

Guidelines

CARNA College & Association of
Registered Nurses of Alberta

Incorporating a Restricted Activity into Practice

Guidelines

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Table of Contents

PURPOSE	2
LEGISLATION	3
GUIDELINES FOR DETERMINING IF A RESTRICTED ACTIVITY SHOULD BECOME INCORPORATED INTO PRACTICE.....	3
Guideline 1: Assessment of client need, intent and purpose of the restricted activity	4
Guideline 2: Knowledge, skill, and competence to perform the restricted activity safely	4
Guideline 3: Identification and establishment of practice setting supports to facilitate safe and competent performance of the restricted activity	5
DECISION-MAKING FRAMEWORK	7
SPECIFIC CLINICAL EXAMPLES.....	8
Suturing	8
Pessary management	8
Ordering ionizing radiation by a Registered Nurse (RN)	9
Nurse Practitioner (NP) setting or resetting a bone fracture	10
GLOSSARY	11
REFERENCES.....	12
APPENDIX A: LEGISLATED SCOPE OF PRACTICE STATEMENT FOR THE PROFESSION OF REGISTERED NURSES	13
APPENDIX B: RESTRICTED ACTIVITIES AUTHORIZED BY THE REGISTERED NURSES PROFESSION REGULATION.....	14

Purpose

This document provides guidelines and a decision-making framework to determine if a specific ***restricted activity***¹ not currently performed by a ***regulated member*** should be part of their nursing practice in a specific practice area. The guidelines and decision-making framework within this document outlines the requirements to support the regulated member in safely and competently performing the restricted activity in their practice setting. Client health needs, the context of practice, and the need to optimize health system performance to support client health outcomes influence the decision to incorporate a specific restricted activity into a regulated member's practice (College of Registered Nurses of Nova Scotia, 2015).

When determining whether to incorporate a restricted activity into a regulated member's practice, the following factors must be considered:

- authorization to perform the restricted activity
- needs of the ***client***
- context of care, including the client's acuity/stability/complexity
- service delivery model
- regulated member's knowledge and ***competence***
- availability of other health professionals in the practice setting
- continuity of care within the practice setting

Assessment of these factors and the guidelines within this document provides assistance to regulated members, employers, and other health professionals in determining if it is reasonable for a regulated member to perform the restricted activity.

This document builds on the following College and Association of Registered Nurses of Alberta (CARNA) documents that further describe the scope of nursing practice for the public, regulated members, and other stakeholders:

- *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2017)
- ***Competencies for Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests*** (2019)

¹ Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

- *Practice Standards for Regulated Members* (2013)
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (2019)
- *Restricted Activities Standards* (2019)
- *Scope of Practice for Nurse Practitioners* (2017)
- *Scope of Practice for Registered Nurses* (2011)

All CARNA documents are on the CARNA website at nurses.ab.ca.

Legislation

The legislated scope of practice for regulated members is outlined in schedule 24 of the *Health Professions Act* (HPA). Schedule 24 defines the specific roles and responsibilities of regulated members (Appendix A). The *Registered Nurses Profession Regulation* (2005) authorizes the restricted activities which regulated members may perform (Appendix B).

However, the authorization of restricted activities in the regulation **does not mean that a regulated member can perform any restricted activity in any situation, in any clinical practice area.**

Guidelines for Determining if a Restricted Activity Should Be Incorporated into Practice

Specific restricted activities may be incorporated into a regulated member's practice if authorized by the *Registered Nurses Profession Regulation* and using these guidelines to make an informed decision.

A regulated member should consider incorporating a restricted activity into their practice based on the needs of their client, the need to support continuity of care, the support of their employer, and **not** for the desire for convenience of other health-care professionals.

Guideline 1: Assessing client need, intent and purpose of the restricted activity

Client health needs and therapeutic outcomes are the primary reasons to determine whether a regulated member should perform a specific restricted activity.

The decision whether a regulated member performs a specific restricted activity must be collaborative. The regulated member, their employer(s), and other health professionals in the practice setting, if their participation in the restricted activity is required, should be involved in and agree with the decision.

Consider the following factors when assessing client need, intent, and purpose of the restricted activity:

- The client would benefit from a regulated member performing the restricted activity.
- Consequences or potential unexpected outcomes to the client's care if a regulated member performs the restricted activity.
- Gaps in the client's care if the regulated member does not perform the restricted activity.
- Consultation with other health professionals if a regulated member performs the restricted activity.
- Continuity of care in the practice setting is supported if a regulated member performs the restricted activity.

Guideline 2: Knowledge, skill, and competence to perform the restricted activity safely

A regulated member attains and maintains their competence to perform the specific restricted activity.

Competence requires the integration of knowledge, skills, and judgment in order for a regulated member to practice safely. When deciding whether to incorporate a specific restricted activity into a regulated member's practice, an important factor to consider is the opportunity for the regulated member to develop and maintain competence. Competence is more than the ability to perform the restricted activity, it also includes

assessment, decision-making, critical judgment in the clinical situation, and the monitoring the client's response to the restricted activity.

Regulated members and employers share the responsibility to perform ongoing evaluation of the need for and the performance of all restricted activities. This ongoing evaluation also includes the competence of the health professionals involved.

Regulated members must:

- identify their own learning needs with respect to the restricted activity;
- participate in orientation and/or staff development programs based on identified learning needs related to the restricted activity;
- complete learning activities to attain and maintain competence to perform the restricted activity; and
- seek out necessary resources to attain and maintain their competence to perform the restricted activities required to meet the client's health needs in the practice setting.

Guideline 3: Identifying and establishing practice setting supports to facilitate safe and competent performance of the restricted activity

Developing and implementing evidence-based practice setting support is critical for regulated members to perform the specific restricted activity safely and competently.

Practice setting supports can help identify parameters and limitations of performing a specific restricted activity, and should be safe, consistent with therapeutic client outcomes, and align with best practices. An employer may choose to permit a narrower scope of activities than the legislated scope of practice of a regulated member. The regulated member must respect the limits imposed by an employer and must not perform the restricted activity.

In any practice setting, regulated members have the professional obligation to question policies and procedures inconsistent with therapeutic client outcomes, best practices, and safety standards.

If the performance of a particular restricted activity is not consistent with therapeutic client outcomes, best practices and/or safety standards, regulated members have the professional responsibility to:

- communicate their concern to the employer; and
- ensure all concerns are addressed before performing the restricted activity.

For questions or assistance determining whether to incorporate a restricted activity into a regulated member's practice, contact a CARNA Policy and Practice Consultant at 1-800-252-9392 ext. 504 or email practice@nurses.ab.ca.

Decision-making Framework

**Is the restricted activity within the regulated member's legislated scope of practice?
If yes, ask the following questions. All must be true to continue and incorporate the
restricted activity into the practice of the regulated member.**

Assessment	Will the restricted activity address the health-care needs of the client?
	Is the regulated member the right provider to meet the client's needs? Is there another health-care professional who is reasonably available and whose knowledge, skill and experience is more appropriate for performing the restricted activity?
	Does the restricted activity represent a complete intervention, or is it part of a plan of care/intervention that requires the participation of other health-care professionals? Are there processes in place to ensure this participation?
Competence	Has the regulated member received the necessary education/training? Is the restricted activity part of entry-level competencies or is additional education/training required?
	Does the regulated member have the skills to perform the restricted activity autonomously?
Practice Setting Support	Is the restricted activity within the role of the regulated member's role within their practice setting?
	Is the restricted activity appropriate to the practice setting?
	Does the regulated member have available facilities and equipment, clinical support tools (where required), and policies?
	Is performance of the restricted activity consistent with best practice?

**If the answer to any of the above was "No",
further planning and consultation are needed.**

Questions? Contact a CARNA Policy & Practice Consultant at 1 (800) 252-9392 Ext 504

Specific Clinical Examples

The *Health Professions Act* recognizes that health professionals have overlapping scopes of practice as several health professionals have authority to perform the same restricted activity. The context of the practice situation determines the extent to which a health professional will practice within their optimized scope, and incorporate the restricted activity into their practice. The following clinical situations provide guidance for regulated members and their employers when incorporating a specific restricted activity into practice.

Suturing

The *Registered Nurses Profession Regulation* authorizes regulated members to perform the following restricted activity:

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.

There are instances in practice where regulated members might engage in approximating the edges of a wound using sterile suture material and a needle, provided they follow and meet the expectations outlined in the *Restricted Activities Standards* (2019).

Performance of this restricted activity by a regulated member requires:

- education beyond foundational knowledge and is applied to this restricted activity being incorporated into their practice;
 - ◆ For example, the regulated member may discuss with a clinical nurse educator regarding any learning modules or preceptorship opportunities;
- development of practice setting support to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Pessary management

The *Registered Nurses Profession Regulation* authorizes regulated members to perform the following restricted activity:

15 (1)(b) to insert or remove instruments, devices, fingers or hands

(v) beyond the labia majora

There are instances in practice where regulated members might engage in the placement and monitoring of a vaginal device for management of pelvic floor/ urogynecological wellness, provided they follow and meet the expectations outlined in the *Restricted Activities Standards* (2019).

Performance of this restricted activity by a regulated member requires:

- education beyond foundational knowledge and is applied to this restricted activity being incorporated into their practice;
 - ◆ For example, a regulated member may seek external learning opportunities on urogynecological wellness;
- development of practice setting support to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Ordering ionizing radiation by a Registered Nurse (RN)

The *Registered Nurses Profession Regulation* authorizes regulated members to perform the following restricted activity:

15 (2.1) A regulated member registered on the registered nurse register may, within the practice of registered nursing perform the restricted activity of ordering any form of ionizing radiation in medical radiography.

The restricted activity of RNs ordering any form of ionizing radiation in medical radiography can provide timely access to meet client needs. RNs may order ionizing radiation in medical radiography, as outlined in a **clinical support tool**, when appropriate for a client in a specific situation. Such as:

- verification/confirmation of correct placement of devices (Chest x-ray to confirm placement of a PICC line, abdominal x-ray to confirm placement of a nasointestinal feeding tube); and
- identification or monitoring of a health problem (Chest x-ray for TB screening).

Registered nurses must use a clinical support tool to guide their decision to order medical radiography. It is outside of the RN scope of practice to interpret medical radiography results. The clinical support tool used by the RN should outline which regulated health-care professional will assume responsibility for the interpretation of the results, and will discuss with the RN follow up of the tests that the RN has ordered as outlined in the clinical support tool.

Regulated members performing this restricted activity must follow and meet the expectations outlined in the *Restricted Activities Standards* (2019).

Nurse Practitioner (NP) setting or resetting a bone fracture

The *Registered Nurses Profession Regulation* authorizes NPs to perform the following restricted activity in accordance with the *Restricted Activities Standards* (2019):

15(5) (a) to set or reset a fracture of a bone

Any manipulation of a fracture beyond casting or simple alignment of a limb requires additional knowledge and skill. Before NPs incorporate this restricted activity into their practice, they require additional education and practise, beyond foundational knowledge. This additional education may include a preceptorship to provide NPs with the opportunity to consolidate knowledge, skills, and judgment specific to set or reset a fracture of a bone.

Performance of this restricted activity by an NP requires:

- education beyond foundational knowledge and is applied to this restricted activity being incorporated into their practice;
 - ◆ For example, an NP working in urgent care could gain competence through preceptorship with a physician or NP colleague in their practice setting;
- development of practice setting support to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Glossary

Client – The term client(s) can refer to patients, residents, families, groups, communities, and population (CARNA, 2013).

Clinical support tool – An evidence-informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic test, and ordering of medical radiography. The clinical support tool may be in the form of a protocol, algorithm, or clinical practice guideline.

Competence – The integrated knowledge, skills, judgment, and attributes required of a regulated member to practise safely and ethically in a designated role and setting (CARNA, 2019).

Competencies – The observable ability of a registered nurse that integrates the knowledge, skills, abilities, and judgment required to practise nursing safely and ethically (CARNA, 2019).

Regulated members – CARNA regulated members include: registered nurses, graduate nurses, certified graduate nurses, nurse practitioners, graduate nurse practitioners, and courtesy permit holders.

Restricted activity – The restricted activities identified in Schedule 7.1 of the *Government Organization Act* provide a legal framework for authorization by a regulatory college of those restricted activities their regulated members can perform.

References

- Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- College and Association of Registered Nurses of Alberta. (2019). *Competencies for registered nurse prescribing schedule 1 drugs and ordering diagnostic tests*. Edmonton, AB: Author.
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- College of Registered Nurses of Nova Scotia. (2015). *Adding new interventions to the registered nurse role*. Halifax, NS: Author.
- Government Organization Act*, R.S.A. 2000, Sch. 7.1.
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Registered Nurses Profession Regulation*, Alta. Reg. 232/2005.

Appendix A: Legislated Scope of Practice Statement for the Profession of Registered Nurses

The *Health Professions Act* was developed to regulate health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific skill or health service and different professions may provide the same health services.

Schedule 24, Section 3 of the HPA provides the following legislated scope of practice statement for the profession of registered nurses:

- 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) coordinate, 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: Restricted Activities Authorized by the Registered Nurses Profession Regulation

Section 15 of the *Registered Nurses Profession Regulation* (2005) identifies restricted activities that regulated members are authorized to perform.

Restrictions

- 14.1(1)** Despite sections 15 to 18, 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 their 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.
- (3)** A regulated member or other person shall not supervise the performance of a restricted activity unless the regulated member or person is authorized or permitted to perform the restricted activity without being supervised.
- (4)** A regulated member or other person who supervises the performance of a restricted activity under sections 15 to 18 must do so in accordance with the Standards of Practice.
- 15(1)** A regulated member registered on any register may, within the practice of registered nursing, 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;
- (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 or apply non-ionizing radiation in ultrasound imaging, other than the application of ultrasound to a fetus;
- (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) Despite subsection (1)(e), 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 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 may, within the practice of registered nursing perform the restricted activity of ordering any form of ionizing radiation in medical radiography.

(2.2) A regulated member registered on the registered nurse register who meets the requirements approved by the Council and who has been authorized to do so by the Registrar may, within the practice of registered nursing, perform the restricted activity of prescribing a Schedule 1 drug.

(4) 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 applying non-ionizing radiation in ultrasound imaging to a fetus, but only under the supervision of a person who provides health services and who is authorized by this Regulation or another regulation under the 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 and a regulated member registered on the provisional register as a graduate nurse practitioner may 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;
- (c) to prescribe blood or blood products;
- (d) to prescribe diagnostic imaging contrast agents;
- (e) to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols;
- (f) to order or apply any form of ionizing radiation in medical radiography;
- (g) to order any form of ionizing radiation in nuclear medicine;
- (h) to order non-ionizing radiation in magnetic resonance imaging;
- (i) to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.

(6) In this section,

- (a) Schedule 1 drug means a Schedule 1 drug within the meaning of Part 4 of the Pharmacy and Drug Act;
- (b) Schedule 2 drug means a Schedule 2 drug within the meaning of Part 4 of the Pharmacy and Drug Act.