Standards

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

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Complementary and Alternative Health Care and Natural Health Products Standards

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Table of Contents

The purpose of this document is to provide expectations and direction for regulated members who:

- use complementary and alternative health care (CAHC) as an adjunct within their nursing practice;
- have clients who wish to or are using CAHC; and/or
- recommend or provide advice on the use of natural health products (NHPs).

Regulated members[1] in all areas of practice have encountered situations, questions, or concerns related to CAHC and NHPs. Schedule 24 of the *Health Professions Act* (HPA) (2000) states in their practice, regulated members "….assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental, and spiritual health and well-being".

Regulated members may be interested in using CAHC and NHPs in their practice, because of the emphasis on a holistic and natural approach to care. The guidelines for determining if a specific intervention should become part of nursing practice are outlined in the *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* (2005) (Appendix A). These guidelines can be used to determine if a specific CAHC treatment would be appropriate as an adjunct to nursing practice in a particular setting.

The practice of all regulated members is grounded in the College and Association of Registered Nurses of Alberta (CARNA) *Practice Standards for Regulated Members* (2013) and the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2017). Other CARNA documents that provide direction and guide practice related to CAHC and NHPs include:

- *Documentation Standards for Regulated Members* (2013)
- *Medication Guidelines* (2015)
- *Health Professions Act: Standards for the Performance of Restricted Activities* (2005)

[1] The term "regulated members" includes registered nurses (RN), nurse practitioners (NP), certified graduate nurses (CGN), graduate nurses (GN), graduate nurse practitioners (GNP), and courtesy permit holders.

- *Scope of Practice for Registered Nurses* (2011)
- *Scope of Practice for Nurse Practitioners* (2017)
- *Prescribing Standards for Nurse Practitioners* (2018)

Risks to Consider if using CAHC and NHPs

There are several risk factors the regulated member should consider in relation to CAHC and NHPs when collaborating with the client and their family and the interprofessional health-care team in the development of a holistic care plan:

- Nearly two-thirds of CAHC users have reported not discussing their use of CAHC therapies or NHPs with their primary care provider (Kramlich, 2014), so the risk of interactions and impact on other treatments and therapies will be unknown.
- Clients who have an acute or chronic illness and have chosen a CAHC or NHPs may refuse or exclude conventional health-care treatment.
- Clients may delay a health-care assessment of their health concern and use CAHC and NPHs on the basis of self-diagnosis.
- Clients may spend considerable funds on therapies not covered by insurance and be at risk of financial hardship or difficulty.
- Clients who independently use CAHC and/or NHPs in conjunction with prescribed conventional health-care treatments may not have knowledge of the contraindications and associated risks of these treatments and therapies.
- Women of childbearing age who are pregnant or breastfeeding, and older adults using herbal or nutritional supplements without the guidance of a health-care professional may not be aware of potential risks due to age and physical status.
- Clients presenting with atypical symptoms or failure to respond to prescribed therapy may have not disclosed their use of CAHC or NHPs.

Accurate and timely assessments, planning, implementation, and evaluation are integral components of the care a registered nurse (RN) or nurse practitioner (NP) provides. Some CAHC therapies may address the symptoms and not the underlying cause of the health concern. Seeking a natural cure first instead of using conventional health care to treat a serious medical condition can place the client at risk. A delay in assessment may

result in a delay in treatment, where a cure may no longer be possible (Johnson, Park, Gross, & Yu, 2017).

Complementary and Alternative Health Care

Complementary and alternative health care is an umbrella term used to describe numerous individual therapies and health-care approaches that are often considered non-conventional health care[2] such as Aboriginal healing, chiropractic, acupuncture, Reiki, massage, and naturopathy. CAHC therapies including aromatherapy, craniosacral therapy, Ayurvedic medicine, iridology, therapeutic touch, and Reiki are performed by individuals who may or may not be regulated health professionals. It is important to note that some therapies that may be considered CAHC within the Canadian health-care context are thought of as conventional health care in other cultures (Smith & Simpson, 2003).

The World Health Organization (2008) states traditional medicine is a way of preserving indigenous medical knowledge. *The Truth and Reconciliation Commission of Canada* (2015) call to action #22 states "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal health practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients." It is important to honour and respect these practices within the health-care context.

The *Diagnostic and Treatment Protocols Regulat*ions (Alta. Reg. 116/2014) defines evidence-informed practice as the conscientious, explicit, and judicious use of current best practice in making decisions about the care of a patient, integrating individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-informed practice is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data (CARNA, 2018).

[2] The term "conventional health care" means a health-care system that provides care for symptoms and diseases using commonly known treatments such as drugs and surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine, and Western medicine.

More evidence is needed to understand the impact of CAHC and NHPs in their integration with conventional health care. This information that will assist in understanding and reducing the risks associated with their use. The Cancer Research UK (2014) states research of complementary and alternative health care is necessary to:

- understand how they work and confirm safety of use;
- determine if they interact with conventional health care and how they interact;
- verify whether specific therapies are effective;
- test them against conventional health-care treatments to determine results;
- understand the effect they have on quality of life; and
- examine cost-effectiveness.

Evidence on the safety and efficacy of CAHC therapies can be challenging due to the smaller number and type of research studies in this area as compared to conventional health care (Frass et al., 2012). This has been attributed to limitations created by using randomized controlled trials as the benchmark for accepting medical treatments and interventions, including CAHC (Golden, 2012). While some studies demonstrating the efficacy and safety of CAHC therapies have been published in professional and nursing medical journals, there are many other therapies thought to be effective due to only observed positive outcomes. There is also current research that supports various diet and nutrition that may prevent the development of certain diseases (Potter et al., 2014).

Different terms are used to describe the context of care related to CAHC and NPHs:

- Complementary – a practice used together with conventional health care.
- Alternative – a practice used in place of conventional health care.
- Integrative Health Care – the incorporation of conventional and complementary approaches to health care. CAHC and NHPs may be a component of treatment plans for pain management, relief of symptoms in cancer patients and survivors, and promotion of healthy behaviors (NCCIH, 2017) and are a therapeutic adjunct to conventional medicine.

Vohra et al (2012) state integrative health care is "…relationship-centered care that focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing"

A regulated member who is employed by another regulated health professional must know if they are authorized to implement or provide an intervention and ask questions to verify if the intervention is authorized for the health professional who has ordered the treatment or intervention. A regulated member can provide an intervention if it is within the scope of practice of the regulated member and they have the knowledge, skill, and are competent to do so.

Natural Health Products

"Natural health products" is a general term used to describe a variety of products that are used by Canadians who wish to restore or maintain good health. They are naturally occurring substances which are mostly made from plants, but can also be made from other sources such as animals, microorganisms, and marine sources (Health Canada, 2016a). Seventy-one per cent of Canadians use NHPs (Health Canada, 2010).

NHPs include:

- vitamins and minerals
- herbal medicines such as Aboriginal, Chinese, and Western
- homeopathic medicines
- traditional medicines like Ayurvedic, Aboriginal, and Chinese medicines
- probiotics
- products such as amino acids and essential fatty acids (Health Canada, 2015)

Natural Health Products Regulations

In Canada, the *Natural Health Products Regulations* (SOR/2003-196) governs the use NHPs to ensure Canadians have access to NHPs that are safe, effective, and of high quality. Any person or company that manufactures, packages, labels, and/or imports NHPs for commercial sale in Canada, must meet the licensing requirements set out in the regulations. To obtain a license, applicants' detailed information must be given to Health Canada, e.g., medicinal ingredients, source, dose, potency, non-medicinal ingredients, and recommended use(s). Once the product is approved by Health Canada,

it is issued an eight-digit Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) which will be printed on the product label (Health Canada, 2016b).

Product labelling ensures easy recognition of the product for purposes of reporting adverse effects. The label must include the following:

- product name
- product license number
- quantity of product in the bottle
- complete list of medicinal and non-medicinal ingredients
- recommended use (including purpose or health claim, route of administration, and dose)
- any cautionary statements, warnings, contra-indications, and possible adverse reactions associated with the product
- any special storage conditions (Health Canada, 2016b)

It is important the client knows to inform their health-care practitioner of any adverse reactions to determine next steps and report the product to Health Canada. Reporting adverse reactions allows Health Canada to identify rare or serious adverse reactions, change the product safety information, issue public warnings and advisories, and/or remove unsafe products from the Canadian market (Health Canada, 2015).

Complementary and Alternative Health Care and Natural Health Products Initiated by Clients

The ease of access to information, particularly through the internet and technology, has led to clients actively increasing the management of their own health by accessing complementary or alternative health care and using NHPs without a health-care assessment. Many are searching for therapies that will relieve the symptoms of chronic or acute illness. Others have cultural practices and values that are different from conventional health care.

In situations where clients want to explore or have made a personal decision to initiate CAHC and/or self-select NHPs, the regulated member must:

- assess the use of CAHC and/or NHPs in the client's care;
- be non-judgmental in evaluating and discussing the client's exploration of the therapies;
- recognize the client's autonomy in informed decision-making;
- provide information on potential risks, benefits, costs, and limitations of the CAHC therapy, the federal NHP regulation, and/or referral to other health-care providers;
- support and assist clients in informing all health-care providers of the CAHC therapies and NHPs they are using; and
- obtain a best possible medication history that includes NHPs used by the client.

Standards for Complementary and Alternative Health Care and Natural Health Products in Nursing Practice

These standards identify the expectations for regulated members of CARNA in the provision of care that includes CAHC and NHPs. The criteria illustrate how the standard must be met. The criteria are not written in order of importance.

Standard 1

A regulated member is responsible and accountable for their nursing practice related to CAHC and NHPs.

Criteria

The regulated member must:

1.1 assess and document the client's use of CAHC and/or NHPs when completing a comprehensive health assessment;

1.2 perform CAHC treatments safely and competently;

1.3 only administer or recommend NHPs that are approved by Health Canada;

1.4 follow standards for infection prevention and control when providing CAHC;

1.5 consult with and/or refer clients at any point in the care continuum when the client's health-care needs require the care by another health-care professional;

1.6 follow employer policy related to CAHC therapies and NHP use (employer policy might include identification of required education and competencies, experience, informed consent, documentation, and supervision requirements); and

1.7 report adverse effects of NHPs to Health Canada.

Standard 2

A regulated member uses an evidence-informed approach in the selection or consideration of CAHC and NHPs and considers the benefits and risks to clients' health and safety.

Criteria

The regulated member must:

2.1 attain and maintain competence in the CAHC therapy they provide;

2.2 use critical judgment and knowledge of risks and expected outcomes (especially where evidence on safety and efficacy of a CAHC therapy or NHP is limited), to determine if the treatment is appropriate to the client situation;

2.3 use evidence-informed resources to determine if the CAHC therapy or NHP is safe and effective;

2.4 be knowledgeable of the interactions and contraindications of NHPs with other medications their client is using:

2.5 address unexpected effects of the CAHC therapy or NHPs; and

2.6 document the CAHC therapies provided and NHPs recommended in the client record. Documentation includes:

- **a.** nursing history and assessment of the use of CAHC and NHPs,
- **b.** discussion regarding the history of their health needs,

c. discussion of risks and benefits of the proposed CAHC therapy or recommended NHPs, and

d. planning, implementation, and evaluation of care.

Standard 3

The regulated member practices ethically when providing care that includes CAHC and NHPs.

Criteria

The regulated member must:

3.1 respect the client's right to choose their therapy, including those that have a cultural significance, and take into account their values, customs, and spiritual beliefs without judgement or bias;

3.2 support an individual's choice regarding health care and educate the patient about various treatment options and the risk and benefits associated with each; and

3.3 obtain informed consent for treatment that is free of undue influence or misrepresentation.

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

From the CARNA document *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* (2005):

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; and
- continuity of care within the setting.

The practice of registered nurses (RNs), like that of other health-care professionals, is constantly evolving. In the assessment of client care and nursing practice, employers and RNs may identify interventions/tasks within a restricted activity authorized for RNs that they are not currently performing. Assessment of the clinical situation may indicate that it would be reasonable for an RN to perform that restricted activity intervention. The following guidelines have been identified to provide assistance to administrators, managers and RNs in determining if interventions within a restricted activity category should be incorporated as a part of RNs' 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 of whether or not an RN performs a specific intervention/task within a restricted activity category must be mutually agreed upon between RNs 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 RN 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.

The responsibility for attaining and maintaining competence in the restricted activity intervention is held jointly by RNs 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, and
- 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, and
- 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.

RNs 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.

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, RNs 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, RNs 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.