**Job Class Profile:** Personal Care Attendant

**Pay Level:** CG-24  **Point Band:** 422-455

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**JOB SUMMARY**

The Personal Care Attendant participates in the delivery of holistic client centered care through an interdisciplinary approach. Provides personal and supportive care to patients and residents through the performance of clerical, social, and personal care activities to meet their physical, emotional, social and spiritual needs.

**Key and Periodic Activities**

－ Assists patients and long term care residents in all aspects of daily living including bathing, dressing, mouth care, nail care, transferring, bathroom assistance, and beauty care.
－ Provides personal care including assisting with commode, helping residents and patients into bed, and providing fluids to prevent dehydration.
－ Assists residents and patients with meals. Delivers meals to rooms, sets up trays, and feed residents and patients.
－ Tidies and organizes resident rooms, nursing stations, general work area, and supplies. Restocks supplies. Puts away resident’s personal laundry.
－ Responds to patient and resident call bells.
－ Answers and redirects phone calls and delivers messages.
－ Monitors and records vital signs including weight, temperature, pulse, and glucometer readings.
－ Repositions residents regularly and ensures safety measures are in place such as bed rails, bed alarms, brakes, and call bell within reach.
－ Completes appropriate documentation regarding resident care. Contributes and listens to report at the end/beginning of shifts regarding changes in residents/patients condition.
－ Transports and accompanies residents to appointments (medical, church, dentist, recreation activities).
－ Assists with range of motion exercises while providing care.
－ Attends family conference and care plan meetings to discuss the progress of the resident and any family concerns.
－ Provides palliative care for terminally ill residents and patients.
－ Encourages residents to maintain independence. Assists with mobility in the use of mechanical lifts, lift chairs, walkers, and use of transfer belts.
－ Provides companionship to patients and residents.
－ Registers all scheduled and emergency surgeries and verifies against daily operating room (OR) slate. Prints OR schedules.
Key and Periodic Activities

— Transfers acute care patients to the OR via stretcher or bed, including patients with oxygen and infusion pumps. Brings an empty stretcher/bed to replace the stretcher with the patient going to the OR.
— Before transporting to the OR, checks and verifies the patient’s ID band and chart. Verbally verifies with nursing staff to ensure the proper patient, chart, and condition of the patient.
— Ensures portable oxygen tanks on the stretchers are in proper working order and turned on.
— Ensures the patients clothing/luggage is in the appropriate area for delivery to the room.
— Provides direction to the appropriate waiting room for family members and ensures the patient is comfortable.
— Enters patient data in the OR ledger and computer.
— Delivers “stat” specimens and samples to laboratory or X-ray.
— Updates OR Specimen Log Book daily.
— Delivers mail, payroll, overtime sheets, and on-call rotations to various departments (i.e. payroll office, human resources, switchboard).
— Orders weekly supplies.
— Sends urgent requisitions and calls for maintenance, broken equipment, humidity problems, etc.
— Checks equipment such as wheelchairs for safety issues, blood pressure cuffs, batteries in lifts and tub chairs, and expiring dates on glucose strips.
— Ensures First Aid equipment is in place.

SKILL

Knowledge

General and Specific Knowledge:
— Medical terminology
— Basic computer skills
— Personal care procedures and practices
— Infection control, WHMIS, First Aid, and CPR.

Formal Education and/or Certification(s):
— Minimum: Home Support Worker or Personal Care Attendant Certificate Program (20 weeks).

Years of Experience:
— No experience required

Competencies:
— Focus on client centered care.
— Medical documentation.
— Ability to follow direction and apply internal procedures.
— Strong interpersonal and communication skills.

Interpersonal Skills
— A range of interpersonal skills are used including listening to information (i.e. daily reports) and asking questions regarding patient care, providing routine information to others (i.e. explaining procedures to residents some of which may have cognitive impairments, providing
care/comfort to others (i.e. performing daily living activities; caring for palliative care patients and their families) and to gain the cooperation of others to complete work tasks.

— Communications occur with employees in the immediate work area and department including Nurses, Licensed Practical Nurses, Personal Care Attendants and maintenance staff, Supervisor/Manager as well as residents, patients, families and the general public.

— The most significant contacts are with residents, patients, families, and general public, employees in immediate work area including Nurses, LPN’s, PCA’s, maintenance staff and immediate supervisor.

EFFORT

Physical Effort

— Work demands regularly result in fatigue requiring periods of rest.

— Regularly lifts/moves objects/supplies up to and exceeding 50 lbs. (i.e. positioning and handling residents, lifting and pulling residents up in the bed,

— Occasional fine finger precision work in the use of a computer for documentation of patient care, or operating room schedules/ledger.

— Constant large movements requiring gross motor skills, strength and coordination (i.e. manoeuvring residents in slings and in confined spaces such as showers and bathrooms, pushing stretchers/wheelchairs/geri-chairs) and dealing with aggressive residents or those who weight bare on staff). Requires maintaining physical balance, walking and standing.

— Use of machinery or equipment that requires controlled movement.

— Work involves a variety of body movement including bending, kneeling and stretching to dress residents, change bed linens with or without residents occupying the bed.

Concentration

— Visual concentration is required for entering data into Meditech such as residents’ activities of daily living; visually monitoring unit and residents who tend to wander or are at risk of falling or who might unintentionally be harming another resident; concentrating on the operating room daily schedule to notify if there are any changes; monitoring changes in residents’ behavior/eating patterns/mobility, etc.

— Auditory concentration is required to hear residents calling out who are cognitively unwell, to listen intently to residents with various illnesses and conditions which may impair their speech, to take direction from supervisor and to listen to family concerns.

— Other sensory concentration such as touch and smell are required. Touching residents and patients while performing care or to provide compassion and affection; sense of smell to be alert to toileting issues for residents.

— Repetition requiring alertness is required to verify patients for operating room, or during the use of mechanical equipment such as lifts or slings. There must be alertness when using this equipment to ensure the safety of the resident and staff member.

— Higher than normal levels of attentiveness and attention to the health and safety of others is required in the provision of all forms of care for residents, checking oxygen tanks, ensuring spills are cleaned immediately, monitoring residents in tubs when bathing, using bedrails and fall alarms, and walking residents who may suddenly become weak requiring they be lowered to the floor.
— **Time pressures** exist regarding the operating room schedule, appointments or procedures for residents such as morning care and meals.

— **Lack of control over the work pace** occurs when patients are late for their surgery appointment which delays the surgery schedule; cognitively unwell residents may require additional time for personal care issues which causes other residents to wait or be delayed in their care or emergencies such as a resident who has wandered off the unit or has fallen.

— **Exact results and precision** is required to ensure the correct patients are transported to the operating room and that their medical records/tests/charts match. Documentation must be recorded precisely in the ledger for that patient.

### Complexity

— Work tasks are generally repetitive, well defined and related.

— Challenges and problems tend to be simple with obvious solutions which can be addressed by following procedures and guidelines. Work is performed within standard and defined work processes.

— Typical challenges include: Residents with dementia who fight having their personal care performed. Personal Care Attendants may leave the resident to allow them to calm down and return to perform the care. In cases when the resident has been incontinent they must be cleaned but fight the staff. Staff must come up with ways to ensure they don’t harm themselves or the patient; Family members often complain that morning care is being performed too late in the day for their family member. Staff must explain that some residents take longer than others for total personal care and often it may be 11 a.m. when a resident’s morning care is completed. Staff must assure families that their loved one is cared for and will not always be the last one washed in the morning; Issues such as missing blood work or next of kin issues can delay a patient’s surgery causing the room to be late or possible cancellation of the patient’s surgery. Staff must try to work with the patient and departments to resolve the issues to allow the surgery to proceed.

— When addressing typical challenges/problems, references include policies and procedures, meditech resource manual, or advice/guidance from co-workers, supervisor, or management.

### RESPONSIBILITY

#### Accountability and Decision-Making

— Work tasks are generally prescribed and controlled.

— Supervisory approval is not required to order office supplies, order meal alternatives for residents or patients, update care plans, and determine which residents require morning care first (i.e. those who have an early medical appointment).

— Supervisory approval is required to discuss a resident’s medications with a family member, changes in a resident’s diet, or implementing changes to a care plan.

— Discretion and judgement are exercised in determining the priority of morning care or the type of equipment to use (i.e. mechanical or standard lift) which ensures the best safety for the resident and staff. Staff must use their judgement and discretion when working with cognitively impaired residents to ensure care is provided without injury to the resident or themselves.

#### Impact
— Work tasks and activities generally have a positive or negative impact on immediate work area and on residents, patients, and their families.
— Work tasks and activities impact on health and safety, equipment, material resources, and facilities.
— Confirmation of patient information ensures the correct patient is transported to surgery; the provision of quality personal care ensures the health and safety of residents and patients, as well as peace of mind for their families; and the performance of daily duties affect the workload of the team on the unit.
— Errors or mistakes could result in extreme impact to the resident or patient. For example, the incorrect use of a sling or lift could result in the resident falling and suffering extreme injuries; using the incorrect incontinence product repeatedly could cause soreness or infection for a resident; failure to use appropriate lifting or positioning techniques could result in injury to the resident, coworker, or the incumbent.
— Consequences of mistakes and/or errors are normally identified and resolved within hours of identification.
— Workplace mistakes or errors are mitigated by policies and procedures for the use of equipment, proper lifting/positioning techniques, meals/diet restrictions. Personal Care Attendants often work in teams of two in the provision of care, and are under the supervision of a Registered Nurse in charge.

### Development and Leadership of Others

— Not responsible for the supervision of staff.
— May provide advice, orientation, and guidance to new staff.

### WORKING CONDITIONS

#### Environmental Working Conditions

— Required to use appropriate safety procedures and precautions when dealing with bodily fluids and infectious disease. Use of gowns, gloves and masks, closed toe footwear, and proper resident/patient handling techniques.
— There is a significant likelihood of cuts, bruises, abrasions or minor illnesses, and a limited likelihood of fractures, injuries or occupational illnesses resulting in partial or total disability.
— Constant exposure to unusual/distracting noise (i.e. dementia patients calling out); limited lighting and ventilation (i.e. residents’ rooms are often very warm and low lighting if they are resting); infectious diseases (i.e. MRSA, TB, Hepatitis,); odours, bodily fluids and waste (i.e. toileting, blood, bed Sores, feeding, oral care); wet or slippery surfaces (i.e. bathing residents/patients, tub rooms, spills); awkward or confining work spaces (i.e. toileting, bathing in tub rooms, or dressing residents/patients on wards).
— Occasional exposure to physical danger from residents with dementia who unintentionally become aggravated leading to physical or verbal aggression.