

Standards



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Health Professions Act

**Standards for Registered Nurses in the
Performance of Restricted Activities**

October 2005

Approved by the Alberta Association of Registered Nurses (AARN) in October 2005 for use when regulations for registered nurses were proclaimed under the *Health Professions Act* (HPA). Proclamation occurred on November 30, 2005 and the AARN became the College and Association of Registered Nurses of Alberta (CARNA).

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Introduction

The *Health Professions Act* (HPA) (2000) provides a regulatory structure for all self-governing health professions in Alberta. It is intended to make professional legislation transparent to the public and recognizes that professions have overlapping scopes of practice. Under HPA there is a common framework across all health professions for:

- registration
- discipline
- continuing competence and
- restricted activities

Each profession develops regulations specific to the profession before HPA comes into force for that profession. Sections 133 and 134 of HPA outline those matters about which a profession can make regulations and bylaws. In addition, each profession has a practice statement that outlines the practice of that profession. The practice statement for registered nurses (RNs) is in Schedule 24 of HPA (see Appendix A). In addition, the College and Association of Registered Nurses of Alberta (CARNA) document *Scope of Practice for Registered Nurses* (2005) has been developed to articulate and describe registered nursing practice for members, the public and other stakeholders.

Restricted Activities

HPA introduces the concept of restricted activities. “Restricted activities are regulated health services which have been identified as involving a significant degree of risk to the public. They are also activities that demand specific competencies on the part of the person performing them” (Alberta Health & Wellness, 2000, p. 12.).

The complete list of restricted activities is in Schedule 7.1 of the *Government Organization Act* (GOA) (1999) (see Appendix B). “Members of several different professions may be authorized to perform the same restricted activities” (Ibid, p. 12.).

Restricted Activities Authorized by CARNA Regulations

HPA provides authority for a profession to make a regulation that identifies those restricted activities its regulated members may perform and any conditions or supervisory requirements that may be applicable to the performance of the restricted activity. Although CARNA authorizes, through regulations, its regulated nurse members to perform a number of restricted activities, this does not mean that a regulated member is authorized to perform any restricted activity in any situation in any practice setting. Regulated members who may perform restricted activities authorized by CARNA include those on the following registers:

- registered nurse
- certified graduate nurse
- temporary
- courtesy
- nurse practitioner

It should be noted that those on the temporary register are allowed to perform all restricted activities. This register includes new graduates and internationally educated nurses who are in the process of meeting registration requirements including an employer reference where applicable and the writing of the registration exam. Employers are encouraged to provide comprehensive orientation and mentoring for those on the temporary register and may place limits on the independent performance of restricted activities until all registration requirements have been met. Those on the temporary register should not be placed in charge or left alone on a unit unless they have the necessary experience and competencies.

The restricted activities that CARNA regulated members are authorized to perform under the *Registered Nurses Profession Regulation* are identified in Section 15 of that regulation. They are as follows:

- 15(1)(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 except for a partial dislocation of the joints of the fingers and toes;
 - (e) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmaceutical Profession 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;
 - (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.
- 15(2) Despite subsection (1)(e), a regulated member on any register performing the restricted activity described in that subsection 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 the *Pharmaceutical Profession Act* but may distribute or give away a Schedule 1 drug or a Schedule 2 drug without expectation or hope of compensation or reward.

- 15(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.
- 15(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.

Nurse practitioners may perform all the restricted activities that registered nurses may perform. In addition they may perform the following restricted activities:

- 15(5)(a) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*,
- (b) to prescribe parenteral nutrition;
 - (c) to prescribe blood products;
 - (d) to order and apply any form of ionizing radiation in medical radiography;
 - (e) to order any form of ionizing radiation in nuclear medicine;
 - (f) to order non-ionizing radiation in magnetic resonance imaging;
 - (g) to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus;
 - (h) to prescribe diagnostic imaging contrast agents;
 - (i) to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols.

Standards for the Performance of Restricted Activities

Registered nurses in Alberta practise under a legislated definition of nursing which is consistent with the practice of nursing as outlined in Schedule 24 of HPA and CARNA documents, such as *Scope of Practice for Registered Nurses*, *Entry-to-Practice Competencies* (2005), and *Nursing Practice Standards* (2003). The *Scope of Practice* statement identifies that:

- The practice of nursing focuses on human beings and their needs for nursing care.
- The goal of nursing is to assist clients¹ to attain and maintain optimal health, wellness and independence.
- The major objective of nursing is to maximize the ability of clients to meet their health needs.

The restricted activities identified in Schedule 7.1 of GOA provide a legal framework for restricted activities but they do not provide a list of specific interventions or tasks that might fall within the definition of the restricted activity.

For example,

15(1)(a) to cut a body tissue, to administer anything by invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane can include a range of interventions/tasks from injections to deep wound debridement.

There are many restricted activity interventions such as catheterizations, suctioning or medication administration by injection that are core to practice in certain areas. Other restricted activity interventions such as initiating a PICC line or deep wound debridement may only be done by registered nurses with specialized knowledge and skill in certain practice settings. In other situations the performance of a particular restricted activity may be new to the practice area due to a shift in client needs. For example, in many long-term care units, residents are now being treated in the nursing home for medical conditions rather than being sent to the hospital.

¹ The term 'client' can refer to patients, residents, families, groups, communities and populations.

The *Nursing Practice Standards* apply to overall care and to all regulated members of CARNA in clinical practice, research, education and administration. This document builds on those standards and identifies standards for the performance of restricted activity interventions in clinical practice.

This document also includes guidelines that are to be used to determine if a particular restricted activity intervention not currently performed by RNs in a particular setting should become part of their nursing practice. In order for the regulated member to perform the intervention, it would have to fall within the parameters of a restricted activity authorized by CARNA regulations.

Standards for the Performance of Restricted Activity Interventions

Standard One: Responsibility and Accountability

All regulated members of CARNA are responsible and accountable for the performance of restricted activity interventions within their nursing practice in accordance with the definitions outlined in the CARNA *Nursing Practice Standards*:

- **Responsibility:** Obligation to fulfill the terms of implied or explicit contractual agreement in accordance with professional and legal nursing standards.
- **Accountability:** Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.

Standard Two: Knowledge and Skill in the Performance of Restricted Activities

HPA emphasizes the importance of competence in the performance of restricted activities. Knowledge and skill in the performance of restricted activity interventions is more than the safe and competent performance of the intervention. It also includes assessment, decision-making, and critical judgment in the clinical situation, as well as monitoring of the client response to the intervention.

Section 16 of the regulations for registered nurses under HPA state: “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 procedure being performed”.

Standard Three: Practice Setting Policy Support

In an employment situation, a regulated member must perform a restricted activity intervention in accordance with employer policy.

Whether or not a registered nurse performs a specific restricted activity will be dependent upon:

- employer policy
- whether or not the restricted activity is appropriate for the practice setting
- registered nurse competence to perform the restricted activity, including completion of any education required to perform the restricted activity in a safe, competent and ethical manner

Job descriptions should address the performance of restricted activities. As an example, a generic job description may indicate that registered nurses can perform any of the restricted activities that are authorized through the registered nurse regulations. On a particular unit or within a program area, there may be specific statements within a job description or in unit/program policy identifying specific nursing interventions/tasks that fall within a restricted activity that are performed in the practice setting.

Those nurses in self-employed practice will be authorized to perform a restricted activity provided:

- the restricted activity is appropriate for the practice setting
- the registered nurse is competent to perform the restricted activity and has the necessary education to perform the restricted activity in a safe, competent manner
- the Registration Committee has approved the self-employed practice or non-traditional practice of the regulated registered nurse member, including the restricted activities to be performed. Self-employed practice is to be reviewed every two years by CARNA.

Guidelines for Determining if a Specific Intervention Should Become a Part of Registered Nursing Practice

A number of health professionals may be authorized to perform a specific restricted activity. Factors influencing which health professional will perform the restricted activity intervention in a given situation include:

- authorization by the professional's regulatory college to perform the restricted activity
- needs of the client
- context of care including the acuity/stability/complexity of the client
- service delivery model
- knowledge and competency of the health-care professional
- availability of health professionals in the practice setting
- continuity of care within the setting

The practice of registered nurses, like that of other health-care professionals, is constantly evolving. In the assessment of client care and nursing practice, employers and registered nurses may identify interventions/tasks within a restricted activity authorized for registered nurses that they are not currently performing. Assessment of the clinical situation may indicate that it would be reasonable for a registered nurse to perform that restricted activity intervention. The following guidelines have been identified to provide assistance to administrators, managers and registered nurses in determining if interventions within a restricted activity category should be incorporated as a part of registered nurses' practice in that particular practice setting.

Guideline One: Assessment of Client Need, Intent and Purpose of the Restricted Activity Intervention

The determination of whether or not a registered nurse performs a specific intervention/task within a restricted activity category must be mutually agreed upon between registered nurses and other health-care professionals in the practice setting.

The determination should be supported by institutional policy, be the same on any shift and driven by the needs of the client, not by the desire for convenience of health-care professionals. For example, the registered nurse may be the only available provider in a

practice setting during the night shift who has a competency in a particular restricted activity intervention. If the RN is not allowed to perform this intervention on a day shift, they should not be allowed to perform it on nights. Additionally, if the person was not competent to provide the intervention, it does not matter if they are the only available provider – they must not perform the activity.

Guideline Two: Knowledge and Skill to Perform the Restricted Activity Intervention Safely

The responsibility for attaining and maintaining competence in the restricted activity intervention is held jointly by registered nurses and their employers.

One of the important factors to consider when decisions are made as to whether or not a particular restricted activity intervention should become a part of nursing practice is the opportunity to maintain competence.

The RN is expected to:

- identify his/her own learning needs with respect to the restricted activity intervention
- practise only within his/her areas of competence
- utilize available educational resources to attain and maintain competency in the activity

Employers have the responsibility to:

- provide orientation and staff development programs based on identified learning needs related to the goals of the organization
- ensure the provision of the necessary resources for RNs to attain and maintain competency in the restricted activity interventions required by the needs of clients in the practice setting

Registered nurses and employers share responsibility for collaborating on the ongoing evaluation of the need for and the performance of all interventions, including the competence of the practitioners involved. Employers will need to strive for consistent methods to evaluate RN competence.

Guideline Three: Identification and Establishment of Policies and Procedures to Facilitate Safe and Competent Performance of the Activity

The development and implementation of evidence-based policies and procedures is critical to support safe and competent performance of restricted activity interventions.

As part of this process there must be mutual agreement by the professionals involved in the practice setting that this intervention will become a part of nursing practice.

In any practice setting, registered nurses have both the right and the professional obligation to question policies and procedures inconsistent with therapeutic client outcomes, current practices and safety standards. Accordingly, where the performance of a particular restricted activity intervention in a specific practice setting is not consistent with therapeutic client outcomes, current practices and/or safety standards, registered nurses have the professional responsibility to refuse the acceptance of such a restricted activity intervention, and to communicate their concern to the employer. Employers have the responsibility to address the concerns outlined with respect to the proposed restricted activity intervention. In such instances, the particular restricted activity intervention should only be incorporated as a part of registered nursing practice when all concerns of the parties affected have been satisfactorily addressed.

Restricted Activities: Specific Clinical Examples

Under HPA it is recognized that health professionals have overlapping scopes of practice. Several professional groups will have authority to perform the same restricted activity. The context of the practice situation will determine the extent to which a health professional will practice within the full scope of a restricted activity. The following clinical situations are discussed in order to provide guidance for registered nurses and their employers. All examples provided are subject to the standards and guidelines on the previous pages.

Dispense, Sell, Compound

The CARNA regulations state that CARNA regulated members will be given authority to:

- 15(1)(e) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmaceutical Profession Act*.

Schedule 7.1 of GOA defines *dispense* as:

1(c) 'dispense' means

- (i) with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person;

and *sell* as:

1(h) 'sell' includes

- (i) distribute, trade or barter for money or other valuable consideration,
- (ii) distributing and giving away without expectation or hope of compensation or reward,
- (iii) keeping for sale, and
- (iv) offering for sale.

Section 15(2) of the CARNA regulations places limits on the interpretation of 'sell' based on the above definition.

15(2) Despite subsection (1)(e), a regulated member on any register performing the restricted activity described in that subsection 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 the *Pharmaceutical Profession Act* but may distribute or give away a Schedule 1 drug or a Schedule 2 drug without expectation or hope of compensation or reward.

The authority to perform the restricted activity of dispensing and selling does not mean that registered nurses will now be able to dispense or sell medications in the same manner as would pharmacists. It will, however, provide flexibility to meet client needs where a pharmacist is unavailable. Situations where this authority might be needed include, but are not limited to:

- provision of partial doses of a medication or a full prescription in a small rural emergency or where a pharmacy is not available
- providing birth control pills or the "morning after" pill in a family planning clinic
- providing medication for a client who is leaving a health-care facility on a pass for a limited time period when a pharmacist is not available to do so
- providing medications or a full prescription to treat sexually transmitted infections according to protocols in a STD clinic

In applying the standards outlined in this document the following must be considered:

- Is there a pharmacist available?
- If there is no pharmacist, is this medication or practice necessary to meet the needs of clients or vulnerable populations?
- Do the regulated members have the knowledge and skill to appropriately dispense the medication?

In dispensing a medication there are 6 major issues to consider.

1. appropriateness of the prescription
2. dispensing procedures to ensure the integrity of the drug distribution system
3. labeling the drug correctly
4. documentation of the dispensing
5. client education
6. storage of the drugs

The Alberta College of Pharmacists has developed Standards of Practice for dispensing. They are available from the college and are on their website under the “Practice Reference Library” tab (www.pharmacists.ab.ca). In any setting where RNs will be dispensing medications, the Standards of Practice developed by the Alberta College of Pharmacists are to be followed. The Alberta College of Pharmacists or a pharmacist must be involved in establishing the infrastructure, policies and procedures in those specific situations where it is appropriate for RNs to dispense medications. This will assist in ensuring the integrity of the drug distribution system, client safety and quality control.

The definition of *compound* in the GOA is as follows:

- 1(b) “compound” means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs.

There are instances in nursing practice where regulated members of CARNA might engage in compounding where two ingredients are mixed, one of which is a drug for the purposes of dispensing. Examples include:

- mixing lidocaine and Maalox for a client to take home for relief of pain
- crushing tablets for pediatric clients and mixing them with strawberry syrup for administration at home

- mixing two types of insulin and leaving the syringes with the client for self-administration

In each of these examples, the regulated member of CARNA is mixing two drugs and giving it to the client for the purposes of self-administration by the client at a later time. The regulated member is mixing commercially available products. A commercially available product is defined by pharmacists as:

A pharmaceutical product authorized for use in Canada by the Health Protection Branch of Health and Welfare Canada, and having received a Notice of compliance, has been assigned a Drug Identification Number (DIN) and marketed in Canada. (Canadian Society of Hospital Pharmacists, 2001)

The mixing of pharmaceutical products of all dosage forms, oral liquid or solid, parenteral and topical often affects the storage requirements, stability and, thus, the efficacy of the product. Consultation with a pharmacist and/or published references is encouraged if the nurse has not prepared the compound in the past and is required for any compounds that will be stored beyond 24 hours.

Reducing Dislocation of Joints

CARNA regulations provide authority for regulated members to:

- 15(1)(d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes.

When policies were being formulated to guide HPA regulation development, focus groups were held to discuss which restricted activities were being performed by registered nurses. Focus group discussions indicated that in many rural facilities RNs were reducing dislocated shoulders in certain situations before a physician was involved. The intent of this authorization is to allow that practice to continue. It should be noted that partial reduction of dislocation of the joints of the fingers and toes is not a restricted activity.

Application of the standards requires:

1. policy development to support the practice and identify parameters and limitations
2. education of RNs in performing this restricted activity intervention
3. quality assurance mechanisms to evaluate and support safe, competent practice

Cutting Body Tissue, Performing Surgical or Other Invasive Procedures

CARNA regulations authorize regulated members to:

- 15(1)(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.

This is a very broad restricted activity that could include a wide range of interventions. It is not intended to allow registered nurses to perform surgery, but is intended to allow for a variety of restricted activity interventions, such as injections, deep wound debridement, medicated tube feedings and establishing a PICC line, provided the standards for the performance outlined in this document are followed and applied appropriately.

Nitrous Oxide

In the CARNA regulations regulated members are authorized to:

- 15(1)(j) to prescribe or administer nitrous oxide, for the purposes of anaesthesia or sedation.

Nitrous oxide is often used by clients in an obstetrical unit. The intent of this authorization is to support RNs in that practice. Any other use of nitrous oxide would have to follow and apply the standards and guidelines outlined in this document very carefully.

Application of the standards requires:

1. policy development to support the practice and identify parameters and limitations
2. education of RNs in performing this restricted activity intervention
3. quality assurance mechanisms to evaluate and support safe, competent practice

Exceptions to Restricted Activities

Section 2 of Schedule 7.1 of GOA identifies the following as **not being** restricted activities:

- a. activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf

- b. giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups
- c. drawing venous blood

In addition, Schedule 7.1 identifies those situations in which a health-care aide might perform a restricted activity or an activity of daily living. CARNA, in partnership with the College of Licensed Practical Nurses of Alberta (CLPNA) and the College of Registered Psychiatric Nurses of Alberta (CRPNA), has developed the document *Decision-Making Standards for Nurses in the Supervision of Health-Care Aides: Restricted Activities and Activities of Daily Living* (2003) to provide guidance for regulated members who work with health-care aides.

Students in a nursing education program leading to initial entry-to-practice as a registered nurse, are not regulated members of CARNA. The performance of restricted activities by these students in a clinical practicum or employment situation is discussed in the CARNA document *Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care* (2005).

Conclusion

The introduction of a regulatory framework for restricted activities will have many implications for staff, managers, educators and researchers. Policies and procedures will be required to address the performance of restricted activities by a number of health-care providers. Practice settings will need to determine who will provide which restricted activity interventions within the context of the situation and in the best interest of the client.

Interdisciplinary coordination and collaboration will be a critical element in organizing the delivery of care. The CARNA document *Guidelines for Assignment of Client Care and Staffing Decisions* (2005) provides further guidance in matching the right provider to the right care and ensuring safe staffing decisions. CARNA policy and practice consultants are available to assist regulated members and their managers and employers in the implementation of the restricted activities framework.

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Government Organization Act, R.S.A. 1999, Sch. 7.1.

Health Professions Act, R.S.A. 2000, c. H-7.

Registered Nurses Profession Regulation, Alta. Reg. 232/2005.

Appendix A: Schedule 24 *Health Professions Act*

Health Professions Act
Schedule 24
Profession of Registered Nurses

Practice

- 3 In their practice, registered nurses do one or more of the following:
- (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
 - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being,
 - (ii) assess, diagnose and provide treatment and interventions and make referrals,
 - (iii) prevent or treat injury and illness,
 - (iv) teach, counsel and advocate to enhance health and well-being,
 - (v) co-ordinate, supervise, monitor and evaluate the provision of health services,
 - (vi) teach nursing theory and practice,
 - (vii) manage, administer and allocate resources related to health services, and
 - (viii) engage in research related to health and the practice of nursing,and
 - (b) provide restricted activities authorized by the regulations.

Appendix B: Schedule 7.1 Government Organization Act

Government Organization Act **Schedule 7.1** **Health Services Restricted Activities**

Definitions

1 In this Schedule,

- (a) “activity of daily living” means 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;
- (a.1) “administration of a drug” means the supplying of a dose of a drug to a person for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection;
- (b) “compound” means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water;
- (c) “dispense” means
 - (i) with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person;
 - (ii) with respect to corrective lenses, to verify corrective lenses objectively to the prescription;
- (d) “drug” means drug as defined in the *Pharmaceutical Profession Act*;
- (e) “health service” means a service provided to people
 - (i) to protect, promote or maintain their health,
 - (ii) to prevent illness,
 - (iii) to diagnose, treat or rehabilitate them, or

- (iv) to take care of the health needs of the ill, disabled, injured or dying;
- (f) “Minister” means the Minister responsible for the *Health Professions Act*;
- (g) “restricted activity” means an activity named as a restricted activity in section 2;
- (h) “sell” includes
 - (i) distribute, trade or barter for money or other valuable consideration,
 - (ii) distributing and giving away without expectation or hope of compensation or reward,
 - (iii) keeping for sale, and
 - (iv) offering for sale;
- (i) “surrogate” means a person authorized by an individual or by the individual’s guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.

Restricted activities

2(1) The following, carried out in relation to or as part of providing a health service, are 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
 - (i) below the dermis or the mucous membrane or in or below the surface of the cornea;
 - (ii) in or below the surface of teeth, including scaling of teeth;
- (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;
- (b.1) to insert into the ear canal
 - (i) under pressure, liquid, air or gas;
 - (ii) a substance that subsequently solidifies;
- (c) to set or reset a fracture of a bone;
- (d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
- (e) to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;
- (f) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*;
- (g) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmaceutical Profession Act*;
- (h) to administer a vaccine or parenteral nutrition;
- (i) to prescribe, compound or administer blood or blood products;
- (j) to prescribe or administer diagnostic imaging contrast agents;
- (k) to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;
- (l) to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- (m) to order or apply any form of ionizing radiation in
 - (i) medical radiography,
 - (ii) nuclear medicine, or
 - (iii) radiation therapy;
- (n) to order or apply non-ionizing radiation in
 - (i) lithotripsy,
 - (ii) magnetic resonance imaging, or

- (iii) ultrasound imaging, including any application of ultrasound to a fetus;
 - (o) to prescribe or fit
 - (i) an orthodontic or periodontal appliance,
 - (ii) a fixed or removable partial or complete denture, or
 - (iii) an implant supported prosthesis;
 - (p) 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;
 - (q) to manage labour or deliver a baby;
 - (r) to prescribe or dispense corrective lenses.
- (2) Despite subsection (1), the following are not restricted activities:
- (a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf,
 - (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and
 - (c) drawing venous blood.

Regulations

3 On consulting with the Health Professions Advisory Board under the *Health Professions Act*, the Minister may make regulations authorizing a person or a category of persons other than a regulated member or category of regulated members under the *Health Professions Act*, to perform one or more restricted activities subject to any conditions included in the regulations.

Offence

4(1) No person shall perform a restricted activity or a portion of it on or for another person unless

- (a) the person performing it

- (i) is a regulated member as defined in the *Health Professions Act*, and is authorized to perform it by the regulations under the *Health Professions Act*,
- (ii) is authorized to perform it by a regulation under section 3, or
- (iii) is authorized to perform it by another enactment,

or

- (b) the person performing it
 - (i) has the consent of, and is being supervised by, a regulated member described in clause (a)(i), and
 - (ii) is permitted to perform the restricted activity under a regulation made under section 131(1)(d)(i) of the *Health Professions Act* by the council of the college of the regulated member referred to in subclause (i),

and there are regulations made under section 131(1)(d)(ii) of the *Health Professions Act* by the council of the college of that regulated member respecting how regulated members must supervise persons who provide restricted activities under this clause.

(2) Despite subsection (1), if no person who is authorized under subsection (1) is available to perform the restricted activity or a portion of it, a person may without expectation or hope of compensation or reward provide a restricted activity or a portion of it to provide physical comfort to or to stabilize another person who is ill, injured or unconscious as a result of an accident or other emergency.

(3) No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.

(4) No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

Penalty

5 A person who contravenes section 4 is guilty of an offence and liable

- (a) for a first offence, to a fine of not more than \$5000,
- (b) for a 2nd offence, to a fine of not more than \$10 000, and
- (c) for a 3rd and every subsequent offence, to a fine of not more than \$25 000 or to imprisonment for a term of not more than 6 months or to both fine and imprisonment.

Burden of proof

6 In a prosecution under this Schedule, the burden of proving that a person was authorized to perform a restricted activity by section 4(1) is on the accused.

Injunction

7 The Court of Queen's Bench, on application by a person authorized by the Minister by way of originating notice, may grant an injunction enjoining any person from doing any act that contravenes section 4 despite any penalty that may be provided by section 5 in respect of that contravention.

RSA 2000 cH-7 s137;2001 c21 s25;2005 c13 s2