



Continuing Care Assistant Occupational Standards of Practice

(CCA OSoP)

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Acknowledgements

The Continuing Care Assistant Occupational Standards of Practice (CCA OSoP) is copyrighted and owned by the Nova Scotia Department of Seniors and Long-Term Care (SLTC). It is revised every five years to align the occupational practice of continuing care assistants (CCAs). The CCA OSoP are guidelines for the CCA occupation and are used to design and revise the CCA Program and the provincial CCA Certification Exam to ensure occupational training, certification, and qualification requirements align with the required competencies of a CCA.

Introduction

Purpose

The CCA OSoP defines the role, practice requirements, and competencies of an entry-level CCA. It establishes the minimal occupational benchmarks of the CCA role in Nova Scotia and is used by SLTC to govern, standardize, and monitor the CCA occupation. The purpose of the CCA OSoP is to define the occupation and establish consistent occupational standards for a CCA to deliver safe, quality care.

The CCA OSoP serves several important functions. It

- defines the minimum competencies of a CCA;
- establishes the foundation for designing the provincial occupational training program (i.e., CCA Program);
- establishes the foundation for designing the provincial CCA Certification Exam;
- provides qualification standards of the profession ensuring credibility;
- provides guidance to employers for developing scope of employment and employer policies and procedures;
- helps to ensure public safety and quality of care by setting clear expectations of practice.

CCA OSoP includes several key components that define the CCA occupation:

- **System Partners:** identifies the key system partners that define, govern, and oversee the CCA occupation.
- **Healthcare System Process:** overarching process for receiving healthcare services that informs how a CCA functions within a workplace.
- **Practice Context and Conditions:** defines broad healthcare principles and job-specific requirements that must be in place for a CCA to work.
- **CCA Roles and Limitations:** identifies working to full standards, delegation, and occupational limitations.
- **CCA Competency Framework (the framework):** the standardized occupational framework used to define the CCA occupation through a competency-based model identifying the knowledge, skills, attitudes, and behaviours expected of an entry-level CCA.

Certified CCA

Defining the Occupation

CCA is a protected title in Nova Scotia in accordance with the CCA Registry Act.¹ CCAs are professionally designated and are certified to provide direct care, including activities of daily living and instrumental activities of daily living, to support individuals who require ongoing care due to aging, illness, or disability.

Unregulated

In the province of Nova Scotia, CCAs are not a regulated profession. CCAs are not licensed to practice and are not governed by a regulatory body; therefore, responsibility for issues related to public interest and malpractice rests largely with the employer.

SLTC provides governance and oversight of the CCA occupation in alignment with a protected title to ensure only qualified individuals are certified and practicing as a CCA in Nova Scotia.

Professionally Designated

SLTC formally recognizes CCA as a professional designation as having achieved a specific level of competency by meeting the following criteria:

- ✓ Standardized training and assessment: CCA Program
- ✓ Standardized examination: provincial CCA Certification Exam
- ✓ Defined occupational standards: CCA OSoP and Competency Framework

CCA Certification Eligibility Process

CCAs are certified and professionally designated in Nova Scotia. They are certified by completing the certification process to obtain the CCA designation. To be eligible to complete the certification process, individuals must have an English level proficiency of a CLB 7, a clear criminal record, and a clear vulnerable sector check. Individuals are then eligible to complete the certification process (see Figure 1).

¹ [Bill 92 - Continuing Care Assistants Registry Act \(nslegislature.ca\)](#): Section 11

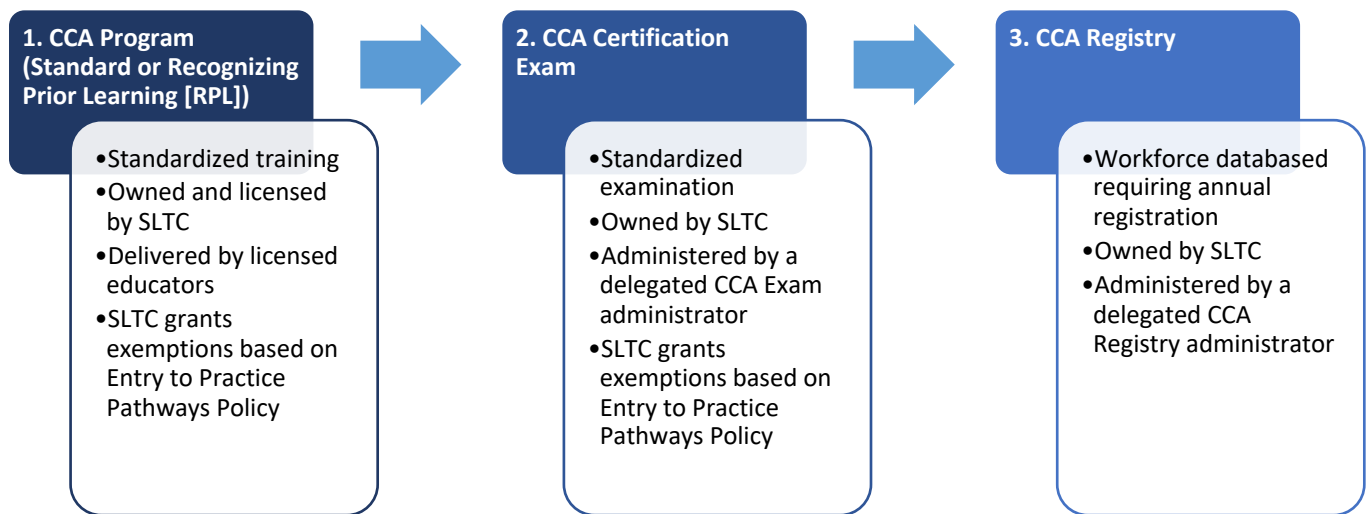


FIGURE 1: CCA CERTIFICATION PROCESS

- 1 **CCA Program (Standard or Recognizing Prior Learning [RPL])** – Complete the provincially standardized CCA Program (Standard or RPL) from a licensed educator. The Standard CCA Program is typically administered as a full-time program completed within six months. The Standard Program can also be delivered part-time or through a customized program approved by SLTC to be completed within one year. The RPL Program is available for individuals with healthcare-related prior academic and/or prior care-related working experience. It is a training pathway of the CCA Program that recognizes prior learning experiences to grant equivalency to the CCA Program that fast tracks training.

The Standard and RPL CCA Program delivers the CCA curriculum which is copyrighted to SLTC. The CCA curriculum includes theoretical, simulated, lab, and practicum learning that develops the CCA competencies specified in the Competency Framework. SLTC establishes and governs the licensing and routine monitoring process which grants and monitors educator licenses to administer the CCA Program in Nova Scotia.

Individuals may qualify to receive exemption from the CCA Program from SLTC based on qualification standards that deem prior academic and/or working experience equivalent to the CCA Program specified in the Entry to Practice Pathway Policy.

- 2 **Provincial Certification Examination** – Pass the Certification Exam within three attempts. The Certification Exam is owned by SLTC and is the final standardized assessment to verify competency

to practice as a CCA. The exam is built and administered following a modified Angoff Method² and is overseen by a psychometrician. It is a proctored examination that requires individuals to have completed or received an exemption of the CCA Program to register.

The Certification Exam is administered every two months and graduates from the CCA Program must register and sit their first attempt within 60 days from date of graduation or date of CCA Program exemption. An individual has up to three attempts to pass the Certification Exam within six months from date of graduation or date of exemption.

Individuals may qualify to receive exemption from the Certification Exam from SLTC based on qualification standards that deem prior academic and/or working experience equivalent to the Certification Exam specified in the Entry to Practice Pathway Policy.

Individuals will then receive a certification document issued from SLTC that validates the completion of the certification process.

- Registry** – Individuals pursuing employment or who are employed as a CCA, or any abbreviation of the title that implies certification, are required to register annually on the CCA Registry. Individuals registered will receive a registration number and are required to maintain an active status on the CCA Registry by registering annually. The CCA Registry is the primary tool used for enhancing public safety by maintaining the quality of CCAs practicing in Nova Scotia.

Once an individual completes the certification process and is certified, designated, and registered as a CCA, the ongoing monitoring and validation of requirements to work as a CCA rest with the employer.³ Employers adhere to applicable legislation and policies that specify working requirements for a CCA to be eligible to work in a care setting. In the absence of legislation and policies, employers are accountable for determining the minimum working requirements of a CCA. Minimum working requirements may include, but are not limited to the following:

- clear criminal record
- clear vulnerable sector check
- external certifications (e.g., first aid and CPR Level C, food handling, safe handling and mobility, etc.)
- entry-level competency and proficiency level

CCA Registry

In April 2021, the CCA Registry Act received royal assent;⁴ the act established a mandatory registry for all CCAs in Nova Scotia for the purposes of collecting workforce planning data and monitoring the use of the protected title. All individuals who are seeking employment or are employed under the CCA title, or an abbreviation of the title that implies certification, are required to be registered. CCAs receive a

² The Angoff method allows expert judges to determine an appropriate pass mark for an examination. A major advantage to this methodology is that the determined pass mark is based on the content of the examination and not on group performance: [Angoff Method.pdf](#)

³ Employer is a service provider, agency, or an individual who hires a CCA.

⁴ Continuing Care CCA Registry Act

registration number and are responsible to register on an annual basis to remain active with the renewal period running between January 1 to March 31 of each year.

The CCA Registry is a public registry that employers and the public use to verify that the individual hired is qualified to practice as a CCA.

Employers and individuals hiring for direct care and support services should verify a new CCA hire is active on the CCA Registry prior to offering employment. SLTC governs the use of the protected title and ensures only qualified individuals who are certified by SLTC are working under the protected title of a CCA. Please note, the CCA Registry is a workforce planning tool and is not an ongoing monitoring and compliance tool for malpractice reporting, tracking external certifications, or tracking of employer workplace requirements such as clear criminal records or clear vulnerable sector checks.

SLTC delegates the administration of the CCA Registry⁵ to a CCA Registry administrator. The administrator and SLTC work together to ensure all the registration data is kept secure and private in accordance with Nova Scotia's privacy legislation. The administrator ensures that individuals who registered on the CCA Registry are qualified to practice as specified in the Entry to Practice Pathway Policy and are active on the CCA Registry. The CCA Registry administrator shall attempt to resolve a potential offence against the CCA Registry Act or regulations through informal means, such as issuing reminders and warnings. The administrator can also change the individual's registration status to indicate the person is non-compliant. When reasonable opportunities have been provided for the individual to comply with the act or regulations and the individual continues to fail to comply, the administrator may issue a fine.

Proficiency

Through the certification process, a newly certified CCA will enter the industry at entry-level proficiency. Proficiency is the ability to do something well because of training and practice.⁶ It represents the ability to consistently execute skills and tasks with a degree of effectiveness, efficiency, and quality. A newly certified CCA is capable of meeting entry-level proficiency in the following ways:

- **They have basic knowledge and understanding** to sufficiently complete competencies specified in the Competency Framework.
- **They are prepared as generalists** to provide assistance with personal care, care plan application, social and mental well-being, maintaining the care setting, medication assistance, safe handling and mobility, and mealtime assistance across a variety of environments.
- **They can perform all competencies outlined in the Competency Framework independently** but require time and support to develop efficiencies and confidence when applying these competencies to specific care settings and contexts.

⁵ CCA Registry

⁶ Definition of proficiency - Oxford Dictionary

- **They require guidance and feedback** to build proficiency and are encouraged to ask questions and continuously seek out ways to improve.

A CCA will develop beyond entry-level proficiency across their career by gaining hands-on experiences, receiving mentorship and supervision, participating in continuous learning initiatives, completing training courses/programs, working in diverse work settings, and gaining experience in areas of specialization.

Employers, supervisors, and CCAs are accountable for developing CCA proficiency beyond entry-level to more intermediate and advanced proficiency levels where they may be able to demonstrate

- advanced knowledge and understanding
- higher proficiency in applying essential skills and demonstrating consistent behaviours
- specialized competencies that are environment specific
- the ability to work autonomously
- effective time management skills managing larger caseloads
- the ability to take on additional opportunities in the workplace (e.g., committees)
- the ability to provide person-centred care to a wider range of diverse communities
- enhanced ability to handle more complex care situations
- that they can engage in extended practice opportunities
- role progression as CCA mentor, care champion, and CCA lead

The development of a CCA's proficiency is an ongoing process and requires constant opportunities, monitoring, and evaluation from employers, supervisors, regulated healthcare professionals, and CCAs. Objective hiring and performance management processes should be used to identify, monitor, and assess a CCA's proficiency.

Employers are encouraged to complete reference checks and competency assessments during the hiring process to identify and verify competency and proficiency. The Competency Assessment Tool (CAT) is an objective measurement tool aligned to the CCA Program that employers are encouraged to use as a part of hiring and performance management practices.

System Partners

As an unregulated healthcare profession, the CCA occupation in Nova Scotia requires key system partners to define, govern, and oversee the CCA occupation. These system partners, along with the healthcare system process, inform the occupational standards of practice of a CCA. System partners have various accountabilities.



Government: Oversight

SLTC oversees the CCA occupation by controlling the qualifications required to practice. SLTC defines the competencies needed to practice as a CCA through the Competency Framework. The framework is used to design the training requirements that are needed to develop the competencies to be qualified. SLTC verifies competencies to practice through the CCA Certification Exam as the final assessment to certify that an individual meets the defined qualifications. As per the CCA Registry Act, SLTC oversees the CCA Registry to protect the CCA title by validating qualifications to practice and issuing reminders, warnings, and fines for breaches of protected title where unqualified individuals are practicing without certification.

SLTC and the Department of Health and Wellness define and enforce operational and administration standards to provide care services through legislation and policies such as the Homes For Special Care Act, Regulated Health Professions Act, Long-Term Care Program Requirements, Home Care Policy Manual, etc. These government legislation and policies dictate the operations and delivery of care services for employers when applicable to the employer's care setting.



Employers: Scope of Employment

Employers are ultimately accountable for the hiring and management of all personnel. Employers use scope of employment to define an occupation's role and responsibilities within their facility. They do so by aligning to applicable legislation and policies that dictate and govern the care services they provide. Employers are also responsible to align scope of employment to standards of practice and scopes of practice of the healthcare professionals they employ. Scope of employment must not exceed the broader standards or scope of practice of the professionals and must align to provincial policies, legislations, and workplace requirements.



Regulated Healthcare Professionals: Scope of Practice

Unregulated healthcare professionals work collaboratively with regulated healthcare professionals such as nurses. Unregulated healthcare professionals are restricted from practicing any competencies or tasks defined by a regulated scope of practice. Certain regulated healthcare professionals, such as nurses, can delegate a task that is within their scope of practice adhering to specific delegation requirements and accountabilities defined and enforced by their regulatory body. A regulated scope of

practice is a barrier for the CCA occupation that provides strict boundaries of competencies, tasks, and skills that a CCA cannot practice. Employers and CCAs must respect regulated scopes of practice. Employers and regulated healthcare professionals are responsible to connect with regulatory and oversight bodies to determine delegation and/or clinical practice restrictions.

Healthcare System Process

Along with system partners, there is the overarching healthcare process that contributes to defining the CCA occupation in Nova Scotia. The healthcare system process involves several key steps that determine how a CCA engages and performs their occupation.

- Overarching are government legislation and policies that define and enforce how healthcare services are operationalized and administered. All employers adhere to the applicable legislation and policies for their designated care setting.
- A person's care needs are assessed and based on the results and the legislated requirements, the person is then assigned care services or assigned to a care environment.
- Care services and environments have specific care services and interventions that can be provided, thus dictating which healthcare professionals are required to provide the identified care services or interventions.
- Healthcare professionals have standards, or scopes of practice, that define their competencies and practice requirements. These apply to various care settings and interventions, identifying what a professional is competent and permitted to do.
- These aforementioned requirements are used by employers to inform the scope of employment for health professionals at the employer's organization. The scope of employment defines what the professional is permitted to do in the workplace. Employer policies and procedures then define how the professional is to provide the services within the workplace.

Each step is a contributing factor for setting the occupational requirements and expectations for a CCA that must be adhered to:

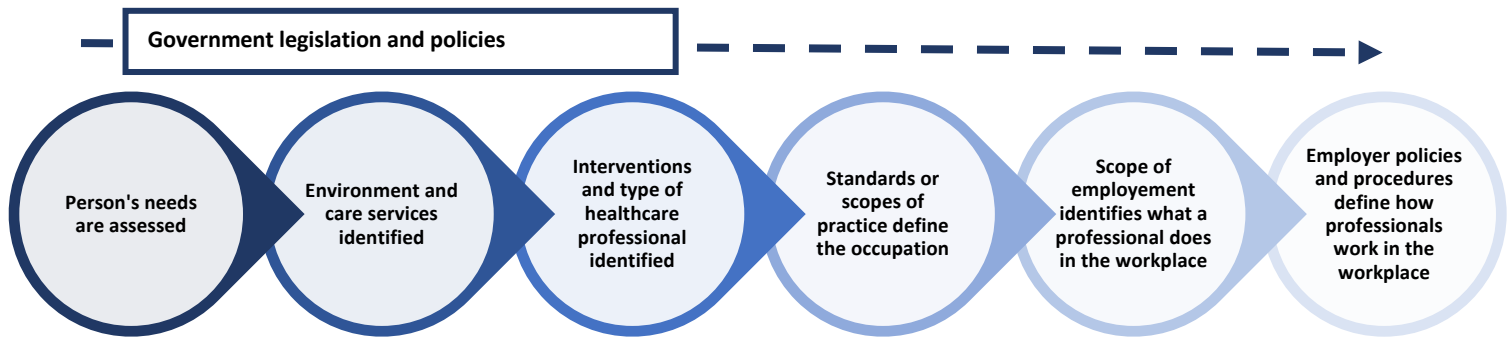


FIGURE 2: HEALTHCARE SYSTEM PROCESS

Practice Context and Conditions

Practice context and conditions are required to be established and demonstrated in the workplace prior to the CCA demonstrating any of their competencies. Context and conditions inform the scope of employment, employer policies, and decision-making regarding the occupational practice of a CCA across care settings.

Practice Context

Practice context are broad healthcare principles that are required to be established and demonstrated by employers and adhered to by all members of a care team:



FIGURE 3: CCA PRACTICE CONTEXT

- **Defined Occupation/Role:** CCAs in Nova Scotia operate within a well-defined occupation. A CCA works within their occupational standards respecting regulated scopes of practice as strict barriers for workplace responsibilities. Scope of employment used to define the occupation/role aligns to the legislation, policies, and occupational standards of practice.
- **Professional:** CCAs complete training and enter the workforce with entry-level competencies as professionally designated CCAs who are certified to practice under the occupational title. Employers and supervisors continuously monitor and develop CCA competencies and proficiencies.
- **Ethical Practice:** CCAs must adhere to the occupational standards and maintain compliance with applicable acts, regulations, standards, and employer policies. CCAs communicate their competencies and capability for performing skills/tasks.
- **Accountability:** CCAs and employers are responsible for the practice of a CCA, with the employer being ultimately accountable.
 - CCAs are accountable for their actions and inactions.
 - Employers are accountable for aligning employer policies, defining delegation assignments, and aligning scope of employment to legislation, policies, and occupational standards of practice. Employers are accountable for hiring decisions, providing ongoing training and supervision, CCA performance, and terminating decisions of CCAs.
 - Regulated healthcare professionals are accountable for developing and participating in care planning. They provide ongoing assessments of the appropriateness of assignments and assigned interventions and adjust assignments or assigned interventions as required. Regulated healthcare professionals provide ongoing mentorship, supervision, and clinical oversight to a CCA. Regulated healthcare professionals are accountable for making the decision to delegate an employer-approved delegated task to a CCA, if delegation is within their scope of practice.
 - Employers and regulated healthcare professionals are collaboratively accountable for determining approved delegated tasks. They are collectively responsible for determining what interventions/tasks fall within or outside the CCA occupational levels respecting the regulated professional's competencies and scope of practice. Employers and regulated healthcare professionals are also collectively responsible for determining when verification of competency is required for a CCA to practice their competencies.
- **Identified Needs:** A person in care's needs are identified through assessments and the care planning process. A person's needs determine which care setting is most appropriate for meeting those needs. The person's needs, level of complexity, and applicable legislations and policies dictate who identifies the person's needs and the frequency, type, and level of involvement of various healthcare professionals.
- **Care Team:** CCAs are required to actively collaborate and participate as a member of a care team, and CCAs receive supervision (direct, indirect, remote) from another member of a care team. The qualifications of the supervisor are determined by the person in care's needs, care setting, and the

employer. Supervisors should be qualified⁷ to perform the functions of supervision such as training, mentoring, monitoring, and providing performance feedback. Employers and regulated healthcare professionals are collaboratively responsible for determining the type and frequency of supervision for a CCA. The type and frequency of supervision may change over time as a CCA develops and exercises their competencies.

- **Clinical Oversight:** Clinical oversight is an active process of supervising direct care interventions that have a level of complexity requiring clinical judgment provided by a regulated healthcare professional. Clinical judgment is a process that relies on critical inquiry to reflect the complex, intuitive, and conscious thinking strategies that are used to guide assessing care needs and identifying care intervention decisions.⁸ The frequency, level, and type of clinical oversight is determined based on the person’s needs, care setting, and employer policies.
- **Holistic Care:** CCAs provide safe holistic care that addresses the physical, social, cultural, mental, environmental, and spiritual well-being of a person by consistently providing opportunities for meaningful engagement and interactions with persons in care, families, staff, and community.
- **Person-Centred Care:** CCAs provide a person-centred approach to care that emphasizes a person’s safety, respect for a person’s privacy, and protection of their health information. CCAs support and encourage personal choice and self-determination by identifying opportunities to maximize a person’s abilities.

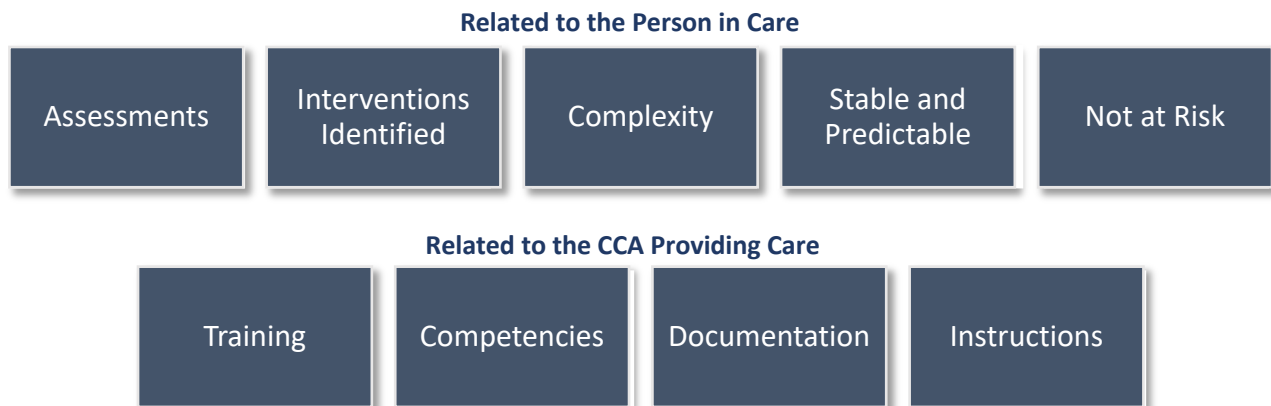


FIGURE 4: CCA PRACTICE CONDITIONS

Practice Conditions

Practice conditions are environment- and CCA job-specific requirements that must occur prior to a CCA being permitted to assist with care and apply any of their competencies.

- **Assessments:** A person in care is assessed by a regulated healthcare professional. Assessment is a systematic process of gathering, verifying, and analyzing data to establish a comprehensive understanding of a person’s health status, and collecting information of a person’s biological, social,

⁷ Long-Term Care Program Requirements.pdf

⁸ Glossary | Nova Scotia College of Nursing

psychological, cultural and spiritual values, and beliefs.⁹ A person in care receives an initial assessment utilizing standardized assessment tools administered by a qualified professional to identify the person's needs and to determine the appropriate care services required. Once in service, there is an established plan for ongoing evaluation and assessment of a person in care's needs, which monitors and assesses changes in needs over time. Ongoing evaluations and assessments are completed by regulated healthcare professionals who provide care services within the designated care setting.

- **Interventions Identified:** The need for an intervention has been identified. A CCA is not permitted to apply interventions or care services that have not been identified for a person in care. The intervention has been communicated to the CCA.
- **Complexity:** When a person in care's needs, interventions, or medical conditions are complex, as defined by a regulated healthcare professional, a regulated healthcare professional will document the specific details required for the intervention.
- **Stable and Predictable:** The person in care reacts/responds to care interventions in expected ways meeting predictable outcomes. Predictable outcomes are defined by regulated healthcare professionals at the individual level unique to each person in care.
- **Not at risk:** There is no indication that the person in care's expected and predictable outcomes would change by the care intervention being delivered by a CCA.

The following practice conditions are required to be present for the CCA to be able to provide care services. The CCA is required to demonstrate and have access to the following:

- **Training:** Ongoing training is provided by employers to maintain occupational standards of a CCA. All competencies specified in the CCA OSOP are trained and verified through the CCA Program, CCA Certification Exam, and the CCA Entry to Practice Pathways. Training is required for all activities within scope of employment including extended practice and delegated interventions. Employers are accountable to ensure CCAs are trained to full occupational standards of practice and make decisions on when training is required.
- **Competencies:** The CCA is competent in performing the interventions. Employers, regulated healthcare professionals, and supervisors support, guide, and monitor a CCA's competencies to perform interventions. When a CCA is initially certified by SLTC, they are competent to practice within their occupational standards of practice. CCAs should be completing an ongoing self-assessment which is an introspective process of reflecting and considering one's own competencies to practice and identifying areas of strength and areas for improvement. A CCA is responsible to communicate and verify to employers and supervisors that they have the competencies and proficiencies to perform interventions. Employers and supervisors are accountable for monitoring and maintaining CCAs' competencies and proficiencies.

Employers, supervisors, regulated healthcare professionals, and CCAs can identify if a competency requires verification. Verification means confirming competency as being demonstrated safely at entry-level proficiency adhering to all occupational standards of practice and employer policies and

procedures. When a CCA competency requires verification, regulated healthcare professionals are accountable for assessing and providing this verification. Verification of a competency can happen for several reasons, such as the following:

- Competency is not demonstrated frequently, with frequency being defined by the employer and regulated healthcare professional.
- The CCA, employer, supervisor, or regulated healthcare professional identifies the CCA is not competent at entry-level in performing the competency.
- Competency is novel to the CCA.
- For all extended practice ¹⁰opportunities.
- For all delegated assignments.

A regulated healthcare professional determines the best means for verifying competency and can do so in a variety of ways, such as asking enough relevant questions to determine capability, observing the CCA in practice, and/or completing an assessment.¹¹ Employers and CCAs are ultimately accountable for a CCA's performance.

- **Documentation:** There is an accessible document that identifies the plan for care. There is an accessible document used to communicate, document, and report on specified interventions. A CCA has daily access to a document that specifies, tracks, and records interventions and/or statuses that have a level of complexity as defined by a regulated healthcare professional and/or for interventions requiring documenting and reporting due to legislation and policy.
- **Instructions:** Instructions have been provided to the CCA. Instructions can be provided verbally and/or in writing. A CCA should have a clear understanding of the intervention provision requirements, clinical indicators, as well as documenting and reporting specifications for specified interventions.

CCA Roles

A CCA can function across three different roles within the occupation: full practice, extended practice, and delegation. These roles have additional requirements that extend beyond practice context and conditions. When a CCA functions in any of the following roles, the practice context and conditions are required and the additional specifications of the CCA, employer, and regulated healthcare professional must be met:

¹⁰ Extended practice provides additional flexibility for specific team members relevant for care environments to develop advanced proficiencies.

¹¹ [Assignment_Delegation.pdf](#)

Full Practice

A CCA being utilized to their full occupational practice applying all the competencies within the framework while adhering to the practice context and conditions.

- A CCA can work autonomously in an established care environment.
- A CCA can determine appropriate interventions required within an established care plan based on a person in care's preferences or needs for established activities of daily living (e.g., provide a bed shower vs. shower, use a mechanic lift vs. transfer belt).

Extended Practice

Extended practice means expanding the CCA occupation outside the CCA OSoP by adding competencies to the CCA that fall within a CCA's scope of employment while respecting the scope of practice of regulated healthcare professionals.

- Extended practice is client-specific assignment,¹² which is the process of allocating duties (i.e., interventions or specific tasks) to a CCA that are within the CCA's scope of employment, holding the employer ultimately accountable.
- Extended practice is not delegation, therefore regulated healthcare professionals are not accountable.
- Interventions identified do not require application of higher-order competencies (assessment, analysis, interpretation, evaluation, decision-making).
- Interventions identified respect the regulated healthcare professional's scope of practice.
- Collaborative processes and standard operation procedures between CCA extended practice and regulated healthcare professionals are required.
- Employers have defined protocols, policies, and procedures to support practice.
- Employer policies set the parameters for the context, situations, and residents applicable for extended practice.
- Practice application requirements/specifications (e.g., schedule, known responses, clinical indicators, etc.) are documented by a regulated healthcare professional.
- Training is required to be provided by the employer.
- Verification of CCA competencies to perform practice is completed by a regulated healthcare professional.
- Regulated healthcare professionals and employers collaboratively determine type and level of supervision.
- Clinical oversight by a regulated healthcare professional is required and the type and level are collaboratively determined by the employer and regulated healthcare professional.

¹² Assignment_Delegation.pdf

Delegation

Delegation is the decision and process to transfer a regulated healthcare professional's intervention that resides outside the framework to a CCA. Delegation is only permitted for regulated healthcare professionals who have delegation within their standards or scope of practice.

- Intervention falls within the regulated scope of practice but does not require application of high-order competencies (assessment, analysis, interpretation, evaluation, decision-making).
- CCAs are delegated employer-approved tasks by the regulated healthcare professional.
- Delegated tasks are specified in the care plan by the regulated healthcare professional.
- Delegated tasks are client and/or situation specific, are not transferrable, and include time restrictions.
- Training is required and provided by the regulated healthcare professional.
- Verification of CCA competencies to perform intervention is completed by the regulated healthcare professional.
- The regulated healthcare professional determines type and level of supervisions.
- Employers and regulated healthcare professionals must adhere to their specified accountabilities for delegating tasks according to their regulatory body. As an example, nurses have specific delegation accountabilities defined by the Nova Scotia College of Nursing.¹³

Limitations

Limitations ensure that a CCA works within their occupational standards.

- A CCA must not act outside the CCA OSoP, and/or outside the employer's policies and procedures.
- A CCA must contact the relevant healthcare provider when a person requires interventions beyond their training and capabilities.
- A CCA cannot complete interventions that require the application of regulated professional competencies or interventions as specified by a regulatory college or body.
- If a CCA reports that they lack the required competencies, they are not permitted to perform the skill/task without additional training and competency verification by a regulated healthcare professional.

¹³ Assignment_Delegation.pdf

CCA Competency Framework

Competency-Based Model

The CCA OSoP was designed using a competency-based model. A competency model identifies the knowledge, skills, attitudes, and behaviours necessary for successful job performance.¹⁴ It emphasizes capabilities needed to be successful in an occupation. The competency-based approach is adaptable to changing work environments and is primarily used to define occupations that work within a collaborative team focusing on capabilities over tasks. The CCA OSoP is built upon the CCA Competency Framework (the framework) which is the competency model that defines the CCA occupation.

The Competency Framework

Competency frameworks can be created for specific jobs, job groups, occupations, industries and organizations.¹⁵ Competency frameworks provide organizations and individuals with a map of the behaviours and actions valued, recognized, and required by an organization or educational program.¹⁶

A competency is a group of related knowledge, skills, behaviours, and attitudes that are required for successful job performance.

- **Knowledge:** theoretical and practical understanding.
- **Skills:** practical abilities needed to apply knowledge and to perform tasks. There are essential skills and technical skills.
- **Behaviours:** observable actions that demonstrate the competency in practice.
- **Attitudes/attributes:** mindset or approach that shapes behaviour.

The framework was designed for a CCA generalist encompassing the competencies to practice across healthcare. The framework is applicable across a variety of environments with certain competencies being applied more frequently than others based on a person's needs and the care setting. It is not intended to be environment specific or a comprehensive list of skills or tasks that can be completed by a CCA. The objective of the framework is to use a competency-based model to describe the more technical and job-specific competencies (i.e., competencies that require specific training and proficiency development to demonstrate) of the CCA occupation to identify occupational indicators that use a range of technical skills to complete a variety of tasks.

Purpose

The framework defines the CCA occupation and establishes benchmarks for responsibilities and performance expectations. The framework can be used as a tool in several ways:

¹⁴ Catano, Weisner, and Hackett 2016

¹⁵ Catano, Weisner, and Hackett. 2016, p152

¹⁶ Ibid, p153

- **Defines the CCA occupation:** The framework identifies the competencies of a CCA to be able to perform successfully within the job. It is used in conjunction with practice context and conditions as a framework to determine a CCA's occupational practices.
- **Validates the certification process:** The framework establishes and defines the qualification requirements needed for an individual to be able to work under the protected title of a CCA. It is used by SLTC to design the CCA Program, CCA Certification Exam, and to determine the qualification pathways for achieving certification.
- **Enhances recruitment and retention:** The framework can be used by employers to develop and maintain job descriptions, design and inform effective hiring/screening processes, and inform recruitment initiatives.
- **Identifies areas for professional development:** The framework can be used by employers and supervisors for monitoring performance and designing training initiatives. It serves as an objective tool to establish, monitor, and assess competencies.

Applying the Framework

CCAs are trained and qualified as generalists with entry-level proficiency. Depending on the environment in which a CCA works, some competencies will be used more frequently than others. Regardless of the environment, a CCA is trained to have the capability to perform to their full occupational standards of practice. CCAs are capable to perform to their full practice standards but may require refresher training or competency verification to practice based on the CCA's proficiency, regulated healthcare professional's clinical oversight, workplace experiences, employer specific processes or protocols, and performance monitoring.

Competency Framework Structure

The framework (Figure 5, Page 21) includes the following components that are detailed below: holistic philosophy of care, core competencies, functional competencies, job functions, and occupational indicators.

The holistic philosophy of care includes three core principles: person-centred; meaningful engagement; and equity, diversity, inclusion, reconciliation, and accessibility (EDIRA).

The core competency domain identifies four core competencies: communication, safety, ethical practice, and advocacy with foundational essential skills and behaviours that enable a CCA to acquire and demonstrate their competencies.

The functional competency domain identifies seven functional competencies with the primary job functions of a CCA. Each job function identifies key occupational indicators of the CCA occupation that encompass a variety of technical skills and tasks of a CCA.

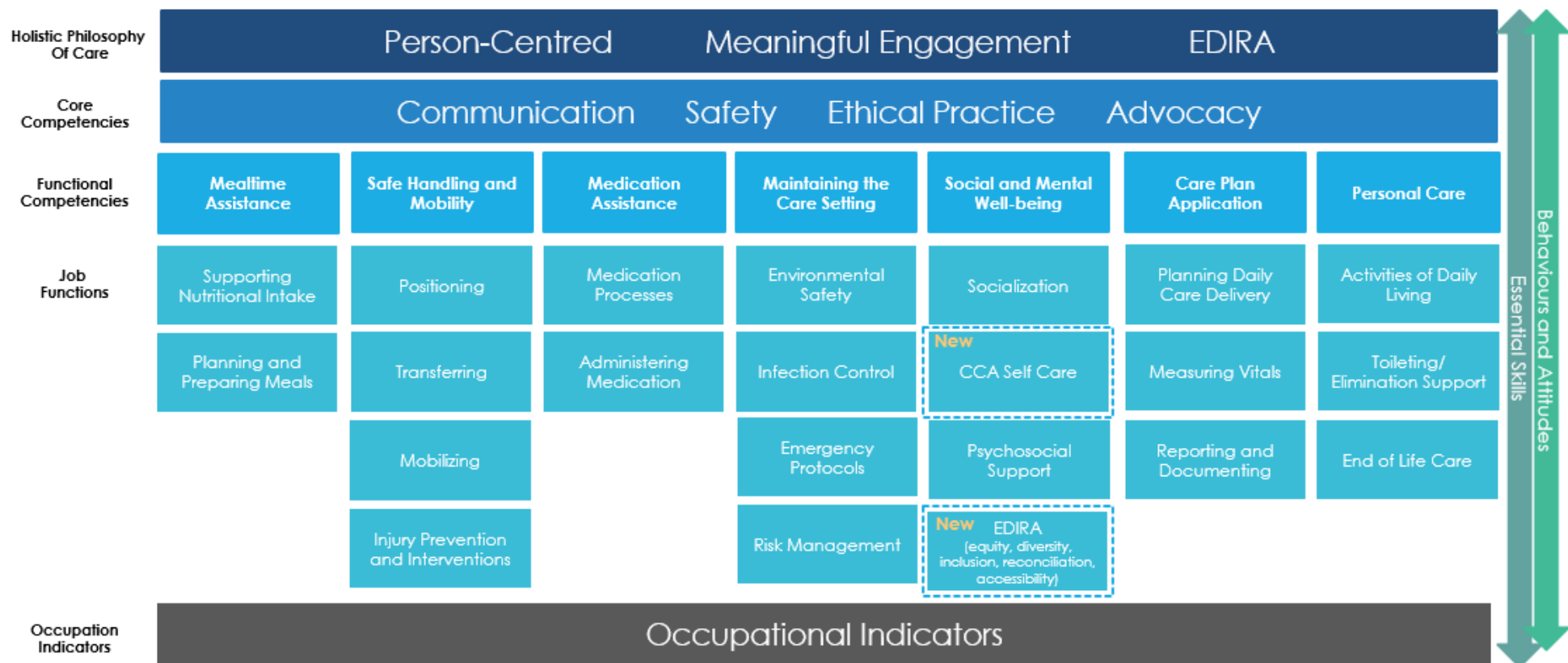


FIGURE 5: CCA COMPETENCY FRAMEWORK

Components of the Framework

Philosophy of care is a set of principles and values aligned to Nova Scotia’s vision and mission for care delivery used to shape the culture of the care setting and to direct how care services are provided by the entire care team.

Core competencies identify the required competencies for the entire care team, regardless of position, and are required competencies that are foundational for applying the philosophy of care. They are pivotal in developing the abilities for how one performs within an organization and role.

Functional competencies are role specific competencies that are used to define a profession identifying what is required to be successful in a specific role. These can be both shared across similar roles in a care team or be specific to the role.

Job functions are the primary roles and responsibilities of a specific role that represents the overarching set of activities that are performed by the specific team member.

Occupation indicators are observable and are used to demonstrate how a competency (knowledge, skills, behaviours, attitudes) are applied in practice. They indicate the higher occupational action, skill, or task to encompass the lower occupational indicators.

Extended practice provides additional flexibility to develop advanced proficiencies or new competencies requiring employer protocols, procedures, standardized training, competency validation, and clinical oversight .

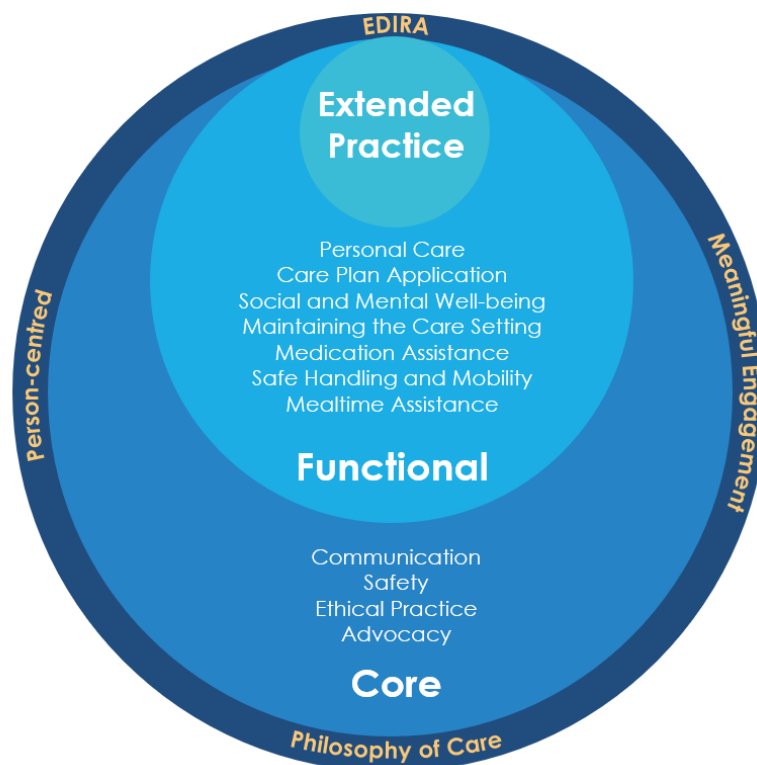


FIGURE 6: COMPETENCY FRAMEWORK VISUAL MODEL

Philosophy of Care

The framework was designed with a holistic practice philosophy to define the guiding principles for how a CCA delivers care and support services. This philosophy is underpinned by three main concepts: person-centred care, meaningful engagement, and EDIRA.

The philosophy of care does not just apply to the CCA occupation, but to the entire care team. It sets the culture and vision of providing care and support services to Nova Scotians. It is a key principle integrated throughout the CCA Program.

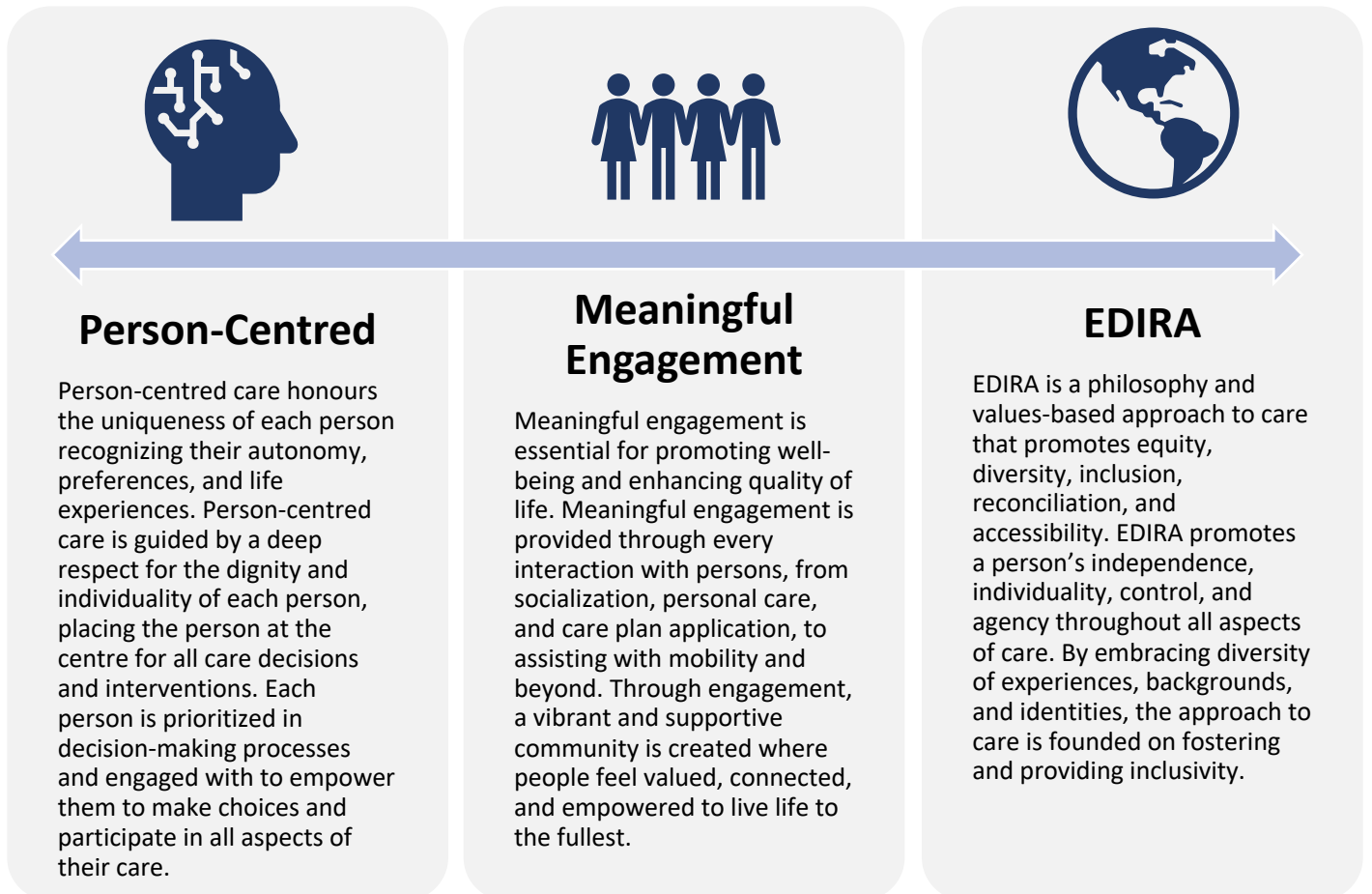


FIGURE 7: PHILOSOPHY OF CARE

Core Competencies

Core competencies define how a professional provides the philosophy of care and are applicable to the entire care team. A CCA will continuously develop and build proficiency in these core competencies across their career. Core competencies provide the CCA with the capabilities needed to apply the holistic philosophy of care to their practice. These core competencies are developed through exercising and developing essential skills which will lead to the behaviours a CCA will be able demonstrate.



Communication

The knowledge, skills, behaviours, and ability to receive, understand, consider, and share information and ideas through speaking, listening, and interacting with others. It is conveying information, thoughts, and emotions effectively and respectfully through verbal, non-verbal, and written means. It includes active listening, using clear and concise language, approaching with empathy and compassion, and being diversity-sensitive.



Safety

The knowledge, skills, behaviours, and ability to identify, mitigate and prevent potential hazards, risk, and dangers in the care setting that are environmental, physical, emotional, and psychological. Safety informs and guides the overall approach to all care interactions and extends beyond traditional risk management, infection control, safe handling, and emergency preparedness to include the emotional and mental well-being of all persons within the care setting.



Ethical Practice

The knowledge, skills, behaviours, and ability to uphold standards of integrity, accountability, and ethical conduct in all interactions. Ethical practice is the ability to recognize, reflect, behave, and navigate complex environments and situations by establishing boundaries, responding respectfully, maintaining confidentiality, recognizing when to report and escalate, and adhering to the CCA Standards of Practice, Competency Framework, healthcare legislation, and employer policies.



Advocacy

The knowledge, skills, behaviours, and abilities to promote and safeguard the rights, interests, and well-being of all persons, including the self. It includes the awareness of rights and ability to build trusting open relationships that create safe supportive environments. The CCA supports in identifying barriers, challenges, and risks, recognizing when to report and escalate to ensure safe, fair, and equitable care for all persons.

FIGURE 8 CORE COMPETENCIES OF A CCA

Essential skills and behaviours are enabling factors needed for demonstrating the core competencies.

Essential Skills

Essential skills are the foundational requirements an individual needs to successfully develop knowledge and apply acquired technical skills that are necessary for performing successfully within an occupation.¹⁷

¹⁷ Catano, Weisner, and Hackett. 2016.

These essential skills are integral for every component of the framework from core competencies to job functions and down to having the ability to execute occupational indicators. Essential skills are constantly developed across an individual's entire career.

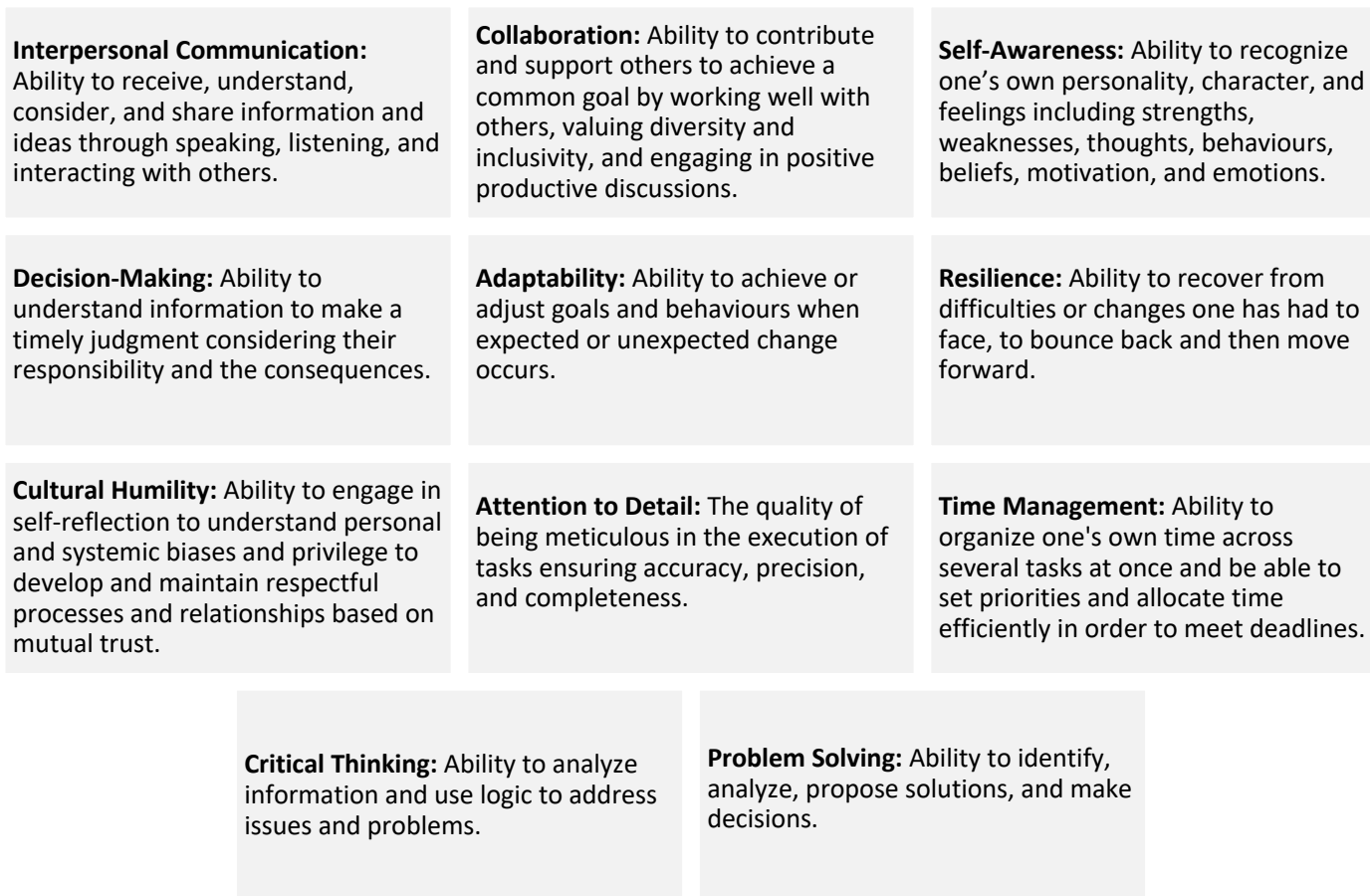


FIGURE 9: ESSENTIAL SKILLS DEFINED IN ALIGNMENT WITH SKILLS AND COMPETENCIES TAXONOMY OF THE GOVERNMENT OF CANADA, SKILLS FOR SUCCESS FROM THE GOVERNMENT OF CANADA, O*NET

Behaviours and Attitudes

Behaviours are the observable actions or reactions of an individual. Behaviours identify a CCA's capability and proficiency of their competencies which can be observed and measured. Attitudes or attributes are the mindset and approach that shape behaviour. When a CCA has developed core competencies and essential skills, they are able to build the capability to approach, behave, and apply their competencies more successfully. A CCA has the following key behaviours:

- Demonstrates care and respect toward others.
- Shows compassion and cultural sensitivity to a person's needs, preferences, and emotions.
- Communicates effectively and respectfully verbally and non-verbally.

- Advocates for a person's needs, preferences, and changes in condition verbally and in writing using appropriate language and reporting processes.
- Establishes and maintains an individualized approach to care through EDIRA and person-centred communication.
- Displays a positive, friendly, helpful, and courteous attitude.
- Applies critical thinking by identifying a problem, gathering information, evaluating the information, and formulating a decision for action.
- Adapts effectively to change with a positive attitude.
- Applies stress management techniques by recognizing how one's approach, values, and preferences impact care.
- Engages in continuous learning by advocating for learning opportunities to continuously enhance skills and knowledge.
- Respects confidentiality through honesty, ethics, and reliability.
- Applies time management strategies through punctuality, preparedness, and prioritizing workloads.
- Applies health-related knowledge when providing care.
- Promotes independence by supporting individual capabilities, needs, and preferences.
- Functions as an effective team player that actively contributes, offers support, and is dependable and accountable.

Functional Competency and Job Function Descriptions

Mealtime Assistance

The CCA provides nutritional services and feeding assistance to support the wellness of the person according to the care plan, Canada's food guide, and care setting policies and procedures.

The CCA applies food handling guidelines, nutrition, and healthy eating principles to co-plan, prepare, cook, and serve meals to meet the personal preferences and nutritional, therapeutic, special, and cultural/religious diets of the person.

The CCA has entry-level cooking skills and develops the ability to cook basic meals, use basic cooking appliances and equipment, read and follow recipes, and communicate with a person in care. An entry-level CCA has the capability to continue to develop cooking skills and proficiencies. The CCA can use adaptive feeding devices and can apply strategies for prevention of choking and other identified risks associated with nutritional intake.

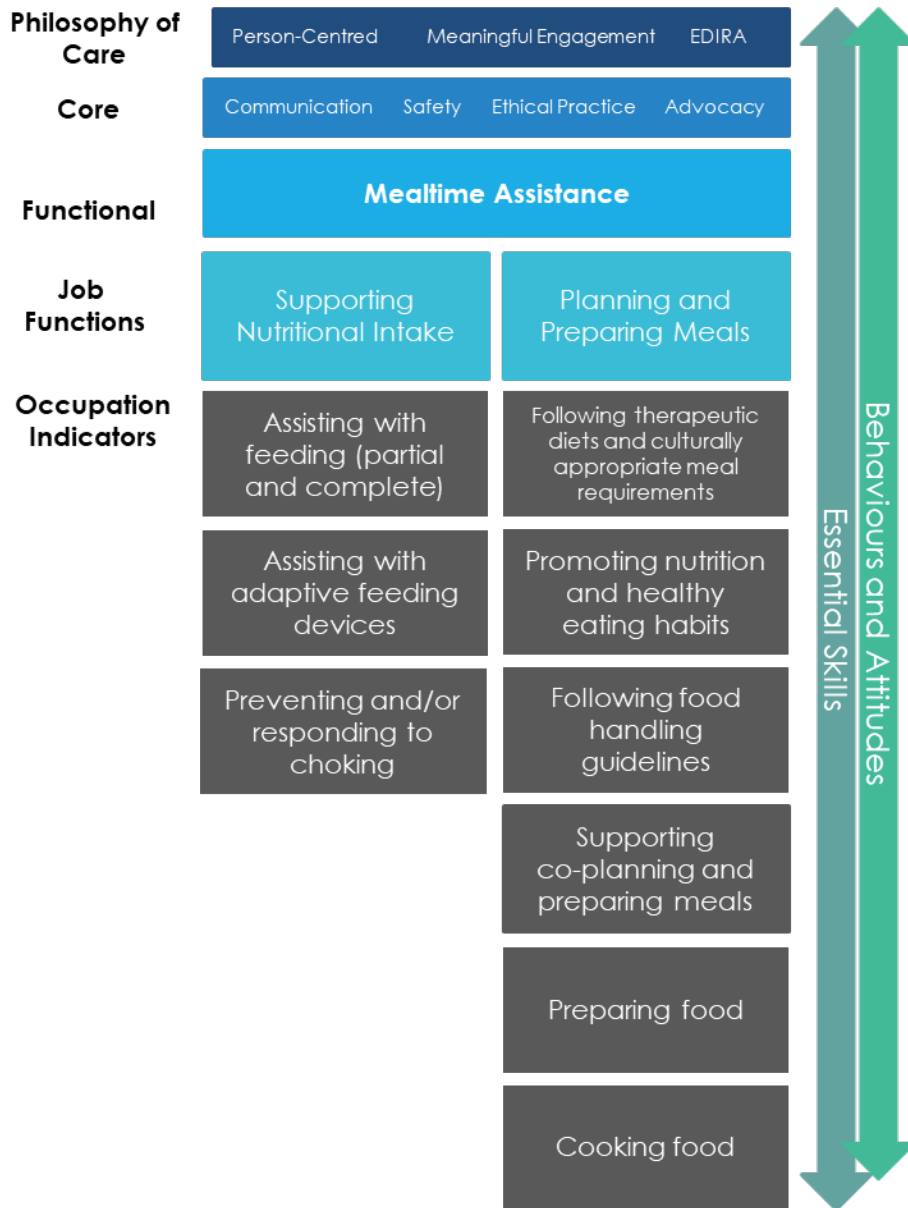


FIGURE 10: MEALTIME ASSISTANCE COMPETENCIES

Safe Handling and Mobility

The CCA applies techniques, restraint procedures, and injury prevention and intervention strategies to support safe positioning, transferring, mobilization, and ambulation of a person in care. The CCA demonstrates knowledge of handling and mobility equipment to assist the person safely and comfortably with the use of relevant equipment

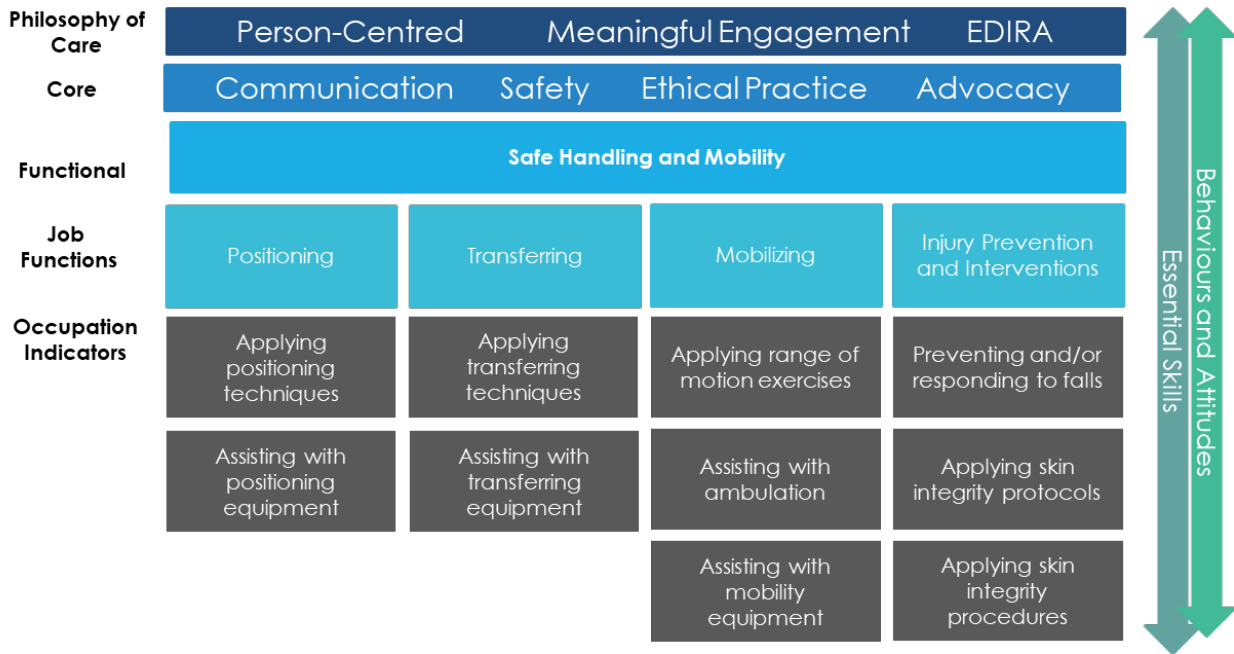


FIGURE 11: SAFE HANDLING AND MOBILITY COMPETENCIES

Medication Assistance

The CCA applies their knowledge of the rights, effects, and issues of medication administration to safely assist a person with opening, administering creams/ointments/drops, and storing employer-specified medication.

The CCA demonstrates an understanding and ability to apply medicated and non-medicated drops, creams, and ointments in accordance with the care plan. The CCA will observe and report any changes. The CCA will document specifications of the intervention identified by a regulated healthcare professional.

The CCA acquires an introductory theoretical understanding of the human body's structure, function, and care implications of the musculoskeletal, integumentary, nervous, respiratory, circulatory, immune, endocrine, digestive, urinary, and reproductive systems. The CCA acquires an introductory understanding of the common health-related issues, including signs and symptoms of ineffective functioning of the system, common system illnesses and/or conditions, implications of care for the system's common illnesses, and age-related changes associated with the system as well as an

understanding of how changes impact care. This theoretical understanding supports the CCA's capability to recognize changes in needs/symptoms and identify when to report and escalate.

The CCA can assist a person in care **to open** a prescribed daily routine medication should the individual not be able to complete the task independently. Should the medication not be a prescribed daily routine medication, the practice context and conditions must be met, or a delegated task can be initiated. A CCA has the capability to complete sub tasks such as handing over bottles/packages, reading labels, providing verbal reminders, and or offering water.

Medication assistance typically involves a level of complexity based on the person in care's needs which requires a regulated healthcare professional to provide the detailed specifications for a CCA. The practice context and conditions establish the requirements for determining the type and classification of medication the CCA is permitted to assist with opening and/or to be applying (creams, ointments, drops).

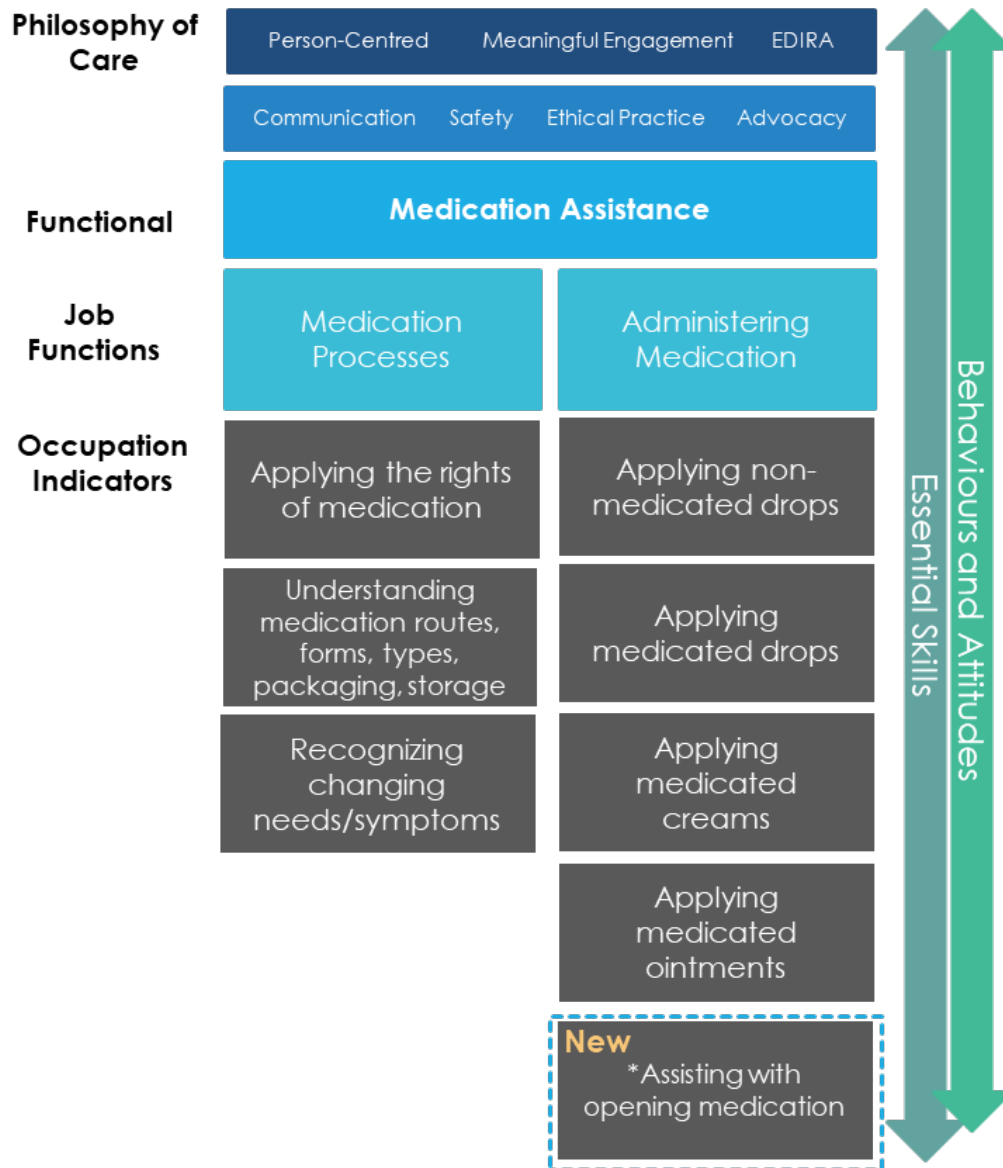


FIGURE 12: MEDICATION ASSISTANCE COMPETENCIES

Maintaining the Care Setting

Respecting client preferences, the CCA will maintain the safety and cleanliness of the care setting according to the care plan, legislation (e.g., OH&S), employer policies, and acts and regulations. The CCA will identify infection control risks and environmental risk factors, apply personal protective equipment (PPE), and implement appropriate isolation precautions and infection control practices to support the wellness of the person, family, and care team.

The CCA will implement measures to prevent emergencies, and in the case of an emergency will apply relevant interventions and report to supervisors when necessary. CCAs are required to understand and apply employer policies and procedures. Employers are accountable to provide orientation and ongoing training to ensure a CCA understands and applies employer policies and procedures including understanding their role and responsibilities within risk management and emergency protocols.

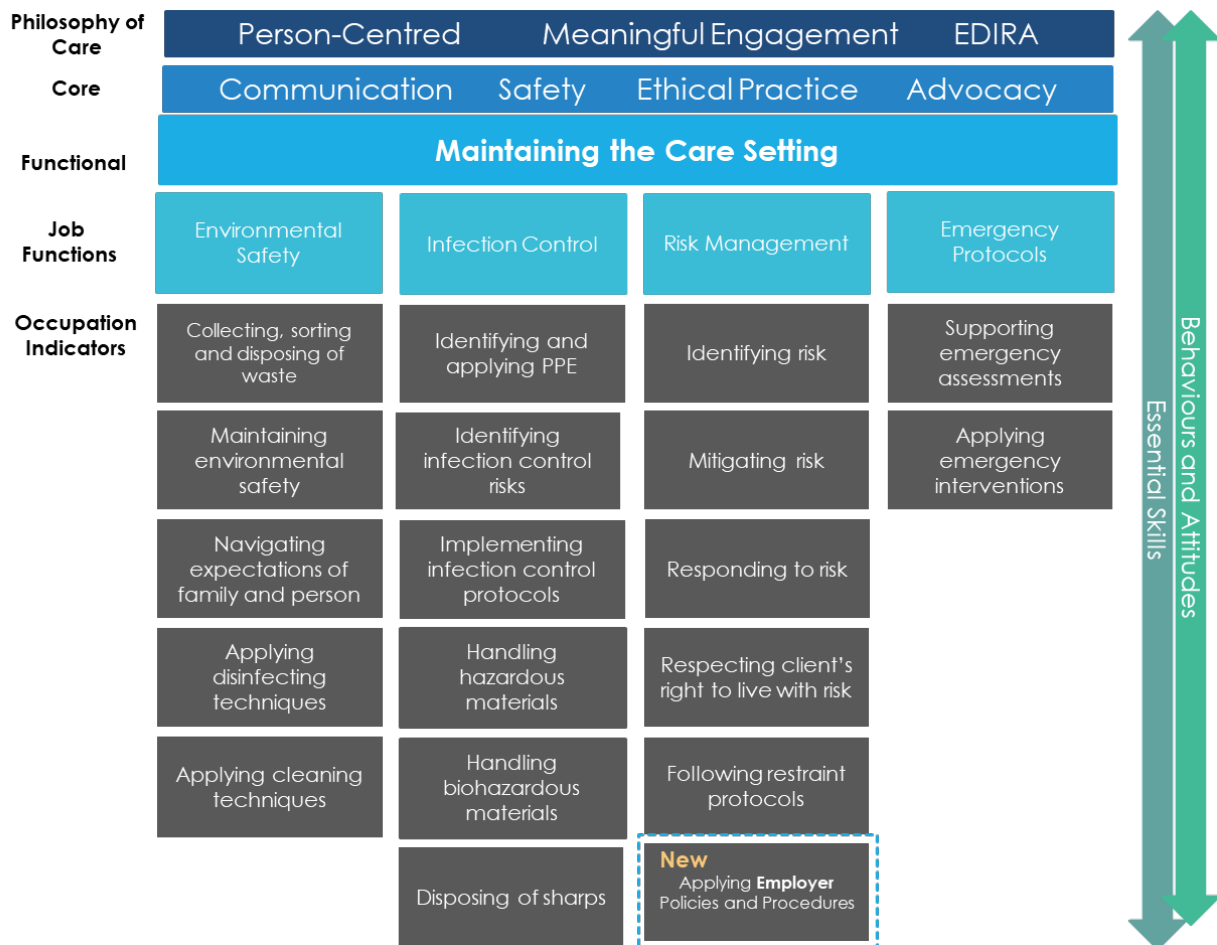


FIGURE 13: MAINTAINING THE CARE SETTING COMPETENCIES

Social and Mental Well-being

The CCA will foster psychological safety, and provide person-centred, culturally specific, safe, and neuro-affirming care. The CCA will practice meaningful engagement and support a person’s participation in recreational and social activities that align with the person’s preferences. The CCA will also practice self-care strategies to promote their personal well-being while supporting others. The CCA will monitor a person’s behaviour while providing care and understands when to report any changing needs and symptoms, and how to respond to behavioural expressions by implementing planned interventions and strategies.

The CCA has received introductory training in EDIRA as the first step in fostering a culturally competent and inclusive practice. Ongoing development and continuous training are essential to ensure that all CCAs maintain and enhance their understanding and application of EDIRA principles. As societal and care needs evolve and new challenges arise, employers must commit to providing regular, substantive training opportunities that address the communities in which they serve.

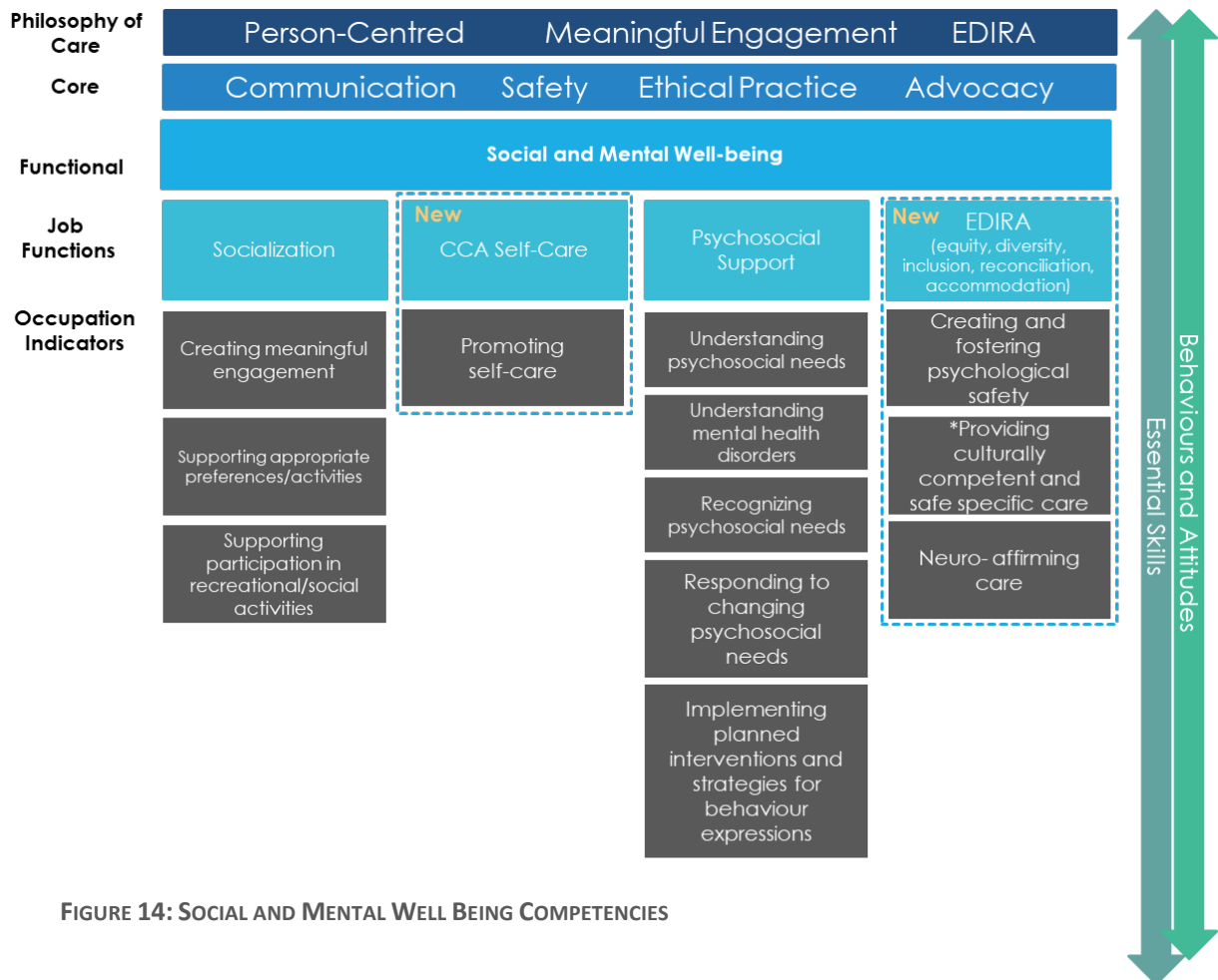


FIGURE 14: SOCIAL AND MENTAL WELL BEING COMPETENCIES

Care Plan Application

The CCA understands the purpose of the care plan and their role in the care planning process. The CCA measures vitals, collects data, and documents and can follow specified escalation and reporting indicators identified by a regulated healthcare professional. A CCA knows when to escalate a change in a person’s needs, condition, or situation by following documented specifications and completing ongoing observational assessments (point of care assessment) to monitor and recognize signs and symptoms. A CCA conducts an ongoing observational point of care assessment to support the daily care planning process, to adapt approaches to care, and to recognize when to escalate a change in condition/situation in alignment with the care plan.

An observational point of care assessment (POC) for a CCA involves conducting a series of observations that occur before, during, and after the provision of care interventions for a person in care. The CCA provides ongoing observations and monitoring of the environment, person in care's condition/situation, and the person in care's psychosocial needs to recognize when to escalate changes to a supervisor. The POC process includes conducting the following observations:

- 1 Environmental check (e.g., water on the floor, clutter)
- 2 A person in care's level of consciousness
- 3 Changes in a person in care's status (e.g., emotional/cognitive/physical)
- 4 A person in care's skin integrity
- 5 Safe positioning/transferring/mobility techniques
- 6 A person in care's diet/nutritional intake

The POC observational assessment is not a nursing assessment competency and does not permit a CCA to complete a comprehensive evaluation conducted to gather information that is analyzed and evaluated to inform decision-making and care planning interventions.¹⁸ A CCA is limited to conducting observational assessments that survey the person in care and environment to inform delivery of the care plan and to recognize changes in condition/situation that require escalation to supervisors.

The CCA will then apply the care plan and can make adaptations to the approach to care as needed. A CCA is competent to adapt or modify approaches to care within the care plan such as providing a different kind of bath or making changes to the daily plan by re-organizing timing of interventions that have no time requirements identified. The CCA documents the specified daily care interventions and requirements outlined in employer policies adhering to the employer documentation guidelines.

¹⁸ [EntryLevelCompetenciesLPN.pdf, Assignment_Delegation.pdf](#)

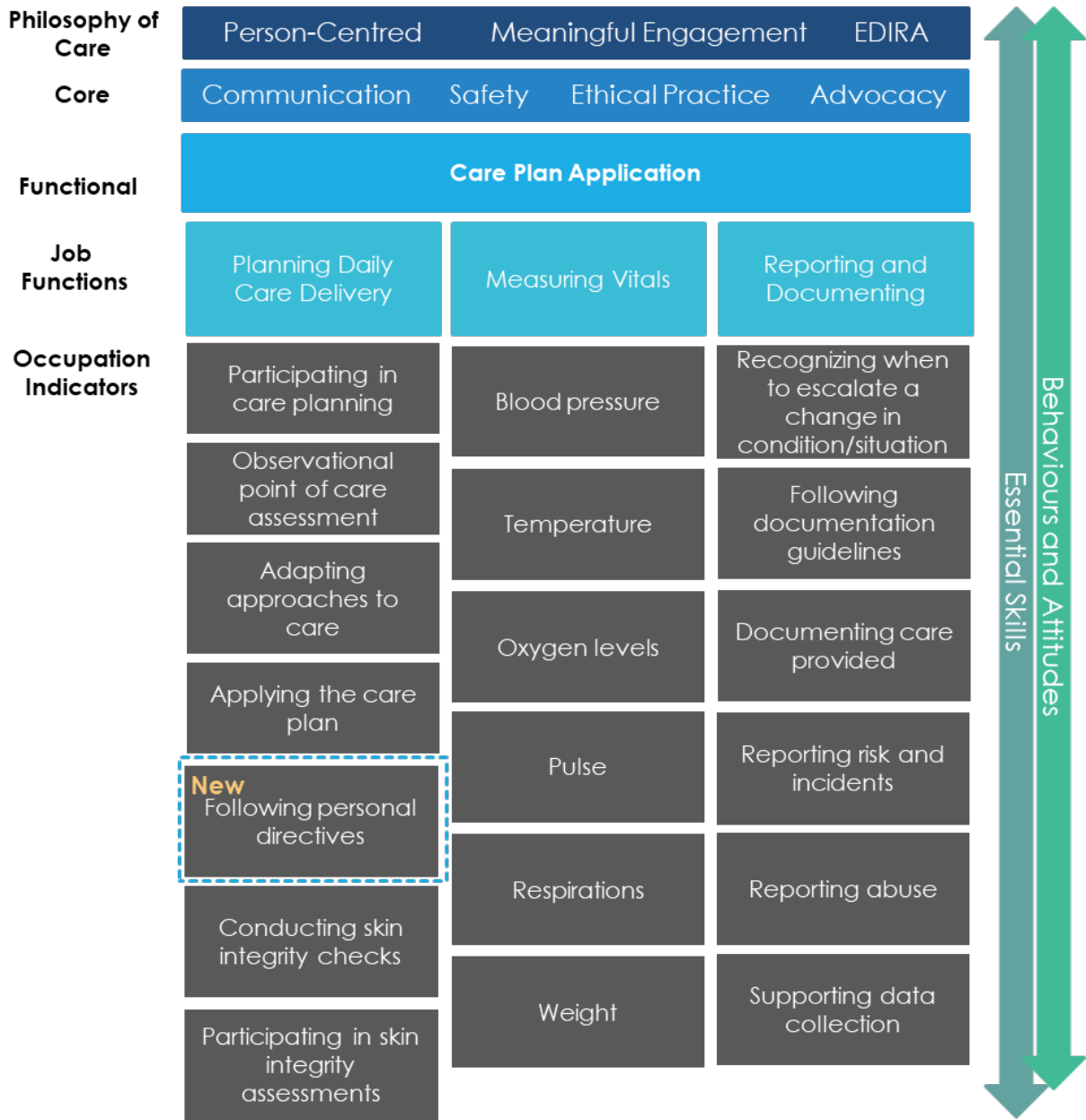


FIGURE 15: CARE PLAN APPLICATION COMPETENCIES

Personal Care

The CCA provides activities of daily living (ADLs) and supports the person’s toileting and elimination needs. Providing incontinence care includes person-specific checks/rounds, checking for incontinence issues, providing personal care for incontinence-related needs such as changing and cleaning, and/or completing client-specific or delegated tasks from a regulated healthcare professional (such as delegating suppositories). The CCA engages with a person to identify their care needs, values, and

preferences, and promote their independence as they assist with tasks like dressing, hair care, and oral care.

A CCA is **not permitted** to nail trim for a person with diabetes.

Handling oxygen therapy equipment includes moving oxygen therapy equipment around or between rooms, following emergency oxygen equipment procedures (turning on/off devices). **Adjusting oxygen flow rates is outside the practice of a CCA** but can be a delegated task from a regulated healthcare professional in alignment with employer policies and procedures.

A CCA follows the requests and needs of a person in care through end of life by following the care plan and communicating with regulated healthcare professionals to meet the requests and needs of the family and the person in care. This can include a variety of tasks that are completed to support end of life that align with employer policies and regulated healthcare professionals. Supporting end-of-life culture and religious customs aligns with the philosophy of care and is a person-in-care specific task based on the identified needs and customs of the person. The employer is accountable for providing ongoing training to increase the proficiency of a CCA to support across various cultures and religious customs through on-the-job training.

A CCA completes various tasks for post-mortem care, from engaging with family members and completing personal care tasks to wiping and cleaning of a body, brushing hair, and shaving, etc. A CCA is following personal care directives, care plan, and employer policies under supervision and/or clinical oversight when specified by a regulated healthcare professional.

| | | | |
|------------------------------|--|--|---|
| Philosophy of Care | Person-Centred | Meaningful Engagement | EDIRA |
| Core | Communication | Safety | Ethical Practice Advocacy |
| Functional | Personal Care | | |
| Job Functions | Activities of Daily Living | Toileting/ Elimination Support | End-of-Life Care |
| Occupation Indicators | Assisting with dressing | *Providing incontinence care | *Supporting end-of-life |
| | Assisting with hair care and washing | | |
| | Assisting with oral care | Implementing toileting programs: bowel and bladder | *Supporting end-of-life culture and religious customs |
| | Assisting with full and partial bathing | | |
| | Nail trimming and care (toes and fingers) | Providing urinary catheter care | *Providing post-mortem care |
| | Applying prosthetics/orthotics/assistive devices | Providing ostomy care | Supporting the family needs and engagement |
| | Assisting with glasses/hearing aids/wigs | | |
| | Applying compression/anti-embolism garments | Collecting specimens | |
| | Providing perineal care | | |
| | *Handling oxygen therapy equipment | | |
| | Applying/adjusting face masks and nasal prongs | | |

FIGURE 16: PERSONAL CARE COMPETENCIES

Quality Assurance and Compliance

Oversight and Governance

Employers are ultimately accountable for a CCA's performance. Employers oversee and monitor a CCA's ongoing competencies to practice. An employer oversees the hiring and performance management processes that ensure an individual working as a CCA is competent to practice at a minimum of entry-level proficiency. The employer utilizes these occupational standards of practice to align scope of employment and inform hiring and performance management processes and practices.

SLTC governs the qualification standards of the occupation. SLTC defines the occupation and ensures qualified individuals are certified and registered on the CCA Registry. SLTC monitors the CCA Registry to track registration statuses to ensure that individuals pursuing and/or employed as a CCA, or any title, designation, or abbreviation that implies an individual is certified, is registered on the CCA Registry. Employers are required to ensure that individuals who are practicing as a CCA or any title, designation, or abbreviation that implies the individual is certified, are actively registered on the CCA Registry.

SLTC can issue registration reminders, warnings, and, in severe cases, fines for offenses against the CCA Registry Act.

SLTC and the Department of Health and Wellness in Nova Scotia establish and enforce general and specific care setting legislation and policies for employers to adhere to when providing care services to Nova Scotians. Legislation and policies establish standards for compliance and quality assurance that must be adhered to. In the event of a current or future discrepancy between these occupational practice requirements and legislation, the more stringent requirements shall apply.

Quality Improvement

To maintain currency of the framework and the occupational standards of practice, an integrative job-functional assessment approach is applied for monitoring and identifying for quality improvement.

The occupational standards of practice are revised, at a minimum, every five years. The revision process includes the following:

- Needs Analysis: identifies current state, leading practices, and opportunities for occupational improvement.
- Job Functional Assessment: identifies current state and future opportunities of the core and functional competencies, job functions, and occupational indicators of the occupation.
- Risk Analysis: collects subjective and objective data from the monitoring and assessing mechanisms to identify areas of higher frequency and competency proficiency risk to a person in care's safety.

SLTC utilizes system partners through a variety of engagement methods to collect data, insights, and feedback to monitor performance, to identify areas for improvement, and to validate changes to the occupational standards of practice.

Employer Resources

- Nursing Regulated Scope of Practice: Nova Scotia College of Nursing
 - Definitions and glossary: [Glossary | Nova Scotia College of Nursing](#)
- Supervision, Client Specific Assignment and Delegation: [Nova Scotia College of Nursing Assignment and Delegation](#)
- Employer accountabilities and responsibilities, scope of employment, employer policies: Nova Scotia Continuing Care Policies and Standards
 - [Long-Term Care Program Requirements](#)
 - [Home Care Policy Manual](#)
 - [Home Care Standards Quality Service.pdf](#)
- CCA standardized training resource: Sorrentino, Sheila A. (2021). *Sorrentino's Canadian Textbook for the Support Worker*, 5th Canadian edition. Toronto, ON: Elsevier Canada (ISBN: 9780323709392).
- Continuing care processes and guides:
 - [A Guide to Moving into Long-Term Care in Nova Scotia January 30 2024 0.pdf](#)
 - [A Guide to Receiving Home Care Services in Nova Scotia.pdf](#).

Definitions

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

Behaviours are observable actions indicating how a competency is applied.

Behaviour Expressions refers to actions and/or words that occur as a reaction to something in a person's personal, social, or physical environment.¹⁹ Behaviours can be a response to something positive, negative, frustrating, or confusing in a person's environment.

CCA Certification is the training required for entry to practice as a direct care and support employee in most SLTC Continuing Care–funded employer organizations. CCA Certification is the training requirement for a Care Team Aide (CTA) position in the acute care environment.

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

CCA Curriculum outlines the training (learning outcomes and objectives) required to ensure CCAs have the competency to deliver appropriate, timely, and respectful person-centred care in a variety of practice settings.

CCA Program includes a number of key services focused on promoting quality training delivery and supports for CCAs in Nova Scotia. The program services flow from the CCA Program Curriculum Standards, which define the training preparation, and from the CCA Registry, which supports the CCA and healthcare sector.

CCA is a professionally designated and certified individual who provides assistance with 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. All CCAs are certified by SLTC.

Clinical Oversight is an active process of supervising direct care interventions that have a level of complexity requiring clinical judgment provided by a regulated healthcare professional.

¹⁹ Murray Alzheimer Research and Education Program. (n.d). *Responsive behaviours*. University of Waterloo. Retrieved July 21, 2015 from <https://uwaterloo.ca/murray-alzheimer-research-and-education-program/research/projects/responsive-behaviours>

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

Delegation is the decision and process to transfer an intervention that is outside the occupational standards of practice from a regulated healthcare professional, who has the authority to delegate interventions, to a CCA, who has received the necessary additional training and who has been deemed competent. The intervention is client and/or situation specific and not transferrable.

Department of Seniors and Long-Term Care (SLTC) is the provincial government body whose mandate is to provide better healthcare for Nova Scotians and their families by offering programs and services that protect and promote health and treat illness.²⁰ SLTC supports and oversees the development of the CCA training program and certification process.

Direct Supervision requires the supervisor to be physically present in the practice setting and directly observing the actual intervention being given.

Due Diligence is the obligation to reasonably avoid/reduce harm to oneself, others, property, or the organization, and to act with a certain standard of care.²¹

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

Employer is a service provider, agency, or an individual that hires a CCA.

Generalist is a person whose competencies are applied to a field as a whole or to a variety of different fields.²²

Independent Practice is based on training preparation, experience, and competence. Where a person in care requires assistance with ADLs and instrumental activities of daily living (IADLs) that are consistent with the occupational standards of practice, the CCA may function *independently*. This involves determining the appropriate intervention required and responding to the outcomes of such an intervention.

²⁰ Source: <http://novascotia.ca/dhw/about/>

²¹ Adapted from <https://dictionary.cambridge.org/dictionary/english/due-diligence>

²² <https://www.dictionary.com/browse/generalist>

Indirect Supervision occurs when the supervisor is not observing the CCA as they perform the intervention, but is readily available for consultation or to provide guidance.²³

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

Intervention is a task, procedure, treatment, or action with clearly defined limits, which can be assigned or delegated within the context of resident care.²⁴

Learning Outcomes are statements that describe the knowledge or skills students should acquire by the end of an assignment, class, course, or program, and help students understand why that knowledge and those skills will be useful to them.²⁵

Licensed Education Provider is a site-specific organization that operates under one of the approved education acts and is approved by SLTC to utilize the CCA Program Delivery Standards to educate students in preparation for CCA Certification.

Neuro-Affirming Care is a care approach that emphasizes understanding, respecting, and supporting neurodivergent individuals by tailoring interventions to unique needs and strengths of an individual.²⁶

Neurodivergent refers to individuals whose brain functions, processes, or develops differently from what is considered “typical” and includes a wide range of conditions such as autism, Alzheimer’s, ADHD, and dyslexia.²⁷

Person-Centred Care is a holistic social model of care that considers the person and their families to be at the centre of the care and services provided. The goal of person-centred care is to create relationships/partnerships among care provider staff, the person in care, and their families that will lead to the best outcomes and enhance the quality of life and the quality of care for the client. It is a philosophy that recognizes that individuals have unique values, personal history, and personality, and that each person has an equal right to dignity, respect, and to participate fully in their environment.²⁸

²³ Assignment_Delegation.pdf

²⁴ Nova Scotia College of Nursing, *Standards of Practice for Registered Nurses*, 2017, page 21

²⁵ Centre for Teaching Support & Innovation <https://teaching.utoronto.ca/teaching-support/course-design/developing-learning-outcomes/what-are-learning-outcomes/>

²⁶ [What Is Neurodiversity-Affirming Care? | Psychology Today](#)

²⁷ [NEURODIVERGENT Definition & Meaning - Merriam-Webster](#)

²⁸ Alzheimer Society of Canada, *Guidelines for Care: Person-Centred Care of people with dementia living in care homes*. http://alzheimer.ca/sites/default/files/files/national/culture-change/culture_change_framework_e.pdf

Proficiency Level is the level at which the competency must be performed to ensure success in the position.²⁹

Psychological Safety is a belief and an approach that individuals can express ideas, concerns, questions, or admit mistakes without fear of punishment, humiliation, or negative consequences by creating and fostering an environment of trust, respect, and openness where people feel safe to take risks, share feedback, and contribute authentically.³⁰

Qualified means an individual possesses the capabilities, competencies, skills, and experience necessary to successfully operate within the scope of their position.³¹

Remote Supervisor is when the supervisor is not physically present in the care area, but is available through various means (e.g., by phone, virtual call) for consultation or to provide guidance.³²

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

Standards/Scope of Practice is the training preparation of regulated healthcare professionals that outline the professionals' competencies, roles, responsibilities, functions, and practice limitations.

Supervision is an active process of training, directing, assigning, guiding, monitoring, and mentoring performance.³³

²⁹ Catano, Wiesner, and Hackett. *Recruitment and Selection in Canada*, Sixth Ed. Nelson Higher Education, 2016, p. 154.

³⁰ [Psychological Safety & Positive Psychology: A Leadership Guide](#)

³¹ Long-Term Care Program-Requirements: Nursing Homes & Residential Care Facilities.pdf

³² Assignment_Delegation.pdf

³³ Assignment_Delegation.pdf

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