

# Restricted Activities Standards

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## Purpose

This document identifies standards and expectations for performing **RESTRICTED ACTIVITIES**<sup>1</sup> by **REGISTRANTS** to ensure **CLIENT** safety. 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 THINKING**,
- planning,
- problem solving,
- decision-making,
- monitoring of the client's response, and
- evaluation.

These standards provide clarification and direction on the provision of restricted activities within the context of nursing practice. Registrants must practice within the limits of their own **COMPETENCE**, perform restricted activities that are appropriate to the registrant's area of practice, and ensure the restricted activities are performed within the context of care, in the best interests of the client.

This document builds on the following CRNA documents that articulate and further describe the scope of nursing practice for the public, registrants, 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* (2022)
- *Entry-Level Competencies for the Practice of Registered Nurses* (2019)
- *Entry-Level Competencies for Nurse Practitioners in Canada* (2016)
- *Practice Standards for Registrants* (2023)
- *Prescribing Standards for Nurse Practitioners* (2022)
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (2022)
- *Scope of Practice for Nurse Practitioners* (2022)
- *Scope of Practice for Registered Nurses* (2022)
- *Supervision Standards* (2022)

All of the CRNA documents can be found on the CRNA website at [www.nurses.ab.ca](http://www.nurses.ab.ca).

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<sup>1</sup> Words and phrases displayed in **BOLD CAPITALS** upon first mention are defined in the Glossary.

## Legislation

The *Health Professions Act* (HPA, 2000) introduces the concept of restricted activities. Restricted activities are high risk activities performed as a part of providing a **HEALTH SERVICE** that require specific competencies to be carried out safely by authorized persons. The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes registrants to perform specific restricted activities. Furthermore, the HPA provides authority to the regulatory college to adopt standards of practice that set the minimum expectations for how a registrant performs the restricted activity, who is permitted to perform the restricted activity under the **SUPERVISION** of a registrant, and how a registrant must supervise persons who provide restricted activities under the registrant's supervision.

## Standards for Restricted Activities

These standards for performance of restricted activities identify the minimum expectations of CRNA registrants. The criteria describe how registrants must meet each standard and are not listed in order of importance.

### Standard 1: Professional Responsibility and Accountability

The registrant is responsible and **ACCOUNTABLE** for the restricted activities they perform within their nursing practice.

#### Criteria

The registrant

- 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 employer requirements 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 and competent to perform without being required to have supervision themselves.

## Standard 2: Knowledge-based Practice

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

### Criteria

The registrant

- 2.1 assesses, uses critical thinking, 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.

## Standard 3: Authority to Perform Restricted Activities

Registrants may perform the restricted activities that are authorized within the category of the register in which they are registered. The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes the restricted activities that each category on the register may provide and are as follows:

- registered nurse (RN) register
- **CERTIFIED GRADUATE NURSE** register
- nurse practitioner (NP) register
- provisional register (as **GRADUATE NURSE** and **GRADUATE NURSE PRACTITIONER**)
- RN and NP on the courtesy register

However, the authorization of a restricted activity in the regulation does NOT mean that a registrant can perform any identified restricted activity in any situation or in any practice area. The criteria of Standards 1 and 2 must be met.

**Registrants on any category of the register can**

- 3.1** cut a body tissue, administer anything by an invasive procedure on body tissue or perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane;
- 3.2** insert or remove instruments, devices, fingers or hands
  - 3.2.1** beyond the cartilaginous portion of the ear canal,
  - 3.2.2** beyond the point in the nasal passages where they normally narrow,
  - 3.2.3** beyond the pharynx,
  - 3.2.4** beyond the opening of the urethra,
  - 3.2.5** beyond the labia majora,
  - 3.2.6** beyond the anal verge, or
  - 3.2.7** into an artificial opening into the body;
- 3.3** insert into the ear canal, under pressure, liquid, air or gas;
- 3.4** reduce a dislocation of a joint;
- 3.5** **DISPENSE, COMPOUND**, provide for selling or sell a **SCHEDULE 1 DRUG** or **SCHEDULE 2 DRUG**, however, must 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;
- 3.6** administer a vaccine or parenteral nutrition;
- 3.7** compound or administer blood or blood products;
- 3.8** administer diagnostic imaging contrast agents;
- 3.9** administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- 3.10** prescribe or administer nitrous oxide, for the purposes of anaesthesia or sedation;
- 3.11** order or apply non-ionizing radiation in ultrasound imaging, other than the application of ultrasound to a fetus;
- 3.12** perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs
  - 3.12.1** judgment,

- 3.12.2 behaviour,
- 3.12.3 capacity to recognize reality, or
- 3.12.4 ability to meet the ordinary demands of life;

3.13 manage labour or deliver a baby.

**Registrants on the registered nurse register and the certified graduate nurse register can**

3.14 apply non-ionizing radiation in the application of ultrasound imaging to a fetus, but only under the supervision of a person who provides health services and who is authorized by a regulation under the HPA (2000) or by another enactment to apply ultrasound to a fetus.

**Registrants on the registered nurse register can**

- 3.15 when authorized by the registrar, prescribe Schedule 1 drugs (except controlled drugs and substances), and order diagnostic tests in a specific clinical practice area, and must practice in accordance with the standards and criteria outlined in *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (CRNA, 2022a);
- 3.16 order any form of ionizing radiation in medical radiography;
- 3.17 in addition to 3.16, use the appropriate **CLINICAL SUPPORT TOOL** in their specific clinical practice area to order medical radiography and must
  - 3.17.1 use the guidance and direction provided by the CRNA to determine the knowledge and skill required to perform the ordering of medical radiography safely and competently,
  - 3.17.2 successfully complete any additional education required by their employer in that specific clinical practice area,
  - 3.17.3 know the evidence-informed rationale to order the medical radiography as outlined in the clinical support tool,
  - 3.17.4 notify a client of any necessary follow-up care,
  - 3.17.5 document all interactions with a client, including failed attempts to notify a client about follow-up care,
  - 3.17.6 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
  - 3.17.7 use the processes outlined in the clinical support tool and employer requirements for

- 3.17.7.1** collaboration with a health-care professional, who provides health services and is authorized by a regulation under the HPA (2000) 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,
- 3.17.7.2** receiving results of the medical radiography and responding to critical results reported by an imaging facility, and
- 3.17.7.3** identifying the appropriate health-care professionals that results are directed to; and

**3.18** not order any form of

**3.18.1** ionizing radiation in nuclear medicine, radiation therapy, and

**3.18.2** non-ionizing radiation in lithotripsy or magnetic resonance imaging.

**Registrants on the nurse practitioner register, the courtesy register as nurse practitioners, and the provisional register as graduate nurse practitioners, can perform all the restricted activities that registrants on any category of the register can perform, and additionally can**

- 3.19** set or reset a fracture of a bone, however must use the guidance and advice provided by the CRNA to determine the knowledge and skill required to perform the restricted activity to set or reset a fracture of a bone safely and competently;
- 3.20** prescribe a Schedule 1 drug;
- 3.21** prescribe blood or blood products;
- 3.22** prescribe diagnostic imaging contrast agents;
- 3.23** prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- 3.24** order or apply any form of ionizing radiation in medical radiography;
- 3.25** order any form of ionizing radiation in nuclear medicine;
- 3.26** order non-ionizing radiation in magnetic resonance imaging;
- 3.27** order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.

## Glossary

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

**CERTIFIED GRADUATE NURSE** – Prior to 1983 this individual was a registrant who met all the requirements for registration except for the registration exam, as the legislation in effect at the time did not require them to pass a registration exam. When the *Nursing Profession Act* was proclaimed in 1983, a certified graduate nurse was grandfathered on the register. This category continues to exist in the HPA (2000); however; no new Alberta nurse can be added to this category.

**CLIENT** – The term client(s) can refer to patients, residents, families, groups, communities, and populations.

**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.

**COMPETENCE** – The integrated knowledge, skills, judgement, and attributes required of a nurse to practice safely and ethically in a designated role and setting.

**COMPOUND** – “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” (HPA, 2000).

**CRITICAL THINKING** – Purposeful, informed and outcome-focused thinking that includes clinical reasoning, judgment, and decision-making (Alfaro-LeFevre, 2013).

**DISPENSE** – “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” (HPA, 2000).

**EVIDENCE-INFORMED** – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

**GRADUATE NURSE** – A graduate of an approved or recognized entry-level nursing education program or an internationally educated nurse (IEN) applicant who is on the provisional register and is in the process of meeting the CRNA registered nurse registration requirements.

**GRADUATE NURSE PRACTITIONER** – A graduate of an approved nurse practitioner program who is on the provisional register and is in the process of meeting the CRNA nurse practitioner registration requirements. These individuals may be graduates from an approved nurse practitioner program leading to initial nurse practitioner registration or internationally educated nurse practitioner.

**HEALTH SERVICE** – “A service provided to people

- a. to protect, promote or maintain their health,
- b. to prevent illness,
- c. to diagnose, treat, rehabilitate, or
- d. to take care of health needs of the ill, disabled, injured or dying” (HPA, 2000).

**PREDICTABILITY** – The extent to which one can identify in advance a client’s response on the basis of observation, experience, or scientific reason. It involves assessment of how effectively the health condition is managed, the changes likely to occur, and whether the type or timing of changes can be anticipated.

**REGISTRANT(S)** – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

**RESTRICTED ACTIVITIES** – High risk activities that require specific competencies and skills to be carried out safely and are listed in the HPA (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

**SCHEDULE 1 DRUG** – Means Schedule 1 drug within the meaning of Part 4 of the *Pharmacy and Drug Act* (2000).

**SCHEDULE 2 DRUG** – Means a Schedule 2 drug within the meaning of Part 4 of the *Pharmacy and Drug Act* (2000).

**SUPERVISION** – The consultation, guidance, and oversight by a registrant in the practice setting. Supervision may be direct, indirect, or indirect remote (CRNA, 2022b).

## References

Alfaro-LeFevre, R. (2013). *Critical thinking, clinical reasoning and clinical judgement: A practical approach*. Elsevier Saunders.

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*Health Professions Act, RSA 2000, c H-7.*

*Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60.*

*Pharmacy and Drug Act, RSA 2000, c P-13.*