaving uses an electric razor only, not straight razor or scissors.</p>
HAND CARE	<p>Assist client with fingernail maintenance including filing for clients whose circulation and sensation has been assessed as normal by a health care professional</p> <p>No clipping of nails with clippers or scissors</p>
MEDICATIONS	May instill non-prescription eye/ear drops as per written procedure
MEDICATION REMINDER	<p>May be by telephone or in person.</p> <p>No action is required by the UCP</p>
NUTRITION (ORAL ONLY)	<p>Prepare special diets from written instructions.</p> <p>Assist client with eating. Observe and report concerns</p>
ORAL HYGIENE	Assist client to brush permanent teeth, floss, and use rubber pick; or assist client to remove, clean, and insert dentures.
OSTOMY CARE	Empty ostomy bag.



PROSTHETICS AND ORTHOTICS	<p>Assist client to apply and remove hearing aids, prosthetic eyes, compression stockings and TEDs</p> <p>UCPs DO NOT APPLY TENSORS—not even those to secure splints</p>
PROTECTIVE PADDING/DRESSINGS	<ul style="list-style-type: none"> » Assist client with the removal and application of protective padding/dressings over intact skin. » Apply bandage to clean superficial scrape/skin tear. » Re-enforce (add extra clean padding) to established dressings as per a written procedure.
SKIN CARE	Assist client to maintain intact skin by washing, drying and applying non-prescription creams, and observe for changes in skin integrity.
TOILETING	Assist client with toileting, including use of commode, bedpan, or urinal and applying or removing incontinence products.
TRANSFERS	Assist client to transfer from one surface to another or assist to lift the client's weight from one surface to another, with or without a mechanical aid (e.g. transfer board, mechanical lift).
URINARY DRAINAGE	<ul style="list-style-type: none"> » Empty, clean, and change urinary drainage bags attached to condom, indwelling and supra-pubic catheters. » Change day bags to night bags and night bags to day bags. » Observe color and output and report concerns



ASSIGNABLE TASKS - CLIENTS WHO CAN DIRECT OWN CARE

ASSISTANCE WITH INHALED RESPIRATORY MEDICATIONS	Assist with administration of inhaled, scheduled doses of respiratory medications such as inhalers or nebulizers
ASSISTANCE WITH OXYGEN EQUIPMENT	<ul style="list-style-type: none"> » Assistance with turning oxygen to a prescribed rate and flow » Application and removal of oxygen delivery devices (i.e. masks) from an artificial airway
ASSISTANCE WITH BI-PAP AND MECHANICAL VENTILATORS	<p>A patient must have an independent breathing time of at least 6 hours</p> <ul style="list-style-type: none"> » Assistance with BiPAP and non-continuous mechanical ventilation (i.e. night-time or resting only) » Cleaning of ventilator or BiPAP circuits » Filling humidifier reservoir » Turning machine off and on » Applying or removing face or nasal masks » Connect and disconnect client from ventilator
ASSISTANCE WITH CPAP MACHINES	<p>Assist with:</p> <ul style="list-style-type: none"> » Cleaning of CPAP circuits, masks and head gear » filling humidifiers reservoir » turning machine off and on » application and removal of CPAP mask » replacing CPAP air intake filter
BRONCHIAL HYGIENE	<p>Physical assistance with:</p> <ul style="list-style-type: none"> » Positive expiratory pressure devices such as a flutter valve, Acapella and Quake » Inspiratory muscle trainer
COLD PACKS	Assist client to apply cold packs for clients whose sensation has been tested as adequate by the appropriate health care professional.
EXERCISES: PASSIVE OR ACTIVE ASSISTED	<p>Assist with passive or active assisted exercises as per written procedure when exercises are few and not high risk OR when client knows exercise program, demonstrates good skills in directing UCP and client and UCP know when to contact health care professional for review or reassessment.</p> <p>Deep Massage cannot be assigned</p>



FOOT CARE	The provision of basic foot care to clients whose circulation and sensation has been assessed as normal by a health care professional (e.g. soaking, filing and use of pumice stones)
HANDCARE	The provision of basic hand care to clients whose circulation and sensation has been assessed as normal by a health care professional
MEDICATIONS	<ul style="list-style-type: none"> » Provide physical assistance with medications following client direction and in the client's presence. (eg. open pill bottle, place meds in client's hand) » Apply non-narcotic medicated patches. » Instill prescription eye and/or ear drops/medications. » Apply prescription soap, ointment or cream. » Provide assistance with pre-measured nebulizer medication » Insert Vaginal suppository and/or medicated ointment » Pour non-prescription liquid medications
PRESSURE PUMPS	<p>Assist client to apply cuff and connect machine. Client's condition must be stable and client must be knowledgeable about equipment and settings. (eg. Jobst or lympho-press)</p> <p>Settings are determined by therapist in consultation with client</p>
PROSTHETICS AND ORTHOTICS	<p>Assist client to apply and remove prosthetic or orthotic devices (e.g. slings, braces, splints, and support garments (e.g. JOBST garment)</p> <p>UCPs DO NOT APPLY TENSORS—not even those to secure splints</p>
TRANSCUTANEOUS NERVE STIMULATION (TENS)	<p>Assist client to apply electrodes of a TENS machine to designated areas as outlined in a written procedure.</p> <p>This may also include slowly turning the machine on and off.</p>
WARM PACKS	<p>Assist client with the application of WARM (NOT HOT) water bottle or grain bag for clients whose sensation has been tested as adequate by the nurse or therapist.</p> <p>No assistance to be given with electric heating pads</p>



SECTION II – Delegable Tasks

Preamble

HCC professional staff is responsible for the decision to delegate a professional task to a Service Provider UCP. The Service Provider is responsible for the decision to accept the task. Delegation of responsibility for specific tasks is not a transfer of professional responsibility and liability. In decisions related to the Delegation of Tasks, response to the care needs of clients able to direct care is fundamentally different from the response to care needs of clients unable to direct care. Delegable tasks are client specific and therefore are not normally transferable between clients. All delegable tasks require an individualized written procedure.

Criteria for the Delegation of a Professional Task

- » A HCC professional and the client (where the client is able to direct) have determined that the task needs to be done.
- » The task cannot be managed by the client and there is no other person in the client's support system to do the task, or the regular caregiver needs respite.
- » It is in the best interest of the client, and the client (or responsible family member) consents to the Delegation of the Task to a UCP.
- » The client's health status is stable and/or the client's response to the proposed task or procedure is predictable.
- » There is adequate monitoring available from the Professional
- » The Service Provider Professional accepts the Delegation of the Task.
- » An UCP is available and demonstrates the competency (or has been previously trained or has equivalent competencies – see Glossary, Indirect Supervision) to do the specific task.
- » Professional staff is available for assistance with training, monitoring, and back-up plans as needed.
- » Service Providers have policies and written procedures in place to implement task delegations.



Factors to be considered prior to delegating a task

1. Client/Family Factors : Consider care needs and informal supports:

Lower Risk

Higher Risk

Client with a stable condition (physical and psychosocial). No changes anticipated	↔	Client with unstable condition (physical and psychosocial). Changes anticipated
Well defined, straightforward care needs	↔	Complex care needs
Client is willing and able to direct own care	↔	Client unwilling or unable to direct care.
Family willing and able to direct care.	↔	Family unwilling or unable to direct care.
Client environment conducive to task.	↔	Environmental barriers to performing task.

2. Task Factors:

Lower Risk

Higher Risk

Low risk for harm	↔	High Risk for harm
High predictability: no/limited judgment required:		Low predictability; judgment required:
» stable need for task	↔	» varying need for task
» stable response to task		» unpredictable or changeable response to task
» predictable outcome of the task		» unpredictable outcomes of task
Task has few steps and requires minimal technical/ psychomotor skill	↔	Task has numerous steps and requires a high degree of technical/psychomotor skill.
Task done frequently to maintain skills and knowledge of UCP.	↔	Task done infrequently.



3. Professional Support Factors:

Lower Risk

Higher Risk

Ongoing assessment, care planning and evaluation by health professional is available as needed	↔	Ongoing assessment, care planning and evaluation by health professional is limited or unavailable
Adequate time for UCP training; clear written procedures available to UCPs	↔	Limited time for UCP training; no written procedures available to UCP
Appropriate supervision and support of UCP by health care professional.		Limited supervision and support of UCP by health professional.
Available organizational support for delegation: » clear policies and procedures » clear responsibility and authority for delegation » Expert clinical consultation for health professional available	↔	Limited organizational support for delegation: » policies and procedures are unclear or unavailable » responsibility and authority for delegation unclear » no clinical consultation for health professional.
Health professional is competent in delegation.	↔	Health professional has limited competence in delegation.



3. UCP Support Factors:

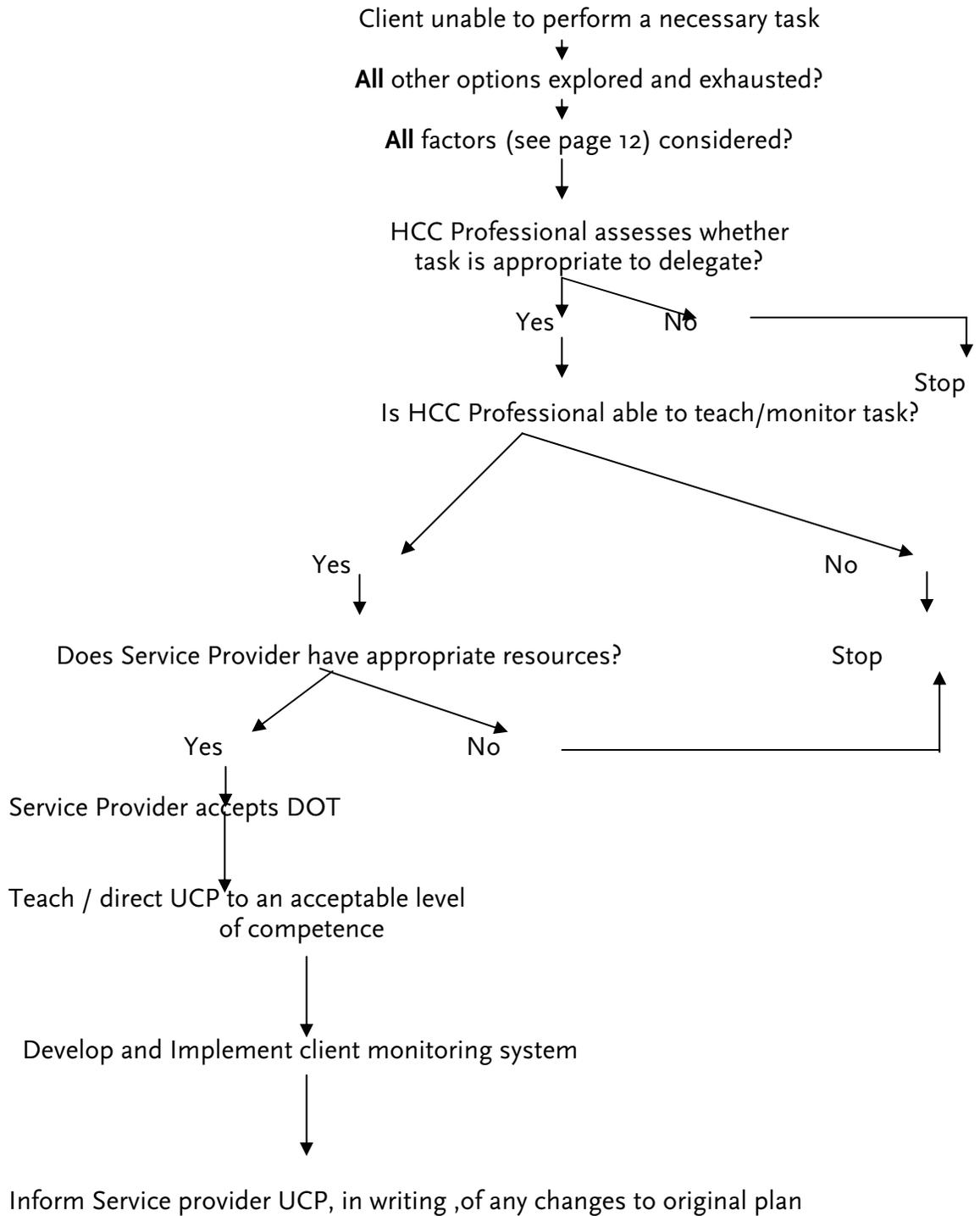
Lower Risk

Higher Risk

Few UCPs needed; infrequent staff changes	↔	Large number of UCPs needed; frequent staff changes
UCPs have a standard skill base e.g., resident care aide course	↔	UCP have no standard skill base
Delegation requires minor upgrading of skills and knowledge of UCP	↔	Delegation requires significant upgrading of skills and knowledge of UCP.
Task commonly delegated in other similar circumstances	↔	Task not usually delegated in other similar circumstances



DECISION TREE FOR DELEGATION OF PROFESSIONAL TASKS



Note: Service provider could be IH staff or another publicly funded agency

HCC Professional Staff (RN, OT, PT, RT, RD) Responsibilities

When the HCC Professional delegates a component of care to the UCP, they are accountable for:

- » The decision to delegate professional task to service provider UCP.
- » Assessing the client's ability to direct own care.
- » Teaching service provider UCP in situations where the Service Provider does not employ an appropriate HCC professional or where the Service Provider supervisor seeks direction. This may include Assisted Living resources as well as HSCL care providers.
- » Completing a client specific written procedure.
- » Providing consultation as required for Choice in Supports for Independent Living (CSIL) Program clients or Client Support Group (CSG) on complex tasks.
- » Monitoring all clients to evaluate client outcomes and effectiveness of interventions identified in client's plan of care.
- » Monitoring of UCPs does not apply to CSIL or CSG clients who are responsible for ongoing monitoring of performance of their employees.

Service Provider Professional is accountable for:

- » Accepting or denying the delegated task
- » Determining that the UCP has the necessary knowledge and skills to perform the task safely either through Direct or Indirect Supervision (see Glossary)
- » Teaching the task to the UCP when the appropriate professional is employed by the Service Provider
- » Monitoring the performance of the Delegation of task by the UCP; reporting changes in client health status to the appropriate HCC professional

Additional notes

Publicly funded agencies may not employ health care professionals as supervisors. For this reason, the IH professional is responsible for teaching the task. Tasks are delegated and taught to each UCP within the individual health care professional's competence and discipline-specific scope of practice.

In areas where CRS Therapists are not available, or when the client is receiving therapy from a private therapist, private practice therapists may delegate tasks to IH UCPs. They need to liaise with the CRS therapist before implementing a DOT. The same procedures with regard to referral, training and care development are used. User fees are the responsibility of the client.

A CSIL client or CSG, as employer, is responsible for teaching tasks to their employees. The IH professional may be consulted for complex tasks.



DELEGATED TASKS - CLIENTS ABLE TO DIRECT OWN CARE

ASSISTANCE WITH ARTIFICIAL AIRWAYS	Assistance with: » Tracheotomy care » Suctioning of respiratory tract through an artificial airway
ASSISTANCE WITH INHALED RESPIRATORY MEDICATIONS	Administration of scheduled doses of inhaled respiratory medications such as inhalers or nebulizers
ASSISTANCE WITH OXYGEN EQUIPMENT	Application and removal of oxygen delivering devices if it is an artificial airway
BOWEL CARE	» Perform digital stimulation. » For clients with complex digestive/bowel conditions (eg. HSCL clients); pre-packaged enema / suppository.
BRONCHIAL HYGIENE – MANUAL TECHNIQUES	» Assist client with chest percussion and coughing. » Assist with chest vibrator (Wahl). » Assist with positive expiratory (PEP) devices such as flutter valve, Acapella and quake. » Manual techniques such as percussion, vibrations, assisted cough. (preferably by a rehab assistant)
DIABETIC MANAGEMENT	» UCP brings pre-filled syringe or insulin pen to client (client must dial dose) and /or confirm client has selected correct dosage. » Assist with or complete glucometer reading following a written procedure. » Document and report results to RN.
FOOT CARE	The provision of basic foot care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/peripheral vascular disease) by a health care professional (e.g. soaking, filing and use of pumice stones – No clipping with clippers or scissors)
GASTROSTOMY FEEDINGS	» Administer gastrostomy feeding as outlined in a written procedure. » G tube must be well established.



HAND CARE	Provide basic hand care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/Reynaud's etc) by a health care professional including filing . No clipping with clippers or scissors.
MEDICATIONSS	Review bubble pack to determine whether client has taken their medication and follow a written procedure in the event of a missed medication
OSTOMY CARE	Cleanse and change ostomy appliance and observe and report skin integrity and stoma condition as outlined in a written procedure
EXERCISES: PASSIVE OR ACTIVE ASSISTED	Task may or may not be delegated due to complexity and/or risk. Note: Deep massage is not a delegable task.
POWER MOBILITY TRAINING	Preferably use Therapy assistant to assist with training in safe use of power mobility.
PRESSURE PUMP	If equipment is new to client, DOT may necessary until client is familiar with equipment.
PROTECTIVE PADDING/ DRESSINGS	Perform simple, non-sterile, clean dressing changes to wounds where a wound assessment is performed by a Registered Nurse and where NO wound debridement or packing is involved , as specified in a detailed written procedure.
THERAPEUTIC POOL PROGRAM	Assist client with exercises in a pool. Preferably with a therapy assistant or a UCP as outlined in an established plan of care. **Must have second person available (life guard, volunteer etc) in case of emergency



DELEGATED TASKS - CLIENTS UNABLE TO DIRECT OWN CARE

ASSISTANCE WITH ARTIFICIAL AIRWAYS	<ul style="list-style-type: none"> » Assistance with tracheotomy care as per written procedure » Suctioning of respiratory tract through an artificial airway
ASSISTANCE WITH MECHANICAL VENTILATORS AND BI-PAP MACHINES	<ul style="list-style-type: none"> » The client must have an independent breathing time of 6 hours » Cleaning of BiPAP circuits or ventilator » Filling humidifier reservoir
ASSISTANCE WITH OXYGEN EQUIPMENT (application and removal of oxygen delivery devices)	Turn oxygen to a prescribed rate and flow as per a written procedure
ASSISTANCE WITH INHALED RESPIRATORY MEDICATIONS	Administration of scheduled doses of inhaled respiratory medications such as inhalers or nebulizers
BOWEL CARE	Insert rectal suppository, or pre-packaged enema product (eg. microlax, fleet etc)
COLD PACKS	Assist client with the application of cold packs as outlined in a written procedure for clients whose sensation has been tested as adequate by the appropriate health care professional prior to the delegation.
DIABETIC MANAGEMENT	<ul style="list-style-type: none"> » Assist with or complete glucometer reading following a written procedure. » Document and report results to RN as specified in care plan
EXERCISES: PASSIVE OR ACTIVE ASSISTED	Assist with more complex passive or active assisted exercises for clients who cannot direct care
FOOT CARE	The provision of basic foot care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/peripheral vascular disease) by a health care professional (e.g. soaking, filing and use of pumice stones – No clipping).



GASTROSTOMY FEEDINGS	By exception: Primarily authorized as Respite if the caregiver routinely performs this task
HAND CARE)	Provide basic hand care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/Reynaud's etc) by a health care professional including filing. No clipping.
MEDICATIONS	<ul style="list-style-type: none"> » Administer meds from blister pack » Provide Physical assistance with medications following a written procedure (e.g. apply medicated, non-prescription and prescription soaps and ointments). » Apply non-narcotic medicated patches » Instill prescription and non-prescription eye medication or ear drops » Insert Vaginal suppositories and medicated ointments » Administer pre-packaged liquid medications, both prescription and non prescription
OSTOMY CARE	Cleanse and change ostomy appliance. Observe and report skin integrity and stoma condition as outlined in a written procedure
PROTECTIVE PADDING/ DRESSINGS	Perform simple, non-sterile dressing changes to wounds where a wound assessment is performed by a RN and where NO wound debridement or packing is involved , as specified in a written procedure.
PROSTHETICS AND ORTHOTICS	<p>Assist client to apply and remove prosthetic or orthotic devices (e.g. slings, braces, splints, and support garments (e.g. JOBST garment).</p> <p>UCPs DO NOT APPLY TENSORS—not even those to secure splints</p>
THERAPUETIC POOL PROGRAM	<p>Assist client with excercises in a pool. Preferably with a therapy assistant or a UCP as outlined in a written procedure.</p> <p>**Second person must be available at all times in event of emergency</p>
PROSTHETICS AND ORTHOTICS	<p>Assist client to apply and remove prosthetic or orthotic devices (e.g. slings, braces, splints, and support garments (e.g. JOBST garment).</p> <p>UCPs DO NOT APPLY TENSORS—not even those to secure splints</p>



BY EXCEPTION: Tasks not normally delegated

Complex care tasks that go beyond the current expectations for the delegation of professional task to a Service Provider are sometimes requested. Professional judgment will be considered when client safety is not compromised and all members of the Health Care Team are in agreement.

The procedure:

- » Health care professional determines level of risk regarding efficacy and safety for client and/or staff with collaboration of the entire health care team.
- » Consult with the Professional Practice Office (PPO) to confirm adherence to evidenced based practice and HPA. (Health Professions Act).
- » Approval by appropriate community manager.
- » Consult Risk Management dept. if recommended by PPO.

Delegation And/Or Assignment of Task Does Not Apply to the Following:

- » Family members
- » Informal caregivers (e.g. friends, neighbors)
- » Private care hired by client and/or family
- » CSIL client, CSG or employees.
- » Private, non-contracted Home Support agencies.



APPENDIX 1

Health Care (Consent) Care Facility (Admission) Act (excerpts) ****

Health care can only be given to adults with their consent. Adults have the right to refuse or withdraw consent at any time.

Every adult is assumed to be capable of giving consent until the contrary is demonstrated. A determination of incapability only needs to be made if the health care provider is concerned that the adult may be incapable of making a specific health care decision. There is no global finding of incapability under the Act.

- » The health care provider bases a determination of incapability on whether the adult can demonstrate that he or she understands:
 - » the information given by the health care provider about the adult's condition and proposed treatment, and
 - » that the information applies to the adult's own situation.

- » In situations where someone is incapable of giving or refusing consent to health care, the Act requires the health care provider to obtain consent from a legally authorized decision maker (in ranking order:
 - » a court appointed Committee of Person
 - » a Representative under a Representation Agreement
 - » a Temporary Substitute Decision Maker (TSDM)

If there is no Committee of Person or Representative, the health care providers must choose the nearest relative, in ranking order:

1. Adult's spouse
2. Adult child
3. Parent
4. Sibling or other relative who qualifies to make a health care decision (TSDM).

The Act requires that the nearest relative meet certain criteria in order to be entitled to make decisions: The Act specifies the family member must:

- » Be at least 19 yrs. of age
- » Have been in contact with the adult in the preceding 12 months
- » Have no dispute with the adult
- » Be capable, and
- » Be willing to comply with the duties of a temporary substitute decision maker (TSDM)



Decisions on behalf of the adult by a TSDM will be made in accordance with all the following duties:

- » Known applicable instructions or wishes made by the adult when capable are to be followed;
- » If there are no known prior capable instructions or wishes, the decision is to be made in accordance with known applicable values and beliefs;
- » If there are no such known values and beliefs then a decision is made in the adult's best interests

When making a decision in the adult's best interest, a decision-maker must consider:

- » The adult's current wishes
- » The likely effect of receiving or not receiving the proposed health care
- » The expected benefits, weighed against the risk of harm, and
- » Where there are less restrictive or less intrusive alternatives that would be as beneficial.

If there is no one available and qualified to make a decision for the adult, the health care provider must contact a Health Care Decisions Consultant at the Public Guardian and Trustee. That office can authorize another person such as an adult friend, if they meet the criteria listed above. If no such person is available the Public Guardian and Trustee (PGT) Health Care Decisions Team will make the health care decision.

Typically a delegated task is part of "a plan of minor health care **". A legally authorized decision maker can authorize a plan of care for up to one year. Consent must be obtained again if there are changes to the plan of care.

**Minor health care as defined by the HCCCFA Act is "any health care that is not major health care: Major health care includes: major surgery, any treatment involving an anesthetic, major diagnostic or investigative procedures and any health care designated by regulation as major health care.

***It is important that health care professionals fully understand their responsibilities under the HCCCFA ACT. For further information and detail refer to Interior Health Authority Policy Consent for Health care. The Act, in its entirety, can be found at www.trustee.bc.ca



APPENDIX 2

PROCEDURE FOR THE DELEGATION OF A PROFESSIONAL TASK

- » The HCC professional considers whether a Delegation of Task is in the best interest of the client.
- » The HCC professional reviews all alternative care options prior to the Delegation of Task and considers the principles of client autonomy and independence, the right to live at risk, and the right and responsibility of the client's support network.
- » The HCC Professional differentiates between those clients able to direct their own care and those clients unable to direct their own care. The client's knowledge and decision-making ability to direct their own care is assessed.
- » The HCC professional makes a request, which includes all necessary information to the Service Provider for a Delegation of Task.
- » The Service Provider Professional determines whether there is staff that would be competent to do the task and either accepts or refuses the task without prejudice.
- » The HCC professional sends a letter of agreement to the publicly funded Service Provider, once the service provider confirms acceptance of the DOT. Written agreement is required prior to onset of service.
- » The HCC professional completes a client specific written procedure.
- » The HCC Professional teaches the task to the UCP.
- » The HCC Professional may decide not to make an immediate home teaching visit when there is an established written plan of care in place; a previously trained UCP is available to perform the task and the criteria for Indirect Supervision have been met (see Glossary).
- » The HCC Professional sends a letter of agreement to the private (not Interior Health) Service Provider, once the Service Provider confirms acceptance of a Delegation of Task. Written agreement is required prior to onset of service hospitalization
- » If the client is hospitalized, the publicly funded Service Provider agreement for the Delegation of Tasks will be held in abeyance unless return to the community is not possible then the agreement will be cancelled. Upon returning to the community from acute care or other facilities all delegated tasks will be reviewed to confirm if delegation is still required.





PERSONAL ASSISTANCE GUIDELINES

TASK GRID

For a complete list of assignable tasks for all clients, please refer to page 80

TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
ACTIVITY AND MOBILITY	Assist client to move with or without a mobility aid. (walker, crutches etc). includes use of transfer/walking belt; set up of client and/or environment and verbal cueing. Note: Technique must NOT be complicated nor will it involve significant risk	RN PT OT	If technique is complex, should be therapy assistant only delegation given to degree of risk vs. therapeutic value. Client must give informed consent.	Assist with complex technique for therapeutic walk as part of rehab program, preferably using therapy assistants. Consider degree of risk vs. therapeutic value.
ASSISTANCE WITH ARTIFICIAL AIRWAYS		RT	Assistance with tracheotomy care as per written procedure Suctioning of respiratory tract through an artificial airway	Assistance with tracheotomy care as per written procedure Suctioning of respiratory tract through an artificial airway
ASSISTANCE WITH INHALED RESPIRATORY MEDICATIONS	Assist with administration of inhaled, scheduled doses of respiratory medications such as inhalers or nebulizers	RT OT PT RN	Administration of scheduled doses of inhaled respiratory medications such as inhalers or nebulizers	Administration of scheduled doses of inhaled respiratory medications such as inhalers or nebulizers





TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
ASSISTANCE WITH CPAP MACHINES	Assist with: Cleaning of CPAP circuits, masks and head gear Filling humidifiers reservoir Turning machine off and on Application and removal of CPAP mask Replacing CPAP air intake filter	RT		Cannot be delegated
ASSISTANCE WITH OXYGEN EQUIPMENT	Assistance with turning oxygen to a prescribed rate and flow Application and removal of oxygen delivery devices (i.e. Nasal Cannulae, masks) from an artificial airway	RT OT PT	Application and removal of oxygen delivering devices if it is an artificial airway	Turn oxygen to a prescribed rate and flow as per a written procedure

TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
ASSISTANCE WITH BI-PAP AND MECHANICAL VENTILATORS	The patient must have an independent breathing time of at least 6 hours Assistance with BiPAP and non-continuous mechanical ventilation (i.e. night-time or resting only) Cleaning of ventilator or BiPAP circuits Filling humidifier reservoir Turning machine off /on Applying or removing face or nasal masks Connect and disconnect client from ventilator	RT		The client must have an independent breathing time of 6 hours Cleaning of BiPAP circuits or ventilator Filling humidifier reservoir
BOWEL CARE		RN	Perform digital rectal stimulation. For clients with complex digestive/bowel conditions: (HSCL) -pre-packaged enema -suppository insertion	Insert rectal suppository, or pre-packaged enema product (eg. microlax, fleet etc)





TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
BRONCHIAL HYGIENE – MANUAL TECHNIQUES	Physical assistance with: Positive expiratory pressure devices such as a flutter valve, Acapella and Quake Inspiratory muscle trainer	RT PT RN	Assist client with chest percussion and coughing. Assist with chest vibrator (Wahl). Manual techniques such as percussion, vibrations, assisted cough preferably provided by a rehab assistant	Cannot be delegated
COLD PACKS	Assist client with the application of cold packs as outlined in a written procedure for clients whose sensation has been tested as adequate by the appropriate health care professional prior to the delegation.			Assist client with the application of cold packs as outlined in a written procedure for clients whose sensation has been tested as adequate by the appropriate health care professional prior to the delegation

TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
DIABETIC MANAGEMENT			UCP brings pre-filled syringe or insulin pen to client (client must dial dose) and /or confirm client has selected correct dosage. Assist with or complete glucometer reading following a written procedure. Document and report results to RN.	Assist with or complete glucometer reading following a written procedure. Document and report results to RN.
EXERCISES: PASSIVE AND ASSISTED	Assist with passive or active assisted exercises as per written procedure when exercises are few and not high risk and when client knows exercise program, demonstrates good skills in directing UCP and client and UCP know when to contact therapist for review or reassessment NOTE: Deep massage is not an assignable task	RN OT PT	See description under assigned task – task may or may not be delegated due to complexity and/or risk NOTE: Deep massage cannot be delegated	Assist with more complex passive or active assisted exercises NOTE: Deep massage cannot be delegated





TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
FOOT CARE	The provision of basic foot care to clients whose circulation and sensation has been assessed as normal by a health care professional (e.g. soaking, filing and use of pumice stones).	RN	The provision of basic foot care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/peripheral vascular disease) by a health care professional (e.g. soaking, filing and use of pumice stones – No clipping).	Same as “can direct”
GASTROS-TOMY FEEDINGS	Not assigned	RN RD	Administer gastrostomy feed as outlined in a detailed written procedure G tube must be well established.	Primarily authorized within a respite block if the caregiver routinely does this task.
HANDCARE	The provision of basic hand care to clients whose circulation and sensation has been assessed as normal by a health care professional		Provide basic hand care to clients whose circulation and sensation has been assessed as compromised (client diagnosed with diabetes/Reynaud’s etc) by a health care professional including filing . No clipping.	Same as “able to direct”

TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
<p>MEDICATIONS</p>	<p>Provide Physical assistance with medications following client direction and in the client's presence (e.g. open pill bottle, put medications in client's hand) Apply medicated, prescription soaps and ointments. Instill prescription eye and/or ear drops/medications Insert Vaginal suppositories and medicated ointments Apply non-narcotic patches Pour pre-measured meds into nebulizer. (see "Ventilation" for additional respiratory meds/tasks) Pour non-prescription liquid medications.</p>	<p>RN</p>	<p>Review bubble pack to determine whether client has taken their medication and follow a written procedure in the event of a missed medication.</p>	<p>Administer medications from blister pack Apply medicated, prescription, non-prescription soaps and ointments). Apply non-narcotic medicated patches Instill prescription and non-prescription eye medication or ear drops Insert Vaginal suppositories and medicated ointments. See "ventilation" for additional respiratory meds/tasks. Administer pre-packaged liquid medications, prescription and non-prescription.</p>





TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
OSTOMY CARE		RN	Cleanse and change ostomy appliance. Observe and report skin integrity and stoma condition	Same as “can direct care”
POWER MOBILITY		OT PT	Preferably use therapy assistant to assist with training in safe use of power mobility.	Preferably use therapy assistant to assist with training in safe use of power mobility.
PRESSURE PUMP	Assist client to apply cuff and connect machine. Client's condition must be stable and client must be knowledgeable about equipment and settings. (eg. Jobst or lymphopress) Settings are determined by therapist in consultation with client.	RN OT PT	If equipment is new to client, DOT may be necessary until client is familiar with equipment (eg. Jobst or lymphopress)	Cannot be assigned or delegated

TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
PROSTHETICS AND ORTHOTICS	Assist client to apply and remove prosthetic or orthotic devices (e.g. slings, braces, splints, prosthetic limbs and support garments (e.g. JOBST garment) UCPs DO NOT APPLY TENSORS—not even those to secure splints	OT PT RN		Assist client to apply and remove prosthetic or orthotic devices (e.g. slings, braces, splints, prosthetic limbs, and support garments (e.g. JOBST garment) UCPs DO NOT APPLY TENSORS—not even those to secure splints
PROTECTIVE PADDING/ DRESSINGSu		RN	Perform simple, non-sterile dressing changes to wounds where a wound assessment is performed by a RN and where NO wound debridement or packing is involved, as specified in a written procedure	Same as “able to direct”





TASK	Assigned Tasks for clients who can direct care	Responsible Professional	Delegated tasks for clients who can direct care	Delegated tasks for clients unable to direct care
TENS (TRANS-CUTANEOUS NERVE STIMULATION)	Assist client to apply electrodes to designated part of body as outlined in a written procedure and when client can direct care. This may include turning machine on and off slowly	OT PT RN		Cannot be delegated nor assigned
THERAPEUTIC POOL PROGRAM	Cannot be assigned	OT PT	Assist client with exercises in a pool (preferably therapy assistant) **Second person must be available in case of emergency	Assist client with exercises in a pool (preferably therapy assistant) **Second person must be available in case of emergency
WARM PACKS	Assist client with the application of WARM (NOT HOT) water bottle or grain bag as outlined in a written procedure for clients whose sensation has been tested as adequate by the nurse or therapist. No assistance to be given with electric heating pads	RN PT OT		Cannot be delegated

Glossary of Terms	
Accountable	The obligation to answer for the performance of one's responsibilities
Assignment	Assignment occurs when the required task falls within the UCP's role description and training, as actions for specific clinical situations.
By Exception	A proposed intervention which goes beyond the scope of the Personal Assistance Guidelines and the decision to perform the intervention is made in consultation with the health care team, the client, and client sponsor if appropriate. The health care team considers the client's best interest, client safety, quality of life, available resources, and the safety of the UCP.
Choice in Supports for Independent Living (CSIL)	A program in which eligible HCC Care clients are responsible for purchasing their own home support services and are funded directly. The client of Client Support Group (CSG) is the employer of the UCP and assumes all liability and accountability for decisions related to the delivery of their home support service including ongoing monitoring of UCP performance.
Client Able to Direct Care	One who is able to make decisions regarding their care on their own behalf and can communicate their needs. (Verbally or nonverbally through communication devices).
Client Unable to Direct care	One who is unable to make decisions regarding their care on their own behalf
Client Specific	Restricted to one particular individual, situation, relationship, and outcomes.
Competence	The application of knowledge, skill, attitude and judgment required for performance in a designated role or setting.
Complex Practice Tasks	Tasks which require skills, knowledge and competencies over and above those required to perform basic interventions.
Delegation of Task	To delegate components of tasks from a Health Care Professional to a UCP. The Health Care Professional retains accountability for the monitoring and outcomes of the delegation.



Delegable task	A task that is client specific and requires ongoing professional judgment, or is not within the job description of the UCP. Delegable tasks are normally performed by a Health Care Professional
Direct Supervision	To be physically present to direct, teach, and to have a monitoring plan in place.
Function	A complete care activity. Performing a function includes assessing when to perform the function, planning and implementing the care and evaluating and managing the outcomes of care.
HCC Professional (who can delegate tasks)	Home and Community Care Professional refers to a Registered Nurse, Physiotherapist, Occupational Therapist, Registered Dietician, and a Respiratory therapist. Where a particular discipline is referenced, that discipline will be noted in the document.
Health Care Team	In addition to the professionals listed above and the client/caregiver, may also include LPNs, Service Provider Administrator, Social worker, Physician, HCC manager, Scheduler, Ministry Liaison etc. This list is not exhaustive and may differ depending on the complexity of the client.
Indirect Supervision	<p>The Health Care professional may delegate a specific task to a UCP who, in the health care professional opinion, has the necessary competencies to complete the task. The Health care professional does not have to be physically present to teach the task to the UCP if the following criteria are met;</p> <p>Criteria:</p> <p>The health care professional has determined that the UCP has the necessary knowledge, skills and ability to perform the task and the UCP's competency level in performing the task has been demonstrated.</p> <p>The client's circumstance is known to the health care professional.</p> <p>There is an established written plan of care in place for the delegated task and the plan is immediately accessible to the UCP.</p> <p>The client's safety is not jeopardized.</p> <p>A monitoring plan is in place.</p>



Live at Risk	Client renders a decision which they know if carried out, may result in injury or harm to them.u
Routine Practices	Precautions that are applied universally to all persons regardless of their presumed infectious status
Service Plan	Outline of all tasks, both assigned and delegated as authorized by a HCC professional to be carried out by a UCP. Copy of the plan must be in a standardized area of the client's home.
Service Provider	The agency or organization that provides services directly to HCC clients. May include IH or publicly funded agencies. Refers to both professionals and UCPs.
Stable	The anticipated client response to the task or procedure is not likely to change.
Standard	Substantially uniform and well-established by usage and widely recognized as acceptable. Serves as a baseline.
Support	Access to professional assistance in a timely manner. The HA/HCC Professional determines the support required in the process of delegation.
Task	Part of a client care function. The task has clearly defined limits.
Therapist	Refers to professionals such as Physiotherapists, Occupational Therapists, Registered Dietitians, and Registered Respiratory Therapists.
Unregulated Care provider (UCP)	Paid care providers who are neither licensed nor registered by a regulatory body and who have no legally defined scope of practice e.g. community health workers, home support workers, resident care attendants, therapy assistants, etc.
Without Prejudice	With no negative repercussions.
Written procedure	A step-by-step client-specific written procedure developed by the delegating health care professional, in collaboration with the Service Provider Professional, and client where appropriate. Includes reportable observations.



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