



**Scope of Practice of the
Continuing Care Assistant (CCA)
in Nova Scotia**

Committee Membership

Andrea Leonard
(chair)
Northwood Homecare Limited

Albert MacIntyre
College of Licensed Practical Nurses of
NS

Donna Dill
Department of Health

Pat Miller
Dykeland Lodge

Anne Fraser
College of Registered Nurses of NS

Heather Reid
VON Cumberland

David Macdonald
Department of Health

Cathy Rose
Shannex Health Care

Heather MacIntosh
Victoria County Home Support

Sheila
Scaravelli
Pictou County Health Authority

Marlene
MacLellan
Nova Scotia Community College

Ad Hoc Member:
Libby Goucher

Project Administration: NSAHO

Project Sponsor: CCA PAC

Context

This document outlines the accountabilities, roles and functions of the *Continuing Care Assistant*¹ (CCA) who provides personal care or support for *activities of daily living* (ADLs) and *instrumental activities of daily living* (IADLs). It also outlines the limitations under which these services may be provided.

In the province of Nova Scotia, CCAs are not regulated by legislation or governed by a regulatory body and, therefore, responsibility for issues related to public interest and governance rests largely with the employer. In the absence of a governing body, the Nova Scotia Department of Health (DOH) has supported and overseen the development of the CCA educational program and certification process. To assist with these activities, the DOH established the CCA Program Advisory Committee (PAC) with representation from key stakeholders.

The role of the CCA PAC includes:

- setting standards for the CCA program including curriculum standards, criteria for admission to CCA programs and qualifications for educators;
- approving educators for CCA program delivery;
- certifying persons who have completed the CCA educational program;
- ensuring that CCA educational programs are operating in compliance with established curriculum standards; and
- ongoing evaluation and revision of CCA curriculum.

The Department of Health's roles include:

- supporting the development, approval, delivery and maintenance of the CCA educational program such that it prepares CCA graduates to meet the needs of the clients of the health care system;
- assistance with the establishment of educational standards for the delivery of the CCA curriculum across the province; and
- establishing entry to practice requirements for employment in the DOH's Continuing Care Branch funded programs.

Purpose

The provision of cost effective, quality health care in Nova Scotia depends on maximizing the *scope of practice* and contributions of all health care providers including CCAs. Key to an effective health human resource strategy is the creation of practice environments that are conducive to attracting and retaining a healthy, committed and appropriately educated workforce. Ensuring that health care providers are working to their full capacity is an essential strategy toward the creation of these practice environments.

¹ Terms defined in the Glossary are italicized.

To promote the consistent and full utilization of CCAs within the health care team, this scope of practice document provides clarification of the accountabilities, roles, functions, and limitations under which CCA services may be provided.

Educational Preparation

To practice as a CCA in Nova Scotia, an individual must be a graduate of an approved CCA program and have successfully completed the Nova Scotia CCA Provincial Exam, or *equivalent*. There are a number of methods to achieve CCA certification. For a full description of these methods, see the Glossary: Certified CCA. (Appendix A)

The CCA education program enables students to acquire the knowledge, skills, attitudes and judgment required for a beginning practitioner upon entry to the field as a certified CCA. The CCA is prepared through his/her education program to practice according to the CCA scope of practice.

The education program for CCAs combines theory and practice from the health professions, arts, sciences and the humanities. Throughout the program, this knowledge is integrated through laboratory demonstrations and placements. Currently, CCAs complete placements in continuing care settings. These settings include nursing homes, homes for the aged and home support. Assisted living environments have also been included as an option for placement. These placements provide the opportunity for CCAs to apply the theory they have learned to the care of clients across the lifespan in varying contexts of practice. For a detailed list of the CCA program modules and learning outcomes, see Appendix B.

A commitment to lifelong learning is fundamental to attain and maintain competence.

Scope of Practice

The scope of practice clarifies the **accountabilities, roles, and functions** that certified CCAs are educated and competent to perform as well as the **limitations** under which services may be provided. It does not list specific tasks or procedures because these can become outdated as practice evolves in response to changes such as the growth of knowledge, advances in technology, the evolving scopes of practice of other health care providers, and health care system changes.² The roles for regulated health care professionals are clearly identified within their legislated scope of practice. Although health care providers have distinct roles and scopes of practice, some *interventions*³ that are within the CCA scope of practice overlap with those of other health care providers.

² College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005)

³ *The Oxford Pocket Dictionary of Current English 2008*, originally published by Oxford University Press 2008.

CCAs and other health care providers may possess similar knowledge, skills, attitudes and judgment required to competently perform their role.⁴

The scope of practice for CCAs:

- provides the basis for the development of practice standards and competencies;
- guides curriculum development;
- assists employers in developing job descriptions and performance reviews; and
- informs CCAs, other members of the health care team, and the general public about the accountabilities, roles, and functions that CCAs are educated and competent to perform as well as the limitations under which services may be provided.⁵

Accountabilities

The CCA demonstrates a client-focused philosophy of care in all client interactions.

The CCA is accountable to him/herself, the client/family member, the employer and the regulated health care professional when implementing a client specific assignment or a delegated intervention.

The CCA is responsible for the safe performance of interventions, for knowing what procedures she/he can perform, and for not performing assigned or delegated interventions until she/he has received authorization from their employer(s) and the necessary training to perform the intervention safely.

The CCA must identify what activities she/he can perform when working independently and when working with a regulated health professional when implementing a client specific assignment or a delegated intervention.

The CCA must practice within the *scope of employment* and according to the employer's policies and procedures.

The CCA:

- a) Provides individualized care that is sensitive to the clients' unique needs.
- b) Understands own values and attitudes and their effect on establishing successful client-caregiver relationships.
- c) Demonstrates an ability to learn about the implication of each client's disease, disorder, condition or personal circumstance and to adapt in appropriately carrying out the care plan.

⁴ College of Registered Nurses of Nova Scotia, *Delegation Guidelines for Registered Nurses* (2004).

⁵ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005)

Roles

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

Within his/her scope of practice, the CCA engages in a process of *critical thinking* and exercises *judgment* in *assessing, planning, implementing, and evaluating* the ADL/IADL care she/he is authorized to provide to the client.

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

Functions

Depending upon the care needs of the client, the employer defined scope of employment, the interventions to be performed and the competency of the CCA, there are three levels of CCA capacities.

In all three capacities, the CCA is responsible for:

- Knowing what aspects of client care she/he is able to perform, those she/he is not able to perform and when to seek guidance or direction;
- Ascertaining that the client care she/he is being asked to perform has been approved by their employer as that which can be performed by a CCA;
- Following agency policies and procedures; this includes ascertaining that the delegated interventions she/he is being asked to perform has been approved by the employer;
- Providing safe, competent, and ethical client care;
- Communicating/reporting pertinent and relevant information and/or observations to the regulated health care professional;⁶
- Recognizing and reporting a situation or change in client circumstances which poses a potential or actual threat to the client's health, safety, security and well-being;
- Working in collaboration with the *team* to meet the care needs of the client;
- Carrying out interventions; and
- Documenting care given.

The three capacities are:

⁶ Nova Scotia Department of Health, *Principles and Guidelines: A Framework for Continuing Care Assistants in Acute Care* (December 2006), p. 8

1. Independent Practice

Based on educational preparation, experience and competence, where the client requires assistance with ADLs and IADLs that are consistent with the CCA scope of practice (provision of care for which they have received the appropriate education and training), the CCA may function *independently*. This involves determining the appropriate intervention required and predicting and managing the outcomes of such an intervention.⁷

When functioning independently, the CCA documents the plan of care and the outcomes of the interventions.

2. Client Specific Assignment

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

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

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

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

3. Delegation

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

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

⁷ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

the competence of the CCA providing it. The degree of supervision required must be established by the regulated health professional who is delegating the intervention.

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

The CCA is responsible for:

- Following policies and procedures; this includes ascertaining that the delegated intervention she/he is being asked to perform has been approved by their employer;
- Having the sufficient knowledge, skill, and judgment to accept the delegated intervention; and
- Only accepting delegation for those interventions for which she/he is competent.⁸

The regulated health care professional is responsible for:

- Knowing the work approved for delegation by the employer and the circumstances under which work may be delegated;
- Making an appropriate decision to delegate using the following criteria:
 - employer's policies;
 - client needs;
 - complexity of health problems;
 - the CCA's job description and knowledge base;
 - the knowledge and demonstrated competency to perform the delegated intervention; and
 - the predictability of the anticipated outcome and specific risk factors.
- Providing supervision to the CCA; and
- Evaluating the client care by monitoring client outcomes.

The employer is responsible for:

- Approving the interventions to be delegated to CCAs;
- Establishing written policies and procedures on delegation, including who the delegator is, workers to whom authority has been or can be delegated, the process for delegation, and guidelines for care;
- Choosing appropriate staff;
- Providing adequate education, training, and assessment of the competence of CCAs;
- Establishing and maintaining quality control measures to ensure competent care;
- Ensuring adequate supervision of CCAs; and
- Prohibiting delegation when no suitably qualified CCA is available.

⁸ Canadian Nurses Protective Society, "Delegation to Other Health Care Workers," *Info Law: A Legal Information Sheet for Nurses* Vol. 9, No. 2 (December 2000).

Limitations

The CCA must practice within his/her *scope of employment* and in accordance with the employer's policies and procedures.

When working independently, the CCA is expected to perform within his/her scope of practice and contact the relevant healthcare provider when clients require interventions that are beyond the CCA scope of practice.

When the CCA functions in a client specific assignment or in a delegation capacity, the CCA works under the direction/supervision of a regulated health care professional.

For a visual representation of the scope of practice statement for CCAs, see Appendix C.

Practice Environments

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

Entry-level Competencies

In late 2002, the College of Registered Nurses, the College of Licensed Practical Nurses and the Continuing Care Assistant Provincial Advisory Committee agreed to co-sponsor a review to ensure that entry level competencies for RNs, LPNs and CCAs are relevant, realistic and reflective of the care needs and issues that characterize the present and anticipated practice environments in Nova Scotia. The resultant report⁹ defines the Entry Level Competencies for Continuing Care Assistants in Nova Scotia as:

A. Personal & Professional Roles and Responsibilities

1. Practices in a manner that is consistent with expectations of CCA graduates relative to providing quality care in a variety of practice settings.
2. Demonstrates a client-focused philosophy of care within own scope of employment and the standards established by the Department of Health.
 - a) Provides individualized care that is sensitive to clients' unique needs.
 - b) Understands own values and attitudes and their effect on establishing successful client-caregiver relationships.

⁹ Marsh, W., and Boone, G., *Entry Level Competencies for Registered Nurses, Licensed Practical Nurses, and Continuing Care Assistants in Nova Scotia* (2004)

- c) Demonstrates an ability to learn about the implication of each client's disease, disorder, condition or personal circumstance and to adapt in appropriately carrying out the care plan.
- 3. Demonstrates a level of proficiency that is consistent with expectations of those entering the workforce in a human services capacity. The bases for assessing levels of proficiency include psychomotor skills, personal attributes, attitudes, work ethic and work habits.
- 4. Demonstrates accountability for own actions.
- 5. Demonstrates an understanding of how the CCA's practice affects the overall quality of care provided to clients in the (assigned work setting).
- 6. Recognizes current competence and seeks guidance as appropriate.
 - a) Appropriately seeks guidance from supervisor or more experienced and knowledgeable CCAs when care demands exceed personal competence.
 - b) Understands care delivery team member roles and seeks help when care demands exceed scope of employment and/or personal competence.

B. Carries out Care Plans Appropriately

- 1. Uses knowledge of the basic principles of growth and development, communication, and psychosocial dimensions of human behaviour to provide safe and competent care.
- 2. Uses knowledge of the aging process and related health conditions when implementing the care plan.
- 3. Provides basic and individualized care that enables client requirements for activities of daily living (hygiene, nutrition, rest, and mobilization) to be met.
- 4. Implements special procedures and protocols as directed, to meet unique requirements related to specific client conditions.
- 5. Uses appropriate technology effectively and in a safe manner.
- 6. Applies principles of safety and security when assisting with activities of daily living and specialized procedures.
- 7. Recognizes and reports a situation or change in client circumstances which poses a potential or actual threat to the client's health, safety, security and well-being.
- 8. Responds quickly and appropriately to emergencies by using established protocols, including 911.
- 9. Demonstrates ability to provide support in a palliative situation.
 - a) Demonstrates understanding of the beliefs, values, legal and ethical issues related to caring for the dying client.
 - b) Understands own beliefs and values regarding death and dying. Identifies strategies to support self and others in the dying process.

C. Documentation

1. Understands the principles of and legal requirements for maintaining a patient/client record.
2. Practices in a manner consistent with those principles and legal requirements, maintaining accurate and clear records of care provided.
3. Demonstrates an ability to use basic computer technology to fulfill the requirements of documenting client care.

D. Interpersonal Relationships & Communication with Clients

1. Demonstrates effective communication that is clear and respectful of others in a variety of situations.
2. Selects methods of communication appropriate to the circumstances. In particular, establishes and maintains an individualized approach to communication that respects the client's unique needs.
3. Appropriately communicates information about the client's care while respecting confidentiality and legally regulated requirements.

E. Organization & Coordination of the Work

1. Organizes and prioritizes the work to effectively meet the needs of multiple clients in a variety of care settings.
2. Uses effective time management skills to carry out assigned responsibilities.
3. Works collaboratively with other health team members to ensure appropriate care to clients.

Summary of Key Responsibilities

The key responsibilities of the CCA include the following:

Client Care:

- Provides client-centred care that responds appropriately to the physiological, psychological, social, cultural, and spiritual needs of their clients.
- Provides safe, competent, and ethical care of the client and family during all stages of human development.
- Supports, protects, and safeguards the clients' rights and interests through advocacy.

Communication:

- Communicates clearly and professionally using a variety of communication methods as appropriate to the circumstances.
- Establishes and maintains an individualized approach to communication that respects the client's unique needs.

- Appropriately communicates information about the client's care while respecting confidentiality and regulated requirements.

Education and Health Promotion:

- Promotes healthy lifestyle choices and illness prevention through the provision and/or reinforcement of client teaching.

Collaboration:

- Works as a member of the health care team by respecting and acknowledging the roles of all those within the healthcare system in contributing to safe, competent and ethical care.¹⁰

¹⁰ Adapted from RN Act, 2006

Appendix A

Glossary of Terms

Accountability: an obligation or willingness to accept responsibility or to account for one's actions and to achieve desired outcomes.¹¹

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

Advocacy: the supporting, protecting and safeguarding of clients' rights and interests. Advocacy is undertaken in the best interest of the client. Advocacy is an integral part of the care provided by CCAs and forms the foundation of trust inherent in the CCA-client relationship.¹²

Assess: applying the CCA's education and knowledge to appraise the client's health and safety status through observation and interaction to support decision-making.

Certified CCA: is a graduate of an approved CCA program who has successfully completed the Nova Scotia CCA Provincial Exam, or *equivalent*, and has a Nova Scotia Department of Health issued CCA Certificate.

There are a number of methods to achieve CCA certification:

Traditional Method for CCA certification: The traditional method for CCA certification is delivered in a classroom setting by an approved education provider. This can be full or part time with a recognized education provider (7-24 months)

Alternative Methods for CCA certification:

1) Prior Learning Assessment and Recognition (PLAR): PLAR is a 2 phase process. Phase I is an assessment of learning. Phase II is completion of the individual learning path designed from Phase I (the assessment). The learner must complete the learning path within a 2 year timeframe prior to applying for the CCA Provincial Exam.

2) Equivalency (NS provincially recognized courses): These learning paths are based on the particular Nova Scotia Provincially recognized certificate courses

¹¹ Porter-O'Grady, T., and C. Krueger Wilson, *The Leadership Revolution In Health Care: Altering Systems, Changing Behaviours* (Denver: Aspen Publishing, 1995).

¹² Registered Nurses Association of British Columbia, *Standards of Nursing Practice* (2000).

being assessed in relation to the CCA program. There is a learning path for each of the following designations:

- Personal Care Worker (PCW)
- Home Support Worker (HSW)
- Home Health Aide /Home Health Provider (HHP)

Each learning path must be completed within a 2 year timeframe prior to applying for CCA Certification. *Note: these 3 learning paths are the only ones that do not currently require completion of the CCA exam. As of April 1, 2010 the CCA Equivalency participants will be required to write the CCA provincial exam.

3) Course Recognition: Course recognition is designed to improve the interprovincial transfer to CCA Certification for direct care and support providers who have successfully completed a formal education program. The process acknowledges formal education only. Approved formal education programs are assessed to develop a specific learning path based on the course and are applicable to anyone who has completed the particular course. Learning paths for assessed programs through course recognition are available at (www.novascotiacca.ca). The learner must complete the learning path within a 2 year timeframe prior to applying for the CCA Provincial Exam.

CCA Equivalency: the achievement of the CCA designation by Nova Scotia certified Personal Care Workers, Home Support Workers and Home Health Aide/Home Health Providers through the completion of required additional learning outcomes provided by an approved education program.

Clients: human beings throughout the life span, including infants, children, adolescents, adults and elderly adults.¹³

Client Specific Assignment: the process of a regulated health care professional(s) designating aspects of client care as authorized by the employer (e.g., scope of employment), to be performed by a CCA consistent with his/her and educational preparation.

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

See Appendix C.

Competencies: the specific knowledge, skills, attitudes and judgment required of a CCA to be considered competent in a designated role and practice setting.¹⁴

¹³ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

¹⁴ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

Competent: in relation to a CCA, the ability to integrate and apply the knowledge, skills, attitudes and judgment required to practice safely and ethically in a designated role and setting.¹⁵

Continuing Care Assistant (CCA): an individual who provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic health and independence. CCAs hold a provincial certification from the Department of Health. CCAs have completed all components of the CCA Program from a recognized education provider and have passed the provincial examination, or equivalent (the achievement of the CCA designation by Nova Scotia certified Home Support Workers, Home Health Providers (Home Health Aides), and Personal Care Workers through the completion of required additional learning outcomes provided by an approved education program.

Critical Thinking: acting logically to evaluate situations, solve problems and make decisions.¹⁶

Delegation: Delegation is the decision and process to transfer an intervention that is outside the CCA scope of practice, from a regulated health care professional who has the authority to perform that intervention to a CCA. Delegated interventions must be defined/approved by the employer. Delegation involves the transferring of responsibility for the performance of the intervention but not the accountability for the outcome of that intervention. Responsibility for delegation is shared amongst the *employer*, the *regulated health care professional*, and the *CCA*. Delegation is required when any intervention is outside the educational preparation and scope of practice of a CCA.

See Appendix C.

Entry-level Competencies: expected of CCAs upon graduation from an approved CCA program in order to provide the public with safe, effective and ethical care.¹⁷

Entry-level Practitioner: an entry-level CCA following graduation from an approved CCA education program and successful completion of the CCA provincial exam. The entry-level practitioner is educationally prepared to provide care in a variety of settings to individuals of all ages. As part of their educational preparation, CCAs complete placements in continuing care settings. Currently, these settings include nursing homes, homes for the aged and home support. Assisted living environments have also been included as an option for placement. These placements provide the opportunity to apply

¹⁵ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

¹⁶ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

¹⁷ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

the theory they have learned to the care of clients across the lifespan in varying contexts of practice.

A new graduate is considered to be entry-level until they have one year of practice experience.¹⁸

Ethical: pertaining to ethics which is:

“A systematic reflection of morality: systematic because it is a discipline that uses special methods and approaches to examine moral situations and reflection because it consciously calls into question assumptions about existing components of moralities that fall into the category of habits, customs, or traditions.”¹⁹

Evaluate: the process of appraising the results of the implemented interventions to determine if the desired outcomes have been achieved.

Holistic Care: an approach to wellness which encourages:

- Balancing and integrating physical, mental, emotional, and spiritual aspects;
- Establishing respectful, cooperative relationships with others and the environment;
- Making wellness-oriented lifestyle choices; and
- Actively participating in health decisions.²⁰

Implement: to carry out the interventions designated in the client’s plan of care.

Independent: where the client requires assistance with ADLs and IADLs, the CCA may function *independently* within his/her level of education and competence. The CCA determines the intervention required and is able to predict and manage the outcomes of the intervention within his/her scope of practice.²¹

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

Interdisciplinary Health Care Team: the client, regulated health care professionals, unregulated health care providers and all others who collaborate in the provision of care.²²

¹⁸ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

¹⁹ Purtilo, R. (2005). *Ethical dimensions in the health professions (4th ed.)*. Philadelphia: Elsevier Inc.

²⁰ Walter, Suzan, “Holistic Health”, *The Illustrated Encyclopedia of Body-Mind Disciplines* (New York: The Rosen Publishing Group, 1999).

²¹ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

²² College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

Intervention: for the purpose of this document an intervention is defined as a task, procedure, treatment or action.²³

Judgment: the reasoning processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies used to make decisions.²⁴

Plan: when functioning independently and where the client requires assistance with ADLs and IADLs, the CCA determines the appropriate intervention required and is able to predict and to manage the outcomes of the intervention within his/her scope of practice.²⁵

When functioning in a client specific assignment or a delegation capacity, the CCA works under the supervision of and contributes to the plan developed by the regulated health care professional.

Regulated Health Professional: member of a regulated profession who must meet the requirements of the relevant regulatory body. Government grants to professions the privilege of self-regulation for the protection of public health and safety. Members of regulated professions are required to adhere to professional standards for practice, code of ethics, and must have a license to practice. Some examples of regulated health professionals in Nova Scotia include registered nurses, licensed practical nurses, pharmacists and physicians. A regulated profession is an occupation that includes the following characteristics: a specialized body of knowledge, service to the public, code of ethics, self-regulation and accountability to society.

Scope of Employment: range of responsibilities defined by an employer through job descriptions and policies.²⁶

Scope of Practice: roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. For members of a regulated profession (e.g. RN, LPN) these roles, functions, accountabilities and limitations are also defined by legislation.

Standards: an authoritative statement that describes the expected behaviour that is used to evaluate individual performance.²⁷

Supervision: for the purpose of this document supervision pertains to the supervision required when the CCA is functioning in a client specific assignment or a delegation

²³ *The Oxford Pocket Dictionary of Current English 2008*, originally published by Oxford University Press 2008.

²⁴ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

²⁵ College of Licensed Practical Nurses of Nova Scotia, *Scope of Practice, Code of Ethics, Standards of Practice, Entry-Level Competencies, Entry-Level Psychomotor Competencies* (2005).

²⁶ College of Registered Nurses of Nova Scotia, *Delegation Guidelines for Registered Nurses* (2004).

²⁷ *College of Registered Nurses of Nova Scotia, Delegation Guidelines for Registered Nurses* (2004)

capacity. It is the act, by a regulated health care professional, (such as an RN, LPN, or Physiotherapist) of providing initial direction and periodic monitoring of an intervention or activity, as authorized by the employer, to a CCA who has the required competency. Additionally, supervision is the provision of guidance, direction, evaluation, and follow-up for the purpose of achieving appropriate care outcomes.

Supervision may be direct or indirect. Direct supervision is the direct observation of care/services being delivered. Indirect supervision is being available for report and consultation when care/service is being delivered; this supervision may or may not be on-site but is available (as defined by employer protocols).

Team: for the purpose of this document team is defined as the client, the family (as defined by the client), other client identified supports and health care providers involved in the development and/or the implementation of the care plan.

Appendix B

Continuing Care Assistant Program Modules (effective September 2009)
1 – Introduction to the Program
2 – Introduction to Health Care Sector
3 – Personal and Professional Development
4 – Communication & Documentation
5 – Environmental Safety
6 – Body Mechanics
7 – Household Management
8 – Growth & Development
9 – Body Structure, Function & Related Health Issues
10 – Personal Care
11 – Nutrition & Meal Preparation
12 – Mental Health & Social Issues
13 – Medication Awareness
Certificates: Alzheimer Disease & Other Dementia Care Course Standard First Aid/CPR Level C Food Hygiene Course or Basic Food Safety Training (BFST) CCNS Palliative Care Front-Line Education WHMIS Awareness Occupational Health & Safety Act Introduction
Skills Development Placement
Mentorship Placements: Home Support I Nursing Home/Home for the Aged Home Support II
Minimum Number of Hours Required: 840 510 Theory & Lab 330 Clinical

Source: *Continuing Care Assistant Program: Curriculum Standards* (2009)

Upon successful completion of the Continuing Care Assistant Program, CCA graduates will have demonstrated the ability to:

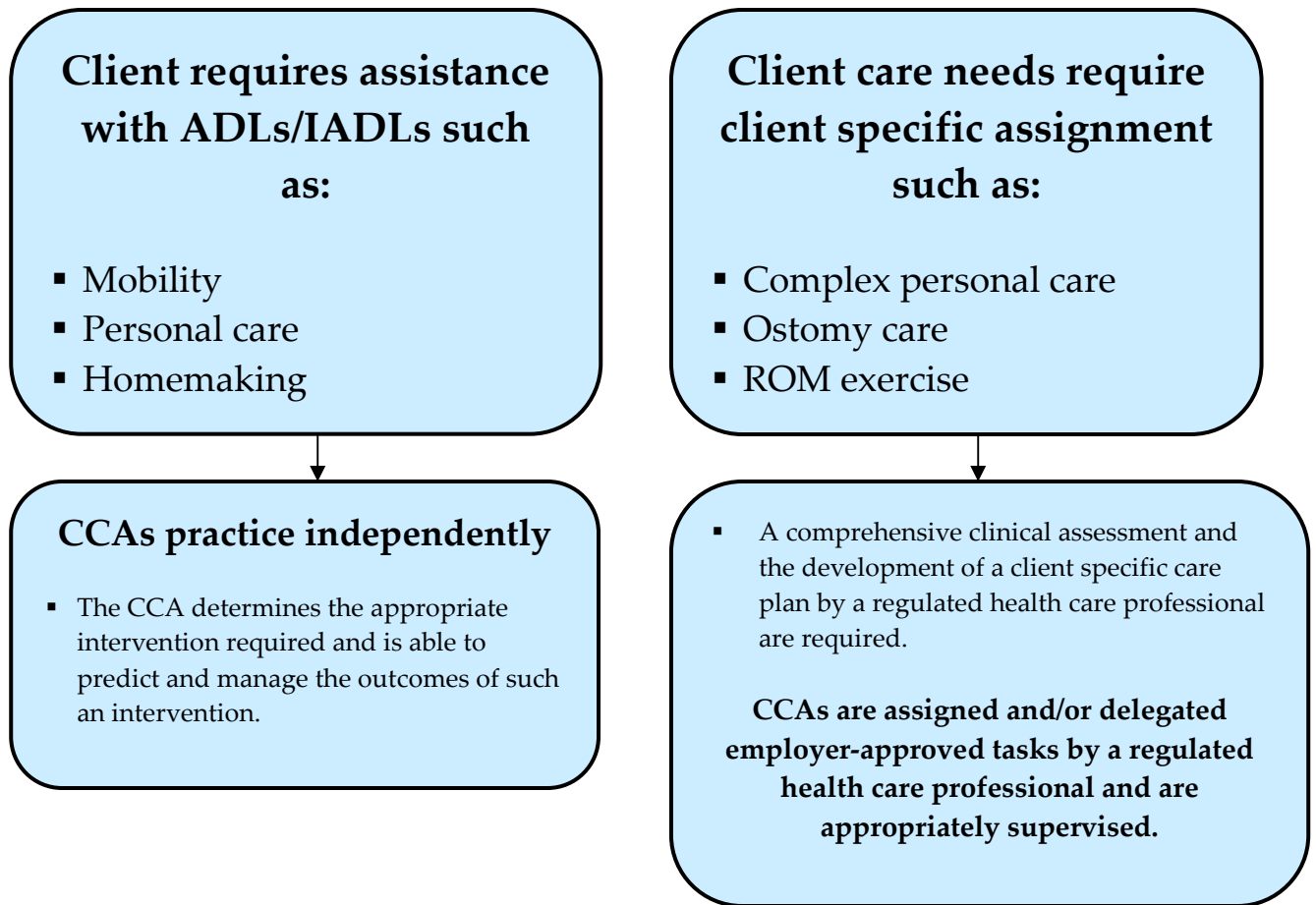
1. **Provide client-centered care** in designated care settings.
2. **Communicate clearly and professionally** using a variety of communication media.
3. **Use appropriate aseptic safeguards** in designated care settings.
4. **Apply environmental safety and security measures** in designated care settings.

5. **Provide appropriate personal care** to clients in designated care settings.
6. **Provide basic housekeeping duties** within the scope of employment.
7. **Prepare, cook, and serve meals** according to Canada's Food Guide and based on clients' needs.
8. **Use proper body mechanics** while performing duties in designated care settings.
9. **Recognize common chronic illnesses** experienced by clients in designated care settings.
10. **Respond and/or seek appropriate help when any change occurs** in clients' conditions.
11. **Respond appropriately to the physiological, psychological, social, cultural and spiritual needs** of clients across the life cycle.
12. **Identify community services available** locally, provincially, and nationally.
13. **Promote healthy lifestyle choices and illness prevention.**
14. **Provide client-centered care within the CCA scope of practice and as a member of a health care team.**
15. **Provide client-centered care within Nova Scotia provincial policies and legislation.**
16. Demonstrate appropriate, respectful, professional behaviour in all settings.²⁸

²⁸ *Continuing Care Assistant Program: Curriculum Standards* (2009), p. 7

Appendix C

Scope of Practice for Continuing Care Assistants



CCAs are responsible for recognizing and reporting a situation or change in circumstances which poses a potential or actual threat to the client's health, safety, security and well-being.

CCAs must practice within their scope of employment and according to their employer's policies and procedures.

CCAs practicing in a setting where the client and/or a client representative is the employer are ethically responsible to function within their Scope of Practice.