

# Restricted Activity or Activity of Daily Living: Practice Advice for Registered Nurses and Nurse Practitioners

**PUBLISHED DATE: NOT IN EFFECT UNTIL APPROVED**

## Purpose

This practice advice provides guidance to registered nurses (RNs) and nurse practitioners (NPs), herein referred to as **REGISTRANT(S)**<sup>1</sup>. The purpose of this document is to guide registrants in their decision making for determining when a restricted activity is an activity of daily living that can be assigned to regulated or unregulated care providers.

## Introduction

Under certain circumstances, a regulated or unregulated care provider may be assigned a **RESTRICTED ACTIVITY** normally carried out by a registrant if the activity is an **ACTIVITY OF DAILY LIVING** for a specific patient. The registrant determines if an activity can be assigned to another care provider and what **TYPE OF SUPERVISION** is necessary. This involves applying the nursing process—assessment, planning, implementation and **EVALUATION** of care—with skill and knowledge.

Registrants must be aware of any employer or organizational policies (if applicable) that may further direct how care is assigned in the practice setting. For registrants in self-employed practice, it is important to ensure evidence-informed policies and procedures are in place to support safe assignment of restricted activities as activities of daily living.

This practice advice is a living document and is subject to periodic updates as practice evolves in this area.

---

<sup>1</sup> Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

## Principles

### Determining if a Restricted Activity is an Activity of Daily Living

According to the *Health Professions Act* (HPA) section 1.2(a), an activity of daily living (ADL) is an activity that people usually perform on their own behalf to maintain their health and well-being, and includes:

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

In some cases, an activity listed as a restricted activity under the HPA section 1.3(1) may be an ADL for a specific patient. Section 1.3(2)(a) of the HPA clarifies that “activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf”, are not considered restricted activities under the HPA.

When care is being provided, registrants have the authority and responsibility to determine when an activity is considered a restricted activity and when it is considered an ADL. All the following criteria must be present to determine that a restricted activity is an activity of daily living for a specific patient and can be assigned to a regulated (e.g. Health Care Aide) or unregulated care provider:

- if the patient did not have physical limitations, they would do the task themselves as part of their daily routine,
- the activity is part of an established plan of care,
- the outcome of the activity is generally predictable, and the patient’s health needs are generally stable,
- the risks of the activity are known and minimal,
- the patient has been assessed by the registrant, and evaluation will be performed on an ongoing basis by the registrant,
- the patient and/or their alternate decision maker have been involved in developing the plan of care and provided **INFORMED CONSENT** for the activity,
- the regulated (e.g. Health Care Aide) or unregulated care provider being assigned the activity has received patient specific education and training related to the activity,
- the regulated (e.g. Health Care Aide) or unregulated care provider being assigned the activity has been deemed competent to perform the activity, and
- the registrant has consented to supervise the activity and the type of supervision required.

A change in any of the above criteria may mean that an activity that was at one point considered an ADL for that specific patient, must now be considered a restricted activity. This

dynamic nature requires the registrant to be alert to circumstances that may mean an activity is no longer safe to assign as an ADL.

## High-Risk ADLs

If the ADL is determined to be a **HIGH-RISK ADL** and is part of the client's ADLs (excluding dialing up insulin pens and injecting insulin), the regulated or unregulated provider can be assigned the task if they can perform it competently, ethically, and safely.

## Supervision

Registrants are responsible for assigning client care to regulated (e.g. Health Care Aides (HCA)) or unregulated professionals and conducting both initial and ongoing client assessments, as well as monitoring and evaluating the client's status. The regulated or unregulated care provider that assigned the task is responsible and accountable for carrying out the assigned ADL tasks and for the quality of care they deliver. When assigning ADL tasks and supervising a regulated (e.g. HCA) or unregulated care provider, registrants must adhere to the Decision-Making Framework and comply with the *Supervision Standards*.

The registrant responsible for supervising the regulated (e.g. HCA) or unregulated care provider must conduct regular assessments of the client, as outlined by employer requirements (where applicable), to determine whether the previously assigned ADL task continues to be an ADL and if continued assignment to the regulated or unregulated care provider is appropriate.

## Decision-Making Framework

### Assigning a Restricted Activity as an Activity of Daily Living (ADL): Decision-making Framework

#### Assessing if the restricted activity is an ADL:

- If the patient was able, would they perform the activity for themselves?
- Is the activity part of an established plan of care?
- Is the outcome of the activity generally predictable?
- Are the patient's health needs generally stable?
- Are the risks of the activity generally known and minimal?

#### Assessing the patient:

- Has the patient been assessed by the registrant?
- Will the outcome of the activity be assessed by the registrant?
- Has the patient and/or their alternate decision maker provided informed consent for the activity?

#### Assessing the care provider:

- Has the care provider received patient-specific education and training related to the activity?
- Has the care provider been deemed competent to perform the activity?

#### Accepting responsibility as the supervisor:

- Is the registrant able to provide the required type of supervision?
- Does the registrant consent to supervise the performance of the activity?
- Is the registrant able to assess and evaluate the patient on an ongoing basis?

**If YES to all, proceed to assign the restricted activity as an ADL for the specific patient.**

## Glossary

**ACCOUNTABLE** – The obligation to answer for the professional, ethical, and legal responsibilities of one’s activities and duties (Ellis & Hartley, 2009).

**ACTIVITY OF DAILY LIVING** – An activity that individuals normally perform on their own behalf to maintain their health and well-being, and includes:

- i. routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
- ii. specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection. (Health Professions Act, 2000)

**COMPETENCE** – The integrated knowledge, skills, abilities, judgement, and attributes required of a registrant to practise safely and ethically in a designated role and setting.

**EVALUATION** – The assessment of actual versus expected outcomes of care for the purpose of adjusting one’s actions as required towards achieving the best potential health outcomes for clients.

**HIGH-RISK ADL** - an ADL that is less frequently performed and requires specific precautions, skills, and competence to perform. Note: HCAs and unregulated providers are not permitted to perform the high-risk ADL of dialling up insulin pens or injecting insulin under any circumstances.

**INFORMED CONSENT** – For consent to be informed, the registrant must explain the intervention, including alternative options, as well as risks and potential complications. The patient, or a parent or guardian, must understand the potential risks and benefits of the treatment (or refusing treatment) before making a decision. Consent must be voluntary and cannot be coerced from the patient through undue influence or intentional misrepresentation.

**REGISTRANT(S)** – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), and RN or NP courtesy registrants on the CRNA registry.

**RESTRICTED ACTIVITY** – High risk activities that require specific competencies and skills to be carried out safely and are listed in the HPA (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession, and a number of regulated health practitioners may perform a particular restricted activity.

**SUPERVISION** – The consultation, guidance and oversight by a registrant in the practice setting. Supervision may be direct, indirect or indirect remote.

**TYPE OF SUPERVISION** – Direct, indirect and indirect remote:

**DIRECT SUPERVISION** – The registrant providing supervision must be present in the practice setting where care is being provided; they are at the side of the person being supervised.

**INDIRECT SUPERVISION** – The registrant providing supervision must be available for guidance, consultation, and oversight but is not required directly at the side of the person being supervised. This means they are readily available on the unit or in the same location where the care is being provided and must have the opportunity to observe the nursing practice as required. In community health settings, being readily available in the same location where the care is being provided means that the registrant providing supervision is physically present in the practice setting (for example, at an influenza immunization clinic the RN or NP would be present in the same room where the nursing student or UNE would be immunizing patients).

**INDIRECT REMOTE SUPERVISION** – The registrant providing supervision must be available for consultation, guidance, and oversight, is not physically present where the care is being provided and is able to be contacted through the use of technology. The registrant providing supervision may be available in a nearby unit, within the building, or by phone, pager or other information communication technology methods when the person being supervised needs support or guidance.

## Related Documents

Supervision: Standards for Registered Nurses and Nurse Practitioners

Restricted Activities: Standards for Registered Nurses and Nurse Practitioners

## References

Ellis, J. & Hartley, C.L. (2009). *Managing and coordinating nursing care (5th ed.)*. Lippincott Williams & Wilkins.

*Health Professions Act, RSA 2000, c H-7*. <https://open.alberta.ca/publications/h07>