

Standards

CARNA College & Association of
Registered Nurses of Alberta

Restricted Activities Standards

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The *Health Professions Act* (HPA) introduces the concept of restricted activities. Restricted activities are high risk activities performed as a part of providing a **health service**¹ that requires specific **competencies** to be carried out safely by authorized persons. The complete list of restricted activities is in Schedule 7.1 of the *Government Organization Act* (2000). HPA provides authority to the regulatory college to make a regulation that authorizes those restricted activities in Schedule 7.1 that its **regulated members** may perform and any conditions or supervisory requirements.

The *Registered Nurses Profession Regulation* (2005) authorizes the restricted activities regulated members may provide and the categories of regulated members that are authorized to perform them. However, the authorization of a restricted activity in the regulation does not mean that a regulated member can perform any identified restricted activity in any situation, in any practice area.

Purpose

This document identifies **standards** and expectations for performing restricted activities by regulated members. Restricted activities are only one component of **client** care. The performance of a restricted activity in the provision of client care must be performed along with:

- assessment,
- **critical inquiry**,
- planning,
- problem solving,
- decision-making,
- monitoring of the client's response, and
- evaluation.

These standards provide further clarification and direction on the provision of a restricted activity within the context of nursing practice. Regulated members must practice within the limits of their own **competence** and perform restricted activities that are appropriate to the regulated member's area of practice.

The Registered Nurses Profession Regulation lists the authorized restricted activities for a regulated member on the register on which they are registered as follows:

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

- registered nurses
- graduate nurses
- certified graduate nurses
- RN or NP courtesy registrants
- nurse practitioners
- graduate nurse practitioners

This document builds on the following CARNA documents that articulate and 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)
- *Entry-Level Competencies for the Practice of Registered Nurses* (2019)
- *Entry-Level Competencies for Nurse Practitioners in Canada* (2016)
- *Practice Standards for Regulated Members* (2013)
- *Prescribing Standards for Nurse Practitioners* (2018)
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (2019)
- *Scope of Practice for Nurse Practitioners* (2017)
- *Scope of Practice for Registered Nurses* (2011)
- *Use of Title Standards* (2019)

All CARNA documents can be found on the CARNA website at www.nurses.ab.ca.

Restricted Activities Authorized by the Registered Nurses Profession Regulation

The restricted activities that regulated members are authorized to perform are identified under section 15 of the *Registered Nurses Profession Regulation (2005)*:

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.

Standards for Restricted Activities

These standards identify the expectations for regulated members who perform restricted activities. The criteria illustrate how the standard must be met, and all criteria must be met in order to achieve the standard. The criteria are not written in order of importance.

Standard 1: Professional Responsibility and Accountability

The regulated member is responsible and accountable for the **restricted activities** they perform within their nursing practice.

Criteria

Every regulated member:

- 1.1 is accountable for their practice including the safe and competent performance of restricted activities;
- 1.2 only performs restricted activities they are authorized and competent to perform, appropriate to their clinical practice area, and the procedure being performed;
- 1.3 complies with organization policy and only performs a restricted activity that is appropriate to the clinical practice area; and
- 1.4 only supervises the performance of restricted activities that they themselves are authorized to perform without being required to have supervision themselves.

The registered nurse and the certified graduate nurse:

- 1.5 can only apply non-ionizing radiation in the application of ultrasound imaging to a fetus under the supervision of a person who provides health services and who is authorized by a regulation under the HPA or by another enactment to apply ultrasound to a fetus.

The registered nurse:

- 1.6 who is authorized to prescribe Schedule 1 drugs (except controlled drugs and substances), and to order diagnostic tests in a specific clinical practice area, must practice in accordance with the standards and criteria outlined in *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (2019);
- 1.7 must use the appropriate **clinical support tool** in their specific clinical practice area to order medical radiography and must:

- 1.7.1 use the guidance and advice provided by CARNA to determine the knowledge and skill required to perform the ordering of medical radiography safely and competently,
- 1.7.2 successfully complete any additional education required by their employer in that specific clinical practice area,
- 1.7.3 know the evidence-based rationale to order the medical radiography as outlined in the clinical support tool,
- 1.7.4 notify a client of any necessary follow-up care,
- 1.7.5 document all interactions with a client, including failed attempts to notify a client about follow-up care,
- 1.7.6 use critical judgment to decide if the order for medical radiography outlined in the clinical support tool is appropriate for the client in the specific situation, and
- 1.7.7 Use the processes outlined in the clinical support tool and organization policies for:
 - 1.7.7.1 collaboration with a health-care professional, who provides health services and is authorized by a regulation under HPA or by another enactment, to order and interpret medical radiography to:
 - a. review results of the medical radiography and consultation report in a timely manner,
 - b. discuss disclosure of the results of the medical radiography to the client, and
 - c. discuss any necessary follow-up care,
 - 1.7.7.2 receiving results of the medical radiography and responding to critical results reported by an imaging facility, and
 - 1.7.7.3 identifying the appropriate health-care professionals that results are directed to; and
- 1.8 must not order any form of:
 - 1.8.1 ionizing radiation in nuclear medicine, radiation therapy, and
 - 1.8.2 non-ionizing radiation in lithotripsy or magnetic resonance imaging.

The nurse practitioner:

- 1.9 must use the guidance and advice provided by CARNA to determine the knowledge and skill required to perform the restricted activity to set or reset a fracture of a bone safely and competently.

Standard 2: Knowledge-Based Practice

The regulated member applies knowledge and skills in the performance of restricted activities.

Criteria

The regulated member:

- 2.1 assesses, uses critical inquiry, plans, problem-solves, makes decisions, documents, monitors the client's response, and evaluates the restricted activity;
- 2.2 engages in **evidence-informed** practice;
- 2.3 assesses the client to determine whether the restricted activity is warranted by considering the known risks and benefits to the client, the **predictability** of the outcomes, and any other factors that may impact client outcomes;
- 2.4 completes any education required by their employer in the clinical practice area to perform a restricted activity;
- 2.5 takes action and provides care if any intended and unintended outcomes arise; and
- 2.6 maintains **competence** necessary to perform restricted activities relevant to their practice.

Glossary

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

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 area to guide decisions related to prescribing, and the ordering of medical radiography. The clinical support tool may be a protocol, an algorithm, or a clinical practice guideline.

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

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

Competent – The application of knowledge, skills, abilities, and judgement required to practise nursing safely and ethically (CARNA, 2019a).

Critical inquiry – This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

Evidence-informed – The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients (CNA, 2010).

Health service – A service provided to people to protect, promote, or maintain their health; to prevent illness; diagnose; treat; rehabilitate; or to take care of the health needs of the ill, disabled, injured or dying (HPA, 2000).

Predictability – Degree to which outcomes can “reasonably be expected to follow an anticipated path with respect to timing and nature” (College of Nurses of Ontario, 2009).

Regulated members – CARNA regulated members include: registered nurses, graduate nurses, certified graduate nurses, nurse practitioners, graduate nurse practitioners, and RN or NP courtesy registrants.

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.

Standard – An authoritative statement that describes the required behavior of every nurse and is used to evaluate individual performance (CNA, 2010).

References

- Brunt, B. A. (2005). Critical thinking in nursing: An integral review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Canadian Health Services Research Foundation. (2005). How CHSRF defines evidence. *Links*, 8(3), 7.
- Canadian Nurses Association. (2010). *Canadian nurse practitioner core competency framework*. Retrieved from http://cna-aiic.ca/~media/cna/files/en/competency_framework_2010_e.pdf.
- College and Association of Registered Nurses of Alberta. (2019a). *Entry-level competencies for the practice of registered nurses*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2019b). *Supervision standards*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2013). *Practice standards for regulated members*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, & College of Registered Psychiatric Nurses of Alberta. (2010). *Decision-making standards for nurses in the supervision of health-care aides*. Edmonton, AB: Author.
- College of Nurses of Ontario. (2009). *Utilization of RNs and RPNs*. Toronto, ON: Author.
- Ellis, J.R., & Hartley, C.L. (2009). *Managing and coordinating nursing care* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Government Organization Act*, R.S.A. 2000, Sch. 7.1.
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Pharmacy and Drug Act*, R.S.A. 2000, c. P-13.
- Registered Nurses Profession Regulation*, Alta. Reg. 232/2005.

Appendix A: Restricted Activities – Specific Clinical Examples

Under HPA health professionals have overlapping scopes of practice. Several professions will have the authority to perform the same restricted activity. The context of the practice situation will determine the extent to which a health professional will perform a restricted activity. The following clinical situations are discussed in order to provide guidance for regulated members and their employers. All examples provided are subject to the standards 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.

Schedule 7.1 of the *Government Organization Act (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 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.

The authority to perform the restricted activity of dispensing and selling does not mean that regulated members 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; and
- 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 Pharmacy has developed *Standards of Practice* for dispensing. They are available on their website (www.abpharmacy.ca) under the ‘Resource Centre’ tab. In any practice area where regulated members will be dispensing medications, the standards of practice developed by the Alberta College of Pharmacy are to be followed. The Alberta College of Pharmacy or a pharmacist must be involved in establishing the infrastructure, policies and procedures in those specific situations where it is appropriate

for regulated members 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; and
- mixing two types of insulin and leaving the syringes with the client for self-administration.

In each of these examples, the regulated member 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.

When policies were first being drafted to guide HPA regulation development, focus groups were held to discuss which restricted activities were being performed by registered nurses. Discussions with RNs indicated that in many rural facilities they were

reducing dislocated shoulders in certain situations before a physician was involved. The intent of this authorization is to allow that practice to continue.

Application of the standards requires:

- policy development to support the practice and identify parameters and limitations;
- education of RNs in performing this restricted activity; and
- 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 regulated members to perform surgery, but is intended to allow for a variety of interventions, such as injections, deep wound debridement, medicated tube feedings and establishing a PICC line, provided the standards 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 anesthesia or sedation.

Nitrous oxide may be 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 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; and
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* (2010) 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 *Supervision Standards* (2019b).