Standards of Supervision
This document has not been approved by CARNA Provincial Council, it is a draft only for review and not for use.

Once this document has been finalized and approved by Provincial Council, it can be found on the CARNA website.

The current version titled *Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care* (Oct 2005) can be found on the CARNA website.

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GLOSSARY OF TERMS

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

ASSIGNMENT: The selective designation of specific responsibilities for client care within employer policies, legislative scopes of practice, competencies of the health-care provider and environmental supports.

CLIENT: The individual, family, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2012; Registered Nurses Act. S.N.S. 2006, c. 21, s. 2(c)).

COMPETENCIES: The integrated knowledge, skills, abilities and judgment required to practice nursing safely and ethically (CARNA, 2013).

CONSULTATION: Seeking the advice of others who have the required expertise (CARNA, 2011a).

CRITERIA: Outcomes that must be achieved in order to meet a particular standard; a standard cannot be achieved if each criterion has not been met.

GRADUATE NURSE PRACTITIONER: A graduate nurse practitioner is a graduate from an approved/recognized nurse practitioner (NP) program leading to initial entry to practice as a NP who is in the process of meeting CARNA NP registration requirements. It also includes internationally educated nurse practitioners who are in the process of meeting CARNA’s registration requirements including an employer reference and the writing of the NP registration exam.

NURSE PRACTITIONER STUDENT: A registered nurse who is currently enrolled in an approved/recognized nursing education program leading to initial entry to practice as a nurse practitioner.

NURSING STUDENT: A student currently enrolled in an approved/recognized nursing education program leading to initial entry to practice as a registered nurse.

PROVISIONAL REGISTER: Regulated members on the provisional register are in the process of meeting registration requirements.

QUALITY PRACTICE ENVIRONMENT: An environment that supports professionalism when registered nurses have the autonomy to make decisions with their scope of practice; when registered nurses have a voice and influence practice and organizations; and when practice is based upon evidence (RNAO, 2007).
**REGULATED MEMBER:** a registered member of a regulated health profession authorized to perform certain restricted activities and governed by the standards of their College.

**RESTRICTED ACTIVITY:** High risk activities performed as part of providing a health service that requires specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity. Restricted activities authorized for registered nurses are listed in the *Registered Nurses Profession Regulation* (CARRA, 2011b).

**RESPONSIBILITY:** Obligation to provide for the needs of implied or explicit nursing care in accordance with professional and legal standards.

**STANDARD:** An authoritative statement that describes the required behavior of every nurse and is used to evaluate individual performance.

**SUPERVISION:** The consultation, guidance and oversight by a member of a regulated health profession in the practice setting. Supervision may be direct, indirect or indirect remote.

**SUPERVISOR:** A regulated health professional who provides consultation, guidance and oversight of an individual providing nursing care.

**UNDERGRADUATE NURSING EMPLOYEE:** A nursing student who has completed the equivalent of the competencies attained by the end of the 3rd year of the nursing education program, and has been hired to provide nursing care.
STANDARDS OF SUPERVISION

INTRODUCTION

The Health Professions Act (HPA, 2000) provides a regulatory structure for all self-governing health professions in Alberta. Under HPA each profession has:

- a practice statement that outlines the practice of the profession (for CARNA Schedule 24 in HPA), and
- a regulation specific to the profession (for CARNA the Registered Nurses Profession Regulation)

HPA enables a profession to authorize its members to perform restricted activities as a part of the care they provide. Restricted activities\(^1\) are high risk activities performed as part of providing a health service that requires specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity. The list of restricted activities authorized for CARNA regulated members on the registered nurse (RN), nurse practitioner (NP), certified graduate and provisional register are identified in Section 15 of the Registered Nurses Profession Regulation (see Appendix A).

Restricted activities are a component of the provision of client care and cannot be separated from the other components of care such as assessment, critical inquiry, problem-solving, decision-making and evaluation in the provision of client care.

PURPOSE

The purpose of this document is to outline the requirements for supervision in the following situations:

1. a clinical practice experience in a nursing education program leading to initial entry to practice as an RN
2. an employment situation where nursing students are undergraduate nursing employees (UNEs)
3. supervision of students of other health professions
4. regulated members on the provisional register
5. a clinical practice experience in a nursing education program leading to initial entry to practice as an NP

\(^1\) Words or phrases in bold are listed in the Glossary. They are displayed in bold upon first reference.
Included in this document are a definition of supervision, CARNA’s beliefs about supervision, and the responsibilities and accountabilities of regulated members supervising care as well as those being supervised. Standards for supervision for each of the five practice situations listed above are addressed separately within the document.

These standards provide direction for making supervision decisions based on:

- an adequate assessment of potential risks to clients, staff and students
- assessment of resources available in the practice setting
- staffing patterns
- the ability to provide adequate oversight of the care provider

It should be noted that some regulated members of CARNA will have supervision requirements imposed by the Registrar, Registration Committee, Continuing Competence Committee or a hearing tribunal. No specific standards have been developed for those practice situations as the supervision requirement will be specific to the context and individual regulated member. However, the definition of supervision, CARNA’s beliefs on supervision and accountabilities of the supervisor and person being supervised would be applicable.

Additionally, the Nursing Education Program Approval Board (NEPAB) has standards for the review of nursing education programs leading to initial entry to practice as an RN or NP and re-entry as an RN.
PART A: SUPERVISION: BELIEFS AND ACCOUNTABILITIES

Supervision is essential to organizational infrastructure and performance management in the provision of safe and effective care. Organizational infrastructure and performance management provide direction, guidance, oversight and coordination of activities. A supportive practice environment with appropriate supervision can encourage skill development and competence, help individuals take responsibility for their practice and promote lifelong learning (NHS Lanarkshire, 2009).

Types of Supervision

Supervision is the consultation, guidance and oversight by a member of a regulated health profession in the practice setting. Supervision may be direct, indirect or indirect remote:

- Direct supervision means the supervisor must be present in the practice setting where care is being provided. This means that the supervisor is “at the side of” the person being supervised.

- Indirect supervision means the supervisor must be available for guidance, consultation and oversight but is not required directly at the side of the person being supervised. The supervisor is readily available on the unit or in the same location where the care is being provided and must have opportunity to observe nursing practice as required. In community health settings, being readily available in the same location where the care is being provided would mean that the supervisor is physically present in the practice setting (for example, at a flu clinic the RN/NP would be present in the same room where the nursing student or UNE would be immunizing clients).

- Indirect remote supervision means that the supervisor must be available for consultation, guidance and oversight; is not physically present where the care is being provided; is able to be contacted through the use of technology. The supervisor 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.

CARNÁ’s Beliefs about Supervision

CARNÁ has the following fundamental beliefs about supervision:

1. The focus of supervision is the provision of safe, competent and ethical care to clients.

2. Assessment of client need and potential safety risks are the first considerations for supervision decisions and requirements.

3. Decisions for supervision and the assignment of client care should be guided by what is appropriate rather than what is “allowed”.
4. Effective communication between members of the health care team is required for appropriate supervision and safe client care.

5. Appropriate supervision and mentorship assist in the consolidation of knowledge and skill in nursing practice.

6. A **quality practice environment** supports and facilitates supervision and safe client care.

7. Supervision of care is supported by:
   a) clear role and job descriptions
   b) identification of the learning or performance expectations and objectives for the individual or health care provider
   c) comprehensive orientation and mentoring by staff, and
   d) ready access to resources, policies and procedures

8. Comprehensive orientation and mentoring programs support the transition to the full role and responsibility of a RN or NP.

9. New graduates, internationally educated nurses (IENs) and those returning to practice after an absence need time to transition to their new setting, role, responsibilities and accountabilities.

**Responsibilities and Accountabilities of the Supervisor**
The supervisor supports supervision and safe assignment of care when they:

- understand the level of supervision required
- practice to the full extent of their scope of practice within their competence and any limitations to their role in their practice setting
- assess client needs, competencies of health care providers available in the setting, practice permit requirements and the practice environment to decide the level of supervision required and appropriate assignment of care
- assign client care using CARNA guidelines (e.g. *Assignment of Client Care: Guidelines for Registered Nurses, 2014*)
- provide direction and guidance as needed to the individual being supervised
- are readily available to answer questions, and provide consultation, guidance, and oversight
- provide constructive feedback
- help the individual being supervised to identify their limitations and learning needs
- communicate effectively

**Responsibilities and Accountabilities of the Individual Being Supervised**
Responsibilities and accountabilities of the individual being supervised include:

- understanding and practicing within the required level of supervision
• understanding their own scope of practice, competencies and any limitations to their role in their practice setting
• understanding and articulating their own competencies
• identifying their learning needs
• seeking guidance, consultation and oversight when the care of the client is beyond their level of competence
• identifying and communicating changes in client condition to their supervisor
• understanding and using the reporting process in the practice setting
• documenting the care they provide
• reflecting on their practice
• being open to mentoring and feedback
• communicating effectively
PART B: STANDARDS

1. STANDARD FOR SUPERVISION OF NURSING STUDENTS IN A CLINICAL PRACTICE EXPERIENCE

Nursing students in a clinical practice experience provide direct nursing care including restricted activities under supervision. They are authorized to perform the restricted activities that RNs are authorized to perform with the exception of prescribing Schedule 1 drugs. These nursing students, when providing nursing care in a clinical practice experience are considered unregulated workers under HPA and are not regulated by CARNA.

The practice setting where the clinical practice experience is to occur and the nursing education program where the student is enrolled must have a written agreement that addresses lines of communication, level of supervision of the nursing student in the clinical practice experience, expectations and accountabilities.

Note: this standard and criteria are also applicable to those applicants for registration who are required by the Registrar or Registration Committee to take a course that includes a clinical component. Section 17.1 of the Registered Nurses Profession Regulation authorizes them to perform restricted activities within the clinical practice experience only (see Appendix B).

Who Can Supervise Nursing Students

The supervision of a nursing student by an RN is essential to model registered nursing practice and to enable the student to learn the roles and responsibilities of an RN. This involves a vital collaborative relationship between the nursing student, the RN, and the nursing faculty member.

Supervision of the nursing student may also include other members of the health care team. Regulations for other health professions may authorize their members to supervise a nursing student in the performance of a restricted activity if the restricted activity is authorized for RNs and for the other regulated health profession. The regulated member’s college must define supervision and include in their Regulation authorization for the consent and supervision of the restricted activity.

The Registered Psychiatric and Mental Deficiency Nurses Profession Regulation authorizes registered psychiatric nurses (RPNs) to supervise nursing students in the performance of restricted activities if the RPN meets specific conditions. RPNs can supervise nursing students if this is appropriate practice in the clinical setting and the RPN is authorized and competent to perform the restricted activity intervention.
Nursing students should not be supervised by licensed practical nurses (LPNs) in the provision of restricted activities as the Licensed Practical Nurses Profession Regulation is silent in authorizing their regulated members to supervise students of another regulated profession in the provision of restricted activities.

**Limitations to Practice of Nursing Students**

Although the Registered Nurses Profession Regulation states that a nursing student is authorized to perform, under supervision, the restricted activities that a RN is authorized to perform, employer policy and/or the nursing education program guidelines or policies may limit or place parameters around the performance of the restricted activity interventions that a nursing student performs.

The following standard and criteria must be met in the supervision of Alberta nursing students in a clinical practice experience.

**Standard 1**

Nursing students in a clinical practice experience, providing care and performing restricted activities, as authorized in section 17 of the Registered Nursing Profession Regulation, must be supervised (see Appendix B).

**Criteria**

The nursing student in a clinical practice experience must:

1.1. be currently enrolled in an approved/recognized nursing education program

1.2. have had the appropriate theory and practice as a part of the nursing education program prior to providing care and performing any clinical skill that is a restricted activity intervention

1.3. be familiar with and practice in accordance with relevant practice setting policies and guidelines

1.4. not be supervised by graduate nurses in a clinical practice experience

1.5. have been authorized by an Alberta education institution delivering an approved/recognized nursing program to participate in a clinical practice experience if they have come from another country to Alberta for a clinical practice experience

The supervisor of a nursing student in a clinical practice experience must:

1.6. provide direct, indirect or indirect remote supervision

1.7. only supervise care including restricted activity interventions that they are competent to perform and those appropriate to their own area of practice
The nursing faculty member must:

1.8. provide direct, indirect or indirect remote supervision

1.9. only supervise care including restricted activity interventions that they are competent to perform and those appropriate to their own area of practice

1.10. in collaboration with the supervisor at the point of care decide what a reasonable and prudent client care assignment is for a particular nursing student in that specific practice setting in light of the nursing student’s current competencies, client needs, the nursing care required and course requirements

1.11. in collaboration with the supervisor decide the level of supervision required (direct, indirect or indirect remote) based on the care to be provided, the restricted activity intervention to be performed, the practice setting and the level of risk involved

1.12. address and manage any performance issues of the nursing student in the clinical practice experience

If a nursing student comes to Alberta from another Canadian province/territory or another country for a clinical practice experience, the practice setting where the clinical practice experience takes place must:

1.13. verify with the regulatory body in the student’s province/territory/country that the program is an approved/recognized nursing education program in that jurisdiction
2. **Standard for Supervision of UNEs in an Employment Situation**

Nursing students are often employed in a variety of practice settings during breaks in their program or in casual positions year round. In an employment position a nursing student is identified as UNE. A UNE is often employed to supplement the staff mix in a practice setting, and the employer should provide appropriate orientation to the role.

UNE's are authorized by CARNA to perform the same restricted activities as a RN except for the prescribing of Schedule 1 drugs. The UNE, when providing nursing care as an employee is considered to be an unregulated worker under HPA and is not regulated by CARNA. There may be circumstances in which supervision of a restricted activity is by another regulated health care provider who is also authorized by their college and competent in the performance of the restricted activity intervention. The regulated member’s college must define supervision and include in their regulation authorization for the consent and supervision of the restricted activity by an unregulated worker.

The UNE requires supervision and cannot provide supervision to others. Employer policy can limit or place parameters on the performance of restricted activities by UNEs.

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**Standard 2**

**UNE's providing care and performing restricted activities as authorized in Section 17 of the Registered Nurses Profession Regulation must be supervised (see Appendix B).**

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**Criteria**

The UNE providing care and restricted activities interventions must:

2.1 have competencies equivalent to completion of the 3rd year of the nursing education program and maintained enrollment in good standing in an Alberta nursing education program leading to initial entry to practice as a RN. Enrollment in good standing means the student has successfully completed theory and clinical courses and met promotion criteria. UNE's are not authorized to provide care including restricted activities if:

a) they have withdrawn from a nursing program,

b) are on leave from a nursing education program, or

c) have not participated in theory, laboratory, or clinical learning experiences in the preceding four months

2.2 have appropriate theory and practice in the nursing education program and be competent to provide the care or perform the restricted activity intervention prior to providing the care or performing the restricted activity intervention

2.3 be familiar with and practice in accordance with relevant practice setting policies and guidelines
2.4 not be supervised by a graduate nurse in the provision of nursing care and the performance of a restricted activity intervention
2.5 not supervise students in a clinical practice experience
2.6 not supervise other members of the health care team

The supervisor of the UNE must:
2.7 provide direct or indirect supervision in all practice settings, including the community
2.8 use their critical judgment to decide if the supervision should be direct or indirect. This decision is based on the care to be provided, the restricted activity intervention to be performed, the practice setting and the level of risk involved should the UNE provide the care or perform the restricted activity intervention
2.9 only supervise care including restricted activity interventions that they themselves are competent to perform and those appropriate to their own area of practice
2.10 decide at the point of care what a reasonable and prudent client care assignment is including any restricted activities, in accordance with the:
   a) assessment of client health-care needs
   b) current competencies of the UNE
   c) employer policy
   d) job description for the UNE

The practice setting where the UNE is providing care must:
2.11 verify that the individual applying for a UNE position is currently enrolled in an approved nursing education program and continues to maintain enrollment in the program
2.12 obtain information from the UNE’s nursing education program regarding a student’s expected competencies at that point in their nursing education program to determine an appropriate job description and care assignment in alignment with the student’s current probable competencies
2.13 address and manage any performance issues of the UNE in the practice setting
2.14 verify with the regulatory body in the student’s province/territory of origin that the education program is an approved/recognized nursing education program in that jurisdiction and that the student is currently enrolled in good standing when the UNE comes to Alberta from another Canadian province or territory
3. **STANDARD FOR SUPERVISION OF STUDENTS OF OTHER REGULATED HEALTH PROFESSIONS**

It is common for RN’s and NP’s to supervise students of other regulated health professions in the provision of client care including restricted activity interventions.

Standard 3

Students of other regulated professions providing care and performing restricted activities must be supervised in accordance with 17(6) and 17(7) of the *Registered Nurses Profession Regulation* (see Appendix B).

Criteria

Regulated members of CARNA supervising students from other health professions must:

3.1 supervise only those restricted activities that are authorized for both professions

3.2 limit themselves to supervising those restricted activities interventions they are competent to perform and that are relevant to the client needs in the practice setting

3.3 be familiar with and practice in accordance with relevant practice setting policies and guidelines

3.4 use their critical judgement to decide the level of supervision required (direct, indirect or indirect remote) based on the care to be provided, the restricted activity intervention to be performed, the practice setting and the level of risk involved

3.5 only supervise care including restricted activity interventions that they are competent to perform and those appropriate to their own area of practice
4. **Standard for Supervision of Regulated Members on the Provisional Register**

Regulated members on the provisional register include, but are not limited to:

- graduates from an approved/recognized nursing education program leading to initial entry to practice as an RN who are in the process of meeting CARNA RN registration requirements
- graduates from an approved/recognized NP education program leading to initial entry to practice as an NP who are in the process of meeting CARNA NP registration requirements
- IENs who are in the process of meeting CARNA’s registration requirements including an employer reference and the writing of the registration examination

A regulated member on the provisional register requires time to make the transition to practice as an RN or NP and demonstrate their competence. Making the transition is supported by ongoing constructive feedback, formal evaluation processes, strong orientation programs, an environment where the provisional regulated member feels supported in asking questions, the ability to self-identify learning needs and initial work experience in the same practice environment with similar client populations. The level of autonomy and proficiency of regulated members on the provisional register develops best with collaboration, mentoring and support from RN/NP colleagues, managers, and other health care team members. Employers may place limits on the practice of regulated members on the provisional register.

While waiting to complete CARNA eligibility requirements for NP registration, NPs registered on the provisional register can perform all restricted activities authorized for RNs and NPs within the scope of NP practice and parameters of the practice setting.

Supervision of regulated members on the provisional register should be provided by an RN for a graduate nurse (GN) and an NP for a **graduate nurse practitioner** (GNP). Experienced regulated members have a responsibility to mentor and guide others in their learning. The supervision of a regulated member on the provisional register by an RN/NP is essential to model registered nursing or NP practice and to enable them to learn the roles and responsibilities of an RN/NP. There may be circumstances in which supervision of a restricted activity is by another health care provider who is also authorized and competent in the performance of the restricted activity.

**Standard 4**

Regulated members on the provisional register providing care and performing restricted activities interventions as authorized in section 17 of the *Registered Nurses Profession Regulation* must be supervised (see Appendix B).
Criteria

The regulated member on the provisional register must:

4.1 have a CARNA provisional practice permit

4.2 limit themselves to providing nursing care and to performing those restricted activities interventions they are competent to perform and that are relevant to the client needs in the setting where they are practicing

4.3 acquire the skills and knowledge necessary to provide safe, competent and ethical care in areas of practice where they do not have the specialized clinical competencies that are required for client care in a specific area of practice

4.4 not supervise others on the provisional register and/or students

4.5 be supervised in a manner satisfactory to the Registrar and in accordance with the level of supervision as stated on their practice permit

4.6 have supervision and assignment of care, congruent with:
   a) client health-care needs
   b) their current competencies
   c) employer policy, and
   d) job description

4.7 be familiar with and practice in accordance with relevant practice setting policies and guidelines

The regulated member who is supervising the regulated member on the provisional register must:

4.8 use their critical judgment to decide if the supervision should be direct, indirect or indirect remote provided the level of supervision aligns with the level required on the provisional practice permit

4.9 supervise care including restricted activity interventions that they themselves are competent to perform and those appropriate to their own area of practice
5. Standard for Supervision of NP Students

NP students are required to have current RN registration in Alberta and are students in an approved/recognized NP education program leading to initial entry to practice as an NP.

Although the Registered Nurses Profession Regulation states that an NP student is authorized to perform, under supervision, the restricted activities that an NP is authorized to perform, employer policy and/or the nursing education program guidelines or policies can limit or place parameters around the restricted activity interventions that an NP student can perform.

The following standard and criteria must be met in the supervision of Alberta NP students in a clinical practice experience.

**Standard 5**
An NP student in an Alberta clinical practice experience providing care and performing restricted activities as authorized in Section 17 of the Registered Nurses Profession Regulation must be supervised (see Appendix B).

**Criteria**

The NP student must:

5.1 be a regulated member of CARNA in good standing on the Registered Nurse Register and be currently enrolled in an approved/recognized NP education program when in a clinical practice experience in Alberta

5.2 be familiar with and practice in accordance with relevant practice setting policies and guidelines

5.3 meet any requirements established by Registration Committee if they have come from another country to Alberta for a clinical practice experience or are taking an NP education program that is based outside of Canada

5.4 have had the appropriate theory and practice as a part of the NP education program prior to providing care and performing any clinical skill that is a restricted activity intervention

The supervisor of the NP student must:

5.5 provide NP student supervision that is direct, indirect or indirect remote

5.6 decide the level of supervision required based on the care to be provided, the restricted activity and its risk, practice setting context and the competencies of the NP student

5.7 only supervise care including restricted activity interventions that they themselves are competent to perform and those appropriate to their own area of practice. There may be circumstances in which supervision of a restricted activity intervention is by another health care provider who is also authorized and competent in the performance of the restricted activity
The employer must:

5.8 verify with CARNA that the NP student has current registration as a RN with CARNA

5.9 verify in the NP student’s province of origin that the student is enrolled in an approved/recognized NP education program in that jurisdiction if an NP student is taking an NP education program in another jurisdiction and intends to do a clinical practice experience in Alberta

5.10 have an agreement with the educational institution that addresses lines of communication, supervision of the NP student, expectations and accountabilities

The faculty member must:

5.11 in collaboration with the supervisor discuss what levels of supervision would be appropriate given the type of clinical practice experience, practice environment, NP student’s current learning requirements and client care needs

5.12 address and manage any performance issues of the NP student in the clinical practice experience

5.13 when supervising include an overview of NP student activities including a regular review of client records, and discussions of conditions, protocols, procedures and client care

The NP student may be employed as an RN and perform the restricted activities that RNs are authorized to perform under the Registered Nurses Profession Regulation (see Appendix A) but cannot perform the restricted activities an NP may perform in a practice situation as an employee until they are on the CARNA provisional register as a GNP or the NP register.
REFERENCES


Registered Nurses Profession Regulation, Alta. Reg. 232/####.


Appendix A: Restricted Activities Authorized for CARNA Regulated Members


Authorized Restricted Activities

15(1) Regulated members on any register may, within the practice of registered nursing and in accordance with the standards of practice governing the performance of restricted activities approved by the Council, perform the following restricted activities:

(a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane;

(b) to insert or remove instruments, devices, fingers or hands
   (i) beyond the cartilaginous portion of the ear canal,
   (ii) beyond the point in the nasal passages where they normally narrow,
   (iii) beyond the pharynx,
   (iv) beyond the opening of the urethra,
   (v) beyond the labia majora,
   (vi) beyond the anal verge, or
   (vii) into an artificial opening into the body;

(c) to insert into the ear canal under pressure, liquid, air or gas;

(d) to reduce a dislocation of a joint;

(e) subject to subsection (2), to compound or dispense a Schedule 1 drug or Schedule 2 drug within the meaning of Part 4 of the Pharmacy and Drug Act;

(f) to administer a vaccine or parenteral nutrition;

(g) to compound or administer blood or blood products;

(h) to administer diagnostic imaging contrast agents;

(i) to administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;

(j) to prescribe or administer nitrous oxide, for the purposes of anaesthesia or sedation;

(j.1) to order a form of ionizing radiation in medical radiography, limited to x-rays only;

(k) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
   (i) judgment,
(ii) behaviour,

(iii) capacity to recognize reality, or

(iv) ability to meet the ordinary demands of life;

(l) to manage labour or deliver a baby.

(2) A regulated member registered on any register performing the restricted activity described in subsection (1)(e) shall not distribute, trade or barter for money or valuable consideration, or keep for sale or offer for sale a Schedule 1 drug or a Schedule 2 drug within the meaning of Part 4 of the Pharmacy and Drug Act but may distribute or give away a Schedule 1 drug or a Schedule 2 drug without expectation or hope of compensation or reward.

(2.1) A regulated member registered on the registered nurse register who meets the educational and experience requirements approved by the Council and who has been authorized to do so by the Registrar may, within the practice of registered nursing and in accordance with the standards of practice adopted by the Council governing the restricted activity of prescribing Schedule 1 drugs within the meaning of Part 4 of the Pharmacy and Drug Act, perform the restricted activity of prescribing a Schedule 1 drug within the meaning of Part 4 of the Pharmacy and Drug Act.

(3) A regulated member registered on the registered nurse register or on the certified graduate nurse register may, within the practice of registered nursing, perform the restricted activity of ordering or applying non-ionizing radiation in the application of ultrasound imaging.

(4) Despite subsection (3), regulated members on the registered nurse register or on the certified graduate nurse register are authorized to apply ultrasound to a fetus only under the supervision of a person who provides health services and is authorized by a regulation under this Act or by another enactment to apply ultrasound to a fetus.

(5) A regulated member registered on the nurse practitioner register, and a regulated member registered on the courtesy register as a nurse practitioner, may in accordance with the standards of practice governing the performance of restricted activities adopted by the Council perform the restricted activities listed in subsection (1) and the following additional restricted activities when practising as a nurse practitioner:

(a) to set or reset a fracture of a bone;

(b) to prescribe a Schedule 1 drug within the meaning of Part 4 of the Pharmacy and Drug Act;

(c) to administer parenteral nutrition;

(d) to prescribe blood or blood products;

(e) to prescribe diagnostic imaging contrast agents;

(f) to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols;

(g) to order and apply any form of ionizing radiation in medical radiography;

(h) subject to clause (i) to order any form of ionizing radiation in nuclear medicine or radiation therapy;
(i) to order any form of ionizing radiation in radiation therapy in oncology in accordance with the standards of practice for radiation therapy adopted by the Council;

(j) to order non-ionizing radiation in magnetic resonance imaging;

(k) to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.

Restriction

16(1) Despite section 15, regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member’s area of practice and the procedures being performed.

(2) A regulated member who performs a restricted activity must do so in accordance with the standards of practice adopted by the Council in accordance with the Bylaws and section 133 of the Act.
APPENDIX B: REGULATIONS FOR STUDENTS PERFORMING RESTRICTED ACTIVITIES


Students

17(1) A nursing student who is enrolled in an approved nursing program and who is participating in a clinical practicum in Alberta or is employed as an undergraduate nursing employee in Alberta is permitted to perform the restricted activities set out in section 15(1) and (3) under the supervision of a regulated member who is authorized to perform those restricted activities.

2 A nursing student who is enrolled in a nursing education program in a province or territory of Canada other than Alberta leading to initial entry to practise as a registered nurse and who is participating in a clinical practicum in Alberta or is employed as an undergraduate nursing employee in Alberta is permitted to perform the restricted activities set out in section 15(1) and (3) under the supervision of a regulated member who is authorized to perform those restricted activities.

3 A nursing student enrolled in a nursing education program outside Canada who is, in the course of and as part of that program, participating in a clinical practicum of an approved nursing program in Alberta is permitted to perform the restricted activities set out in section 15(1) and (3) under the supervision of a regulated member who is authorized to perform those restricted activities.

4 A regulated member who is on the registered nurse register and is enrolled in a nurse practitioner education program approved by the Council is permitted to perform the restricted activities referred to in section 15(5) as part of the clinical practicum of the nurse practitioner education program if the regulated member is under the supervision of a regulated member who is authorized to perform those restricted activities.

5 A student enrolled in a nurse practitioner education program in a province or territory of Canada other than Alberta is permitted to perform the restricted activities set out in section 15(5) if the student

(a) is registered as a regulated member on the registered nurse register or the courtesy register, and

(b) is supervised by a person authorized to perform those restricted activities.

5.1 A student enrolled in a nurse practitioner education program outside Canada is permitted to perform the restricted activities set out in section 15(5) if the student

(a) is registered as a regulated member on the registered nurse register or the courtesy register,
(b) meets any requirements established by the Registration Committee for the purposes of this section, and
(c) is supervised by a person authorized to perform those restricted activities.

(6) A student in a health services program of studies, other than an approved nursing program, who is authorized by an enactment to perform a restricted activity set out in section 15(1), (3) or (5) is permitted to perform that restricted activity under the supervision of a regulated member who is authorized to perform that restricted activity.

(7) Supervision under this section must be carried out in accordance with the standards for supervision of students adopted by the Council in accordance with the bylaws and section 133 of the Act.

Supervision of applicants for registration

17.1 An applicant for registration as a regulated member who is required by the Registrar or Registration Committee to take a course that includes a clinical component is, when engaged in the clinical component of the course and to the extent necessary to fulfill the requirements of the clinical component of the course, permitted to perform the restricted activities set out in section 15(1), (3) or (5) under the supervision of a person who is authorized to perform those restricted activities.
APPENDIX C: CARNA RESOURCE DOCUMENTS

- *Entry-to-Practice Competencies for the Registered Nurses Profession (2013)*
- *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities (20##)*
- *Nurse Practitioner (NP) Competencies (2011)*
- *Practice Standards for Regulated Members (2013)*
- *Scope of Practice for Registered Nurses (2011)*
- *Scope of Practice for Nurse Practitioners (NPs) (2011)*