

Activities of Daily Living

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INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the **authority** under the *Health Professions Act* (HPA) to carry out its activities and **govern** its Health Care Aides (HCAs)* in a manner that protects and serves the public interest.

When a health professional assigns an HCA a task, including **activities of daily living (ADL)**, the HCA is **responsible** and **accountable** for their actions and the care they provide to their **clients**.

Terms found in the definition section are **bolded** where they appear for the first time in this document.

PURPOSE

This practice guideline clarifies the responsibilities and expectations of an HCA regarding accepting, performing, and reporting on client assignments, including ADLs and adverse events. Understanding these responsibilities supports an HCA in making safe and **ethical** decisions within their person-centered practice environments.

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

DISCUSSION OF EVIDENCE

An HCA is accountable and responsible for their practice, **conduct**, and ethical decision-making when **engaging** with clients. This includes when an HCA works in a **collaborative** environment with other health professionals.

An HCA works in different settings and may assist with many ADLs. The HCA works in settings such as continuing care, acute care, private homes, group homes, or mental health facilities and community settings where psychiatric care is provided. The ADLs that an HCA performs can vary or change based on different factors, such as:

- the client's needs, condition, **co-morbidities**, and **acuity**;
- if the HCA provides care regularly to the same client;
- employer policies;
- the HCA's job description;

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

- the completion of a nursing assessment;
- a change to the client’s treatment plan;
- the HCA's education, experience, and **competence** level; and
- whether the task is within their scope of practice.

INFORMED PRACTICE

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

Under the HPA, an HCA's practice includes assisting with and supporting ADLs to provide basic personal care and health services.

Collaborative Practice

Collaboration between the different members of the healthcare team is important. The *Standards of Practice for Health Care Aides in Alberta* require that an HCA understand their role in working with clients and other team members to promote client safety. For more information on an HCA’s role within the healthcare team, please refer to HCA standards of practice, the *Code of Ethics for Health Care Aides in Alberta*, and other regulatory guidance documents.

All health professionals, including HCAs, are responsible for communicating effectively with each other. An HCA must understand the assigned ADL tasks, the observations they need to report, and what to do if unexpected situations happen. The HCA is also responsible for prioritizing and providing safe client care.

Performing ADLs in Self-Employed Practice

Providing care to clients as part of a healthcare team under the direction of **authorized health professionals** is an important way to prevent client harm.

If an HCA is hired directly by a client to assist and support the client’s ADLs, the HCA must ensure both the HCA and the client clearly understand the HCA’s individual scope of practice. They must also understand the role of other health professionals and know when to seek support or guidance from them.

The HCA needs to be aware of the following:

- It is outside the role of an HCA to assess a client’s healthcare needs.
- An HCA requires supervision from an authorized **supervising health professional** to assist a client with high-risk ADLs.
- An HCA only performs tasks within their individual scope of practice.

For more information about an HCA’s professional responsibilities in self-employed practice, please refer to *Self-Employed Practice Guidelines*.

Accepting an Assignment

An HCA may receive an assignment from an authorized supervising health professional. The HCA can be assigned to do one or more of the following:

- perform an ADL task,
- assist the authorized health professional while they perform the activity, or
- report observations to the authorized supervising health professional following client care.

An ADL assignment must be related to caring for clients within the HCA's individual competency, scope of practice, and employer requirements. Before, during, and after accepting an ADL assignment, the HCA should:

- determine if they have the required individual competencies,
- understand and work within their job description and employer policies,
- ensure the proper supervision and guidance are in place when performing the assigned task,
- ensure additional support is available if needed,
- remain responsible for the care they provide to the client, and
- communicate the results of care or any observations back to the authorized supervising health professional.

Although the HCA is responsible for the care assigned to them and documenting it accurately, the authorized supervising health professional will still be required to continually assess and monitor the client's healthcare needs, evaluate the effectiveness of the care provided, adjust the care plan as needed, provide the HCA with feedback, and document any care they directly provided.

The HCA is responsible and accountable for providing safe, competent, and ethical care, including any ADL tasks assigned. An HCA who has accepted an assigned ADL task cannot transfer it to another person to be performed. If the HCA cannot complete the assigned ADL task for some reason, they must inform the health professional who assigned the task or who is in charge of the client's care so they can reassign the duties to an appropriate health professional. The HCA must also document and report any results, concerns, or changes in the client's condition to the authorized supervising health professional.

The HCA is responsible for understanding their scope of practice, including their individual level of competency. They must communicate any concerns to the authorized supervising health professional. If the HCA is assigned an ADL task that is within their scope of practice but exceeds their competence level, they may request additional education and training to address the gaps in their knowledge and competence. Specific skills taught to help one client are not automatically transferable to the care of another client.

When an HCA accepts an assigned ADL task, the HCA must ensure:

- the task is being performed on the right client,
- the task is within their individual scope of practice,
- important information is communicated between health professionals,
- they understand what observations are to be made,
- they know what supports are in place to ensure safe practice,
- they are aware of the expected outcomes, and
- they report any changes in client condition or adverse events to the authorized supervising health professional.

Activities of Daily Living

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

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

High-Risk ADLs

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

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

If the high-risk ADL is determined to be a part of the client's ADLs (**excluding dialing up insulin pens and injecting insulin**), the HCA can be assigned the task if the HCA can perform it competently, ethically, and safely. The authorized supervising health professional supervising the HCA must periodically assess the client according to employer requirements to determine if the previously assigned ADL task continues to be an ADL and if assigning it to an HCA is appropriate.

Before accepting an ADL task, the HCA should review the checklist below to confirm whether the task being assigned is an ADL or a restricted activity and to determine whether an assigned ADL is within their scope of practice and individual competence. The HCA must also understand what type of supervision the authorized supervising health professional is providing.

Note: HCAs are not permitted to dial up insulin pens or inject insulin under any circumstances.

Determining if a Task Is an ADL or a Restricted Activity

In some cases, an activity listed as a restricted activity under the HPA section 1.3(1) may be an ADL for a client. Section 1.3(2)(a) of the HPA clarifies that if an activity is an ADL, then the activity is *not* considered a restricted activity under the HPA, “whether performed by the individual or by a **surrogate** on the individual’s behalf.” Restricted activities are high-risk health services that can only be performed by authorized health professionals. The key difference between an ADL and a restricted activity is that an ADL is an activity that clients normally perform on their own behalf to maintain their health and well-being. This means it is very important for an HCA to understand whether a task they are asked to perform is truly an ADL or whether it is a restricted activity.

Even if an ADL would *not* otherwise be a restricted activity, supporting or assisting with it may be risky because of its nature, the circumstances of the client, or both. Therefore, an HCA needs to follow the guidance in this practice guideline before accepting any ADL assignment.

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

Following the guidelines in the checklist below, an HCA can determine when a high-risk ADL is considered a restricted activity or an ADL.

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

In this checklist, HCAs are not considered authorized health professionals. An HCA must answer YES to each of the following questions in order to accept the ADL task. If an HCA answers NO to any of the questions, they cannot accept to perform the ADL task. An HCA should consult their supervisor, the healthcare team, or the CLHA Professional Practice Team if they have questions.

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

If an HCA answers YES to all of the above questions, they may accept this client-specific task.



HCA Supervision During the Performance of ADLs

When an authorized health professional assigns an ADL task to an HCA, they become the authorized supervising health professional and must determine the level of supervision the HCA needs in each circumstance.

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

- **Direct supervision:** an authorized supervising health professional is physically present at the point of care.
 - For example, an HCA is assisting a client with transferring from bed to chair using a mechanical lift following a change in the client's mobility status. The authorized supervising health professional is physically present in the room, observes the transfer, provides real-time guidance on sling placement and body positioning, and observes or intervenes to ensure the transfer is performed safely according to the care plan.
- **Indirect supervision:** an authorized supervising health professional is available for consultation and guidance, but is not required to be physically present at the point of care. This person providing indirect supervision is readily available on-site and can provide assistance when needed.
 - For example, an HCA is providing morning care to the client, which includes bathing and dressing, and the care plan has been updated due to skin integrity concerns. The authorized supervising health professional is on site and is available for consultation. During bathing the HCA noticed an increase in skin redness. The HCA contacts the authorized supervising health professional for guidance, who then performs an assessment and provides guidance on how to proceed with the bath safely.
- **Remote supervision:** an authorized supervising health professional is available for consultation and guidance, but is not required to be physically present at the point of care. This person providing remote supervision can be easily contacted through technology, i.e. by phone or video conferencing when assistance is needed.
 - For example, an HCA is assisting a client with meal preparation and feeding support in a home care setting. The care plan outlines specific positioning requirements during feeding to prevent choking. The authorized supervising health professional is not on site but is available by phone. The HCA notes an increase in coughing during meals. The HCA pauses the tasks and contacts the authorized supervising health professional for guidance. The HCA follows the recommendations provided by the authorized supervising health professional and documents the concern.

A health professional can supervise an HCA performing an ADL task if the health professional:

- is authorized to perform the task without supervision;
- **consents** to supervise the HCA performing the task and communicates the level of supervision they will be providing; and
- accepts responsibility for ongoing assessment, monitoring, and evaluation of the care being provided by the HCA and the client's outcomes.

Supervising Health Professional's Responsibilities

The authorized supervising health professional is responsible for assigning client care to the HCA and completing ongoing assessments, monitoring, and evaluations of the client. The HCA is responsible and accountable for the assigned ADL task and the care they provide. The authorized supervising health professional applies a consistent process when assigning ADL tasks to an HCA and when supervising an HCA. This process includes the following:

Assessment of Care:

- assessment of the client, their needs, and the practice environment.

Planning ADL assignments:

- identifying the tasks for each client and who may perform them;
- if necessary, teaching an HCA to ensure competency;
- communicating the assignments to the HCA; and
- determining and communicating the level of supervision that will be provided to the HCA;

Implementation of ADL assignments:

- an authorized supervising health professional needs to be available to assist, collaborate, provide guidance, or consult as appropriate.

Evaluation of ADL assignments:

- following up with the HCA about the care provided and results to be reported, and
- ongoing monitoring of the client's response and evaluation of care outcomes.

Management of Risks Associated with ADL Assignments

If the HCA believes that the assigned ADL task is unsafe or does not fit the care needs of the client, the HCA has the responsibility to:

- question the assignment of the ADL task and not continue with it if it is unsafe;
- identify the problem and provide the reason to support their observations;
- communicate concerns about the situation to the appropriate person(s) as soon as possible;
- document observations, actions taken, and any discussions; and
- provide insight or information to support changes to the care plan.

For more information, please refer to the CLHA *Determining HCA Scope of Practice* guideline.

Documentation

When an ADL task is assigned to an HCA, the HCA is responsible and accountable for documenting the services they provide to their clients following legislation, CLHA requirements, and employer requirements. **Documentation** can be electronic, paper-based, or a combination of both. It is important that an HCA complete documentation as soon as possible, as it provides the necessary information to the healthcare team for planning and evaluating client care and improving the quality of care for clients. An HCA is required to maintain the privacy and confidentiality of a client's personal and health information.

For more information, please refer to the CLHA *Documentation* policy and the *Confidentiality* practice guideline. An HCA should follow any employer requirements on documentation, privacy, and confidentiality.

CONCLUSION

This practice guideline outlines an HCA's responsibilities when accepting and performing an ADL task assignment. An HCA is responsible for their clients' care and must collaborate with other health professionals to ensure clients receive safe, competent, and ethical care.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on clha.com.

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

DEFINITIONS

Accountable: the ability to explain why actions were taken or not taken for a job or task for which the HCA is responsible.

Activities of daily living (ADL): as defined in the HPA, an activity that an individual normally performs on their own behalf to maintain their health and well-being. ¹ In other words, these are tasks that the client would complete for themselves if they were not hindered by a health condition.

Acuity: the severity or urgency of an illness or medical condition.

Authority: refers to the power or right to give orders, make decisions, and enforce obedience. It can also mean the appropriate person to give orders or make decisions.

Authorized health professional: a health professional who is authorized to perform a restricted activity without supervision under the *Health Professions Restricted Activity Regulation* and their standards of practice. Authorized health professionals have the education, training, and approval through regulations to perform a particular high-risk professional service.

Client: an individual who receives a professional service from the HCA. The term client is interchangeable with patient and resident, depending on the work setting.

Collaborative: according to the WHO, collaboration involves HCA working with clients, families, caregivers, and the community to provide the best care across workplace settings. This practice helps healthcare providers deliver high-quality, safe person-centred care.

Co-morbidities: when a client has two or more medical conditions at the same time.

Competence: the ability to apply the knowledge, skills, behaviours, judgments, and personal attributes required to practice safely and ethically. Personal attributes include attitudes, values, and beliefs.

Conduct: how someone acts or carries themselves.

Consent: agreement to what is being done by another person such as, the client approves of the proposed actions of the HCA and the healthcare team. Consent also means an agreement to do something.

Dermis: the inner layer of the two main layers of skin.

Documentation: material that provides official information or evidence or serves as a record.

Engaging: to be involved, participate, or show interest in something.

Ethical: the principle of something being right or wrong.

Govern: to lead, control, or manage an organization or group, often by creating rules and making decisions that guide their actions.

Responsibility: the ability to respond and answer for one's actions and duties. Being responsible means that an individual is trustworthy and reliable.

Regulated health professional: any individual who is a regulated member of a regulatory college.

Restricted activity: health services that can only be performed by authorized persons because of the risks associated with the performance of these activities and the need to ensure that professionals possess the necessary competencies.

Supervising health professional: a regulated health professional (other than an HCA) who assigns a task to the HCA, and is authorized to perform the task without supervision, and is responsible for providing supervision to the HCA for that task.

Surrogate: a person authorized by an individual or by the individual's guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.

REFERENCES

ⁱ Government of Alberta. *Health Professions Act*. Alberta King's Printer: