

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### Midwives: Regulatory Supervision of Students

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the new practice standard *Midwives: Regulatory Supervision of Students* set out in Appendix A of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered the new practice standard and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the practice standard set out in Appendix A as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the new practice standard *Midwives: Regulatory Supervision of Students* set out in Appendix A of the Briefing Note;

**AND FURTHER RESOLVED** that the Board approves the conversion of the practice standard *Midwives: Regulatory Supervision of Students* into BCCNM Bylaws, as set out in Appendix A of the Briefing Note, to take effect on April 1, 2026.

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Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

**PRACTICE STANDARD**

# Midwives: Regulatory supervision of students

## Introduction

This practice standard outlines the responsibilities of midwives who provide **regulatory supervision** for **students** while the student is in the process of fulfilling the requirements of their BCCNM recognized **education program** (or equivalent).<sup>1</sup>

Regulatory supervision is the process midwives use when **students** are performing **restricted activities** or any other activity related to the care of clients that requires the professional knowledge, skills, ability and judgment of a midwife (together referred to as **activities** in this standard) or are using **reserved titles**, under the midwife's supervision.<sup>2</sup>

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<sup>1</sup> Midwives are also expected to comply with Part 1 of this practice standard when they provide supervision for students enrolled in an education program recognized by another health profession regulatory college, in accordance with any bylaws of that other college that authorize midwives to provide supervision. For that purpose, a reference in Part 1 to a BCCNM-recognized education program is deemed to include the education program recognized by the other college.

<sup>2</sup> This includes supervision provided for activities under section 32(b)(i) of the *Health Professions and Occupations Act* for an LPN student, RPN student, RN student, NP student or midwifery student while the student is performing an activity described in section 29 of the Act or using a title described in section 30 of the Act.

## Standards

### Part 1: Regulatory supervision of students

1. Midwives who provide regulatory supervision for students must have a practising or multijurisdictional licence in good standing with BCCNM.
2. Midwives are responsible and accountable for their decisions associated with providing regulatory supervision for students.
3. Midwives are responsible for the overall care of clients when students are performing activities for clients under regulatory supervision.
4. Midwives obtain consent from the client, when possible, about a student's involvement in their care.
5. Midwives who provide regulatory supervision for students do so in alignment with applicable policies and procedures of the educational institution and/or practice setting.

#### Determining Student Activities

6. Midwives may only provide regulatory supervision for student activities:
  - a. within the midwife's own scope of practice and individual competence, and
  - b. after determining that the student has attained sufficient knowledge, skills, ability and judgment through their BCCNM-recognized education program (or equivalent) to safely perform the activity under supervision.

#### Setting Conditions for the Performance of Student Activities

7. Midwives who provide regulatory supervision for students set the conditions for the student to perform activities, considering:
  - a. the student's level of knowledge, skill, ability and judgment,
  - b. the student's experiences and individual needs,
  - c. the client's condition, needs, and consent,
  - d. the complexity of the activities to be performed,
  - e. potential and actual risks to the client,
  - f. the level of supervision the student requires,
  - g. the practice setting and work environment,

- h. the involvement of others in supervising or overseeing the activities,
  - i. the plan to evaluate care, and
  - j. applicable policies and procedures of the educational institution and/or practice setting.
8. Midwives who provide regulatory supervision for students:
- a. ensure there is an appropriate supervision plan for the student's activities given the conditions they set for the student to perform activities,
  - b. at a minimum, ensure the student can readily access an appropriate regulated health professional for consultation and feedback while the student performs activities, and
  - c. review and revise supervision plans on an ongoing basis.
9. Midwives who provide regulatory supervision for students may decide to involve another health professional in the supervision or oversight of student activities if the involvement of the other health professional supports the student to achieve the competencies of their BCCNM-recognized education program (or equivalent).

### **Communication**

10. Midwives who provide regulatory supervision for students:
- a. communicate with the student, faculty, and/or other health professionals to ensure clear roles and responsibilities when more than one midwife or another health professional is involved in supervising or overseeing student activities,
  - b. guide the student on their professional responsibilities and help them address professional practice issues (e.g., racism, discrimination, boundaries with clients) in a timely and constructive manner,
  - c. create an environment that prioritizes safety, supports the student to communicate client safety risks or incidents (e.g. human error, near misses, injury, racism, discrimination), assists the student to manage safety incidents, and ensures incidents are reported according to applicable policies and procedures of the practice setting and/or educational institution,
  - d. ensure the student is made aware of relevant practice setting policies and procedures,
  - e. ensure the student uses the appropriate title when:
    - i) communicating with the client and health care team and
    - ii) documenting on the client record,

- f. communicate with students in a respectful manner and take action to create a safe learning environment, and
- g. seek opportunities to self-reflect, attain knowledge and take action to create culturally safe learning experiences for Indigenous students and safe health care experiences for clients in alignment with the *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard.

## Glossary

**Activities:** refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a midwife.

**Client:** person(s) receiving health services.

**Education program:** a program or course of academic or technical education offered as qualifying its graduates to meet a condition or requirement established in the *BCCNM General Bylaws* for licensure with BCCNM to practise one or more of the designated health professions of practical nursing, psychiatric nursing, nursing, or midwifery.

Education programs include:

- a. an entry-level education program that prepares graduates for initial licensure with BCCNM as a licensed practical nurse, nurse practitioner, registered midwife, registered nurse, or registered psychiatric nurse; or
- b. a re-entry, refresher program, or bridging program that prepares its graduates to meet BCCNM eligibility standards.

Equivalent programs include entry-level, re-entry, refresher or bridging programs from other provinces or territories in Canada, approved by that province or territory's regulator.

**Regulatory supervision:** the process midwives use when students are performing restricted activities or any other activity that requires the professional knowledge, skills, ability and judgment of a midwife or are using reserved titles, under the midwife's supervision.<sup>3</sup>

**Reserved title:** titles that are reserved for the use of specified health professions by the regulations under the *Health Professions and Occupations Act*, including the *Nurses and Midwives Regulation*.

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<sup>3</sup> Other regulated health professionals may also provide regulatory supervision for student midwives and student nurses while they are in the process of fulfilling the requirements of their education program, in accordance with any associated education program review policies and/or education institution policies and the BCCNM General Bylaws.

Student midwives and student nurses may use reserved titles as authorized by Part 10 of the *BCCNM General Bylaws* while acting under regulatory supervision in accordance with section 32 of the *Health Professions and Occupations Act*.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**Student:** a person enrolled in an entry-level, re-entry, refresher or bridging program recognized by BCCNM or another health profession regulatory college in BC.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

*Updates to the Regulatory Supervision of Students, the Nurse Practitioners Scope of Practice Part 2, A: Regulatory Supervision of Nurse Practitioner Student Restricted Activities and the Employed Student Registrant practice standards*

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the revised practice standards *Nurses: Regulatory Supervision of Students* set out in Appendix D and *Employed Student Licensees* set out in Appendix E of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered those practice standards and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the practice standards set out in Appendices D and E as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the revised practice standards *Nurses: Regulatory Supervision of Students* set out in Appendix D and *Employed Student Licensees* set out in Appendix E of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of the practice standards *Nurses: Regulatory Supervision of Students* set out in Appendix D and *Employed Student Licensees* set out in Appendix E into BCCNM Bylaws, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established *Regulatory Supervision of Students*; *Nurse Practitioners Scope of Practice Part 2, A: Regulatory Supervision of Nurse Practitioner Student Restricted Activities*; and *Employed Student Registrants* practice standards consequential to the *Nurses: Regulatory Supervision of Students* set out in Appendix D and *Employed Student Licensees* set out in Appendix E of the Briefing Note coming into effect as bylaws.

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Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

## PRACTICE STANDARD

# Nurses: Regulatory supervision of students

## Introduction

This practice standard outlines the responsibilities of **nurses** who provide **regulatory supervision** for **students**, including **employed student licensees**. Regulatory supervision is the process nurses use when students or employed student licensees are performing **restricted activities** or any other activity related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse (together referred to as **activities** in this standard) or are using **reserved titles**, under the nurse's supervision.<sup>1</sup>

This practice standard is divided into two parts:

### Part 1: Regulatory supervision of students

This part outlines the responsibilities nurses have when they provide regulatory supervision while the student is in the process of fulfilling the requirements of their BCCNM recognized **education program** (or equivalent).<sup>2</sup>

### Part 2: Regulatory supervision of employed student licensees

This part outlines the responsibilities NPs, RNs and RPNs have when they provide regulatory supervision for **employed student licensees** in the course of their employment.

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<sup>1</sup> This includes supervision provided for activities under section 32(b)(i) of the *Health Professions and Occupations Act* for an LPN student, RPN student, RN student, NP student or midwifery student while the student is performing an activity described in section 29 of the Act or using a title described in section 30 of the Act.

<sup>2</sup> Nurses are also expected to comply with Part 1 of this practice standard when they provide supervision for students enrolled in an education program recognized by another health profession regulatory college, in accordance with any bylaws of that other college that authorize nurses to provide supervision. For that purpose, a reference in Part 1 to a BCCNM-recognized education program is deemed to include the education program recognized by the other college.

## Standards

### Part 1: Regulatory supervision of students

1. Nurses who provide regulatory supervision for students must have a practising or multijurisdictional licence in good standing with BCCNM.
2. Nurses are responsible and accountable for their decisions associated with providing regulatory supervision for students.
3. Nurses are responsible for the overall care of clients when students are performing activities for clients under regulatory supervision.
4. Nurses obtain consent from the client, when possible, about a student's involvement in their care.
5. Nurses who provide regulatory supervision for students do so in alignment with applicable policies and procedures of the educational institution and/or practice setting.

#### Determining Student Activities

6. Nurses may only provide regulatory supervision for student activities:
  - a. within the nurse's own scope of practice and individual competence, and
  - b. after determining that the student has attained sufficient knowledge, skills, ability and judgment through their BCCNM-recognized education program (or equivalent) to safely perform the activity under supervision.

#### Setting Conditions for the Performance of Student Activities

7. Nurses who provide regulatory supervision for students set the conditions for the student to perform activities, considering:
  - a. the student's level of knowledge, skill, ability and judgment,
  - b. the student's experiences and individual needs,
  - c. the client's condition, needs, and consent,
  - d. the complexity of the activities to be performed,
  - e. potential and actual risks to the client,
  - f. the level of supervision the student requires,
  - g. the practice setting and work environment,
  - h. the involvement of others in supervising or overseeing the activities,

- i. the plan to evaluate care, and
  - j. applicable policies and procedures of the educational institution and/or practice setting.
8. Nurses who provide regulatory supervision for students:
- a. ensure there is an appropriate supervision plan for the student's activities given the conditions they set for the student to perform activities,
  - b. at a minimum, ensure the student can readily access an appropriate regulated health professional for consultation and feedback while the student performs activities, and
  - c. review and revise supervision plans on an ongoing basis.
9. Nurses who provide regulatory supervision for students may decide to involve another health professional in the supervision or oversight of student activities if the involvement of the other health professional supports the student to achieve the competencies of their BCCNM-recognized education program (or equivalent).

### Communication

10. Nurses who provide regulatory supervision for students:
- a. communicate with the student, faculty, and/or other health professionals to ensure clear roles and responsibilities when more than one nurse or another health professional is involved in supervising or overseeing student activities,
  - b. guide the student on their professional responsibilities and help them address professional practice issues (e.g., racism, discrimination, boundaries with clients) in a timely and constructive manner,
  - c. create an environment that prioritizes safety, supports the student to communicate client safety risks or incidents (e.g. human error, near misses, injury, racism, discrimination), assists the student to manage safety incidents, and ensures incidents are reported according to applicable policies and procedures of the practice setting and/or educational institution,
  - d. ensure the student is made aware of relevant practice setting policies and procedures,
  - e. ensure the student uses the appropriate title when:
    - i) communicating with the client and health care team and
    - ii) documenting on the client record,
  - f. communicate with students in a respectful manner and take action to create a safe learning environment, and

g. seek opportunities to self-reflect, attain knowledge and take action to create culturally safe learning experiences for Indigenous students and safe health care experiences for clients in alignment with the *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard.

## Part 2: Regulatory supervision of employed student licensees

1. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees must have a practising or multijurisdictional licence in good standing with BCCNM.
2. NPs, RNs and RPNs are responsible and accountable for their decisions associated with providing regulatory supervision for employed student licensees.
3. Nurses are responsible for the overall care of clients when employed student licensees are performing activities for clients under a NP, RN or RPN's regulatory supervision.
4. NPs, RNs and RPNs obtain consent from the client, when possible, about an employed student licensee's involvement in their care.
5. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees must know the limits and conditions for employed student licensees outlined in the *Employed student licensees* practice standard.

### Determining Employed Student Licensee Activities

6. NPs, RNs and RPNs may only provide regulatory supervision for employed student licensees:
  - a. within the NP, RN or RPN's own scope of practice and individual competence, and
  - b. after determining that the employed student licensee has attained sufficient knowledge, skills, ability and judgment through their BCCNM-recognized education program (or equivalent) to safely perform the activity under supervision.

### Setting Conditions for the Performance of Employed Student Licensee Activities

7. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees set the conditions for the employed student licensee to perform activities, considering:
  - a. the employed student licensee's level of knowledge, skill, ability, and judgment,
  - b. the employed student licensee's experiences and individual needs,
  - c. the client's condition, needs, and consent,
  - d. the complexity of the activities to be performed,
  - e. potential and actual risks to the client,

- f. the level of supervision the employed student licensee requires,
  - g. the practice setting and work environment,
  - h. the involvement of others in supervising or overseeing the activities,
  - i. the plan to evaluate care, and
  - j. employer policies and procedures.
8. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees:
- a. ensure there is an appropriate supervision plan for the employed student licensee's activities given the conditions they set for the employed student licensee to perform activities,
  - b. at a minimum, ensure a NP, RN or RPN is physically present and readily available to provide consultation and/or feedback in the practice setting, and
  - c. review and revise supervision plans on an ongoing basis.
9. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees may decide to involve another health professional in the oversight of the employed student licensee's activities if the involvement of the other health professional supports the safe provision of care while the employed student licensee consolidates competencies attained through their BCCNM-recognized entry-level education program (or equivalent).

### **Communication**

10. NPs, RNs and RPNs who provide regulatory supervision for employed student licensees:
- a. communicate with the employed student licensee and other health professionals to ensure clear roles and responsibilities when more than one NP, RN or RPN or another health professional is involved in supervising or overseeing the employed student licensee's activities,
  - b. guide the employed student licensee on their professional responsibilities and help them address professional practice issues (e.g., racism, discrimination, boundaries with clients) in a timely and constructive manner,
  - c. create an environment that prioritizes safety, supports the employed student licensee to communicate client safety risks or incidents (e.g. human error, near misses, injury, racism, discrimination), assists the employed student licensee to manage safety incidents, and ensures incidents are reported according to employer policies and procedures,

- d. ensure the employed student licensee is made aware of relevant employer policies and procedures,
- e. communicate with employed student licensees in a respectful manner and take action to create a safe learning environment, and
- f. seek opportunities to self-reflect, attain knowledge and take action to create culturally safe learning experiences for Indigenous employed student licensees and safe health care experiences for clients in alignment with the *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard.

## Glossary

**Activities:** refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Client:** person(s) receiving health services.

**Education program:** a program or course of academic or technical education offered as qualifying its graduates to meet a condition or requirement established in the *BCCNM General Bylaws* for licensure with BCCNM to practise one or more of the designated health professions of practical nursing, psychiatric nursing, nursing, or midwifery.

Education programs include:

- a. an entry-level education program that prepares graduates for initial licensure with BCCNM as a licensed practical nurse, nurse practitioner, registered midwife, registered nurse, or registered psychiatric nurse; or
- b. a re-entry, refresher program, or bridging program that prepares its graduates to meet BCCNM eligibility standards.

Equivalent programs include entry-level, re-entry, refresher or bridging programs from other provinces or territories in Canada, approved by that province or territory's regulator.

**Employed student licensee:** refers to students who are employed in a health care setting as an employed student nurse or an employed student psychiatric nurse and hold employed student licensure with BCCNM, in accordance with the *BCCNM General Bylaws*. They may only perform activities in the course of their employment when supervised by a practising NP or a practising or

multijurisdictional RN or RPN who has accepted the responsibility for regulatory supervision in accordance with Part 2 of this practice standard.<sup>3</sup>

**Nurse:** refers to licensed practical nurses, nurse practitioners, registered nurses and registered psychiatric nurses licenced with BCCNM.

**Regulatory supervision:** the process nurses use when students or employed student licensees are performing restricted activities, or any other activity that requires the professional knowledge, skills, ability and judgment of a nurse or are using **reserved titles**, under the nurse's supervision.<sup>4</sup>

**Reserved title:** titles that are reserved for the use of specified health professions by the regulations under the *Health Professions and Occupations Act*, including the *Nurses and Midwives Regulation*. Student nurses and student midwives may use reserved titles as authorized by Part 10 of the *BCCNM General Bylaws* while acting under regulatory supervision in accordance with section 32 of the *Health Professions and Occupations Act*.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**Student:** a person enrolled in an entry-level, re-entry, refresher or bridging program recognized by BCCNM or another health profession regulatory college in BC.

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<sup>3</sup> This does not limit the authority of an ESN or ESPN to perform activities while in the process of fulfilling the requirements of their BCCNM-recognized education program, in the same manner as any other student acting under regulatory supervision as contemplated in the *BCCNM General Bylaws*, and Part 1 of this practice standard.

<sup>4</sup> Other regulated health professionals may also provide regulatory supervision for student nurses and student midwives while they are in the process of fulfilling the requirements of their education program, in accordance with any associated education program review policies and/or education institution policies and the BCCNM General Bylaws.

**PRACTICE STANDARD**

# Employed student licensees

## Introduction

This practice standard applies to **employed student licensees** (ESNs and ESPNs) when they are performing **restricted activities** or any other activity related to the care of **clients** that requires the professional knowledge, skills, ability and judgment of a nurse (together referred to as **activities** in this standard), in the course of their employment, under the **regulatory supervision** of a practising NP or a practising or multijurisdictional RN or RPN in accordance with the *Nurse: Regulatory Supervision of Students* practice standard.<sup>1</sup>

## Standards

1. As BCCNM licensees, employed student licensees follow all applicable BCCNM ethics and practice standards that set out requirements for RNs (ESNs) or RPNs (ESPNs).
2. Employed student licensees are responsible and accountable for the care they provide to clients.
3. Employed student licensees take action to ensure they are permitted to perform activities in the course of their employment by:
  - a. knowing which practising NP or practising or multijurisdictional RN or RPN is responsible for the regulatory supervision of their practice,
  - b. confirming that an NP, RN or RPN is physically present and readily available in the practice setting,
  - c. knowing the policies and procedures of the practice setting including the process for obtaining consultation and/or feedback,
  - d. communicating the competencies attained through their BCCNM-recognized **education program** to the NP, RN or RPN providing regulatory supervision and the nurses they are working with, and

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<sup>1</sup> Licensed practical nurses are not authorized by BCCNM's bylaws to provide regulatory supervision for employed student licensees in the course of their employment but may be involved in overseeing care provided by an employed student licensee who is under the regulatory supervision of an NP, RN or RPN.

- e. performing only those activities for which they have attained sufficient knowledge, skill, ability and judgment through their BCCNM-recognized education program and have been permitted to perform by the NP, RN, RPN providing regulatory supervision.
4. Employed student licensees engage in self-reflection and seek feedback on their practice.
5. Employed student licensees ensure they seek opportunities to self-reflect, attain knowledge, take action and create safe health care experiences in alignment with the Indigenous Cultural Safety, Cultural Humility and Anti-Racism practice standard (e.g. by completing BCCNM's From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series).
6. Employed student licensees follow all applicable employer policies including reporting of client safety risks and/or incidents (e.g. human error, near misses, injury, racism, discrimination).
7. Employed student licensees use the appropriate title permitted by BCCNM's bylaws, and communicate to clients, team members, and others that they are employed student nurses or employed student psychiatric nurses and that they are practising under the regulatory supervision of an NP, RN, or RPN.

## Limits and Conditions

1. Employed student licensees do not assume overall responsibility for client care.
2. Employed student licensees do not independently supervise, oversee or direct others.
3. Employed student licensees:
  - a. do not accept verbal/telephone client-specific orders from a regulated health professional (including nurses), and
  - b. only act on new client-specific orders after review by a **nurse** responsible for the client.

## Glossary

**Activities:** refers to restricted activities and any other activity related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Client:** person(s) receiving health services.

**Client-specific order:** an instruction or authorization given by a regulated health professional for a nurse to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Education program:** a program or course of academic or technical education offered as qualifying its graduates to meet a condition or requirement established in the BCCNM General Bylaws for licensure with BCCNM to practise one or more of the designated health professions of practical nursing, psychiatric nursing, nursing, or midwifery

Education programs include:

- a. an entry-level education program that prepares graduates for initial licensure with BCCNM as a licensed practical nurse, nurse practitioner, registered midwife, registered nurse, or registered psychiatric nurse; or
- b. a re-entry, refresher program, or bridging program that prepares its graduates to meet BCCNM eligibility standards.

Equivalent programs include entry-level, re-entry, refresher or bridging programs from other provinces or territories in Canada, approved by that province or territory's regulator.

**Employed student licensee:** refers to students who are employed in a health care setting as an employed student nurse or an employed student psychiatric nurse and hold employed student licensure with BCCNM, in accordance with the BCCNM General Bylaws. They may only perform activities in the course of their employment when supervised by a practising NP or a practising or multijurisdictional RN or RPN who has accepted the responsibility for regulatory supervision in accordance with Part 2 of the Nurse: Regulatory Supervision of Students practice standard.<sup>2</sup>

**Nurse:** refers to licensed practical nurses, nurse practitioners, registered nurses and registered psychiatric nurses licensed with BCCNM.

**Regulatory supervision:** the process nurses use when students or employed student licensees are performing restricted activities or any other activity that requires professional knowledge, skills, ability and judgment or use reserved titles, under the nurse's supervision.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the Health Professions and Occupations Act as a restricted activity.

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<sup>2</sup> This does not limit the authority of an ESN or ESPN to perform to perform activities while in the process of fulfilling the requirements of their BCCNM-recognized education program, in the same manner as any other student acting under regulatory supervision as contemplated by section 32 of the *Health Professions and Occupations Act*, Part 10 of the *BCCNM General Bylaws*, and Part 1 of the *Regulatory supervision of students practice standard*.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### Nurses: Delegation to Unregulated Care Providers Practice Standard

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the revised *Nurses: Delegation to Unregulated Care Providers* set out in Appendix B of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board, a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered the *Nurses: Delegation to Unregulated Care Providers* practice standard and accepts the Committee’s recommendation;

**AND WHEREAS** the BCCNM Board is satisfied that delegated activities may, if the *Nurses: Delegation to Unregulated Care Providers* standard is complied with, be performed without causing harm;

**AND WHEREAS** the Board is satisfied that approving the *Nurses: Delegation to Unregulated Care Providers* practice standard set out in Appendix B as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the *Nurses: Delegation to Unregulated Care Providers* set out in Appendix B of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of the *Nurses: Delegation to Unregulated Care Providers* practice standard into BCCNM Bylaws, as set out in Appendix B of the Briefing Note, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established *Delegation to Unregulated Care Providers* and *Working with Health Care Assistants* practice standards consequential to the *Nurses: Delegation to Unregulated Care Providers* practice standard included in Appendix B of the Briefing Note coming into effect as bylaws.

CERTIFIED A TRUE COPY

Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

## PRACTICE STANDARD

# Nurses: Delegation to Unregulated Care Providers

## Introduction

These standards set out the requirements for when **nurses** (licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners) **delegate** the performance of a **restricted activity** to an **unregulated care provider** (UCP) in accordance with the *Health Professions and Occupations Act*. UCPs, who do not have a legally defined scope of practice, may work under various job titles and descriptions.

Nurses have a professional responsibility to delegate restricted activities appropriately within the healthcare team in the best interest of **clients**. Delegation of restricted activities to UCPs must be carefully assessed to ensure all requirements in this standard are met.

## Standards

1. Nurses who delegate restricted activities to UCPs must have a practising or multijurisdictional licence in good standing with BCCNM.
2. Nurses delegate to UCPs only those restricted activities that fall within the nurse's own scope of practice and individual **competence**.
3. Nurses delegate in alignment with:
  - a. relevant federal and provincial legislation and regulations,
  - b. BCCNM bylaws, standards, limits, and conditions, and
  - c. organizational/employer policies and processes.
4. Nurses delegate to UCPs only in settings where:
  - a. delegation is supported by organizational/employer policies and processes that clearly outline the roles, accountabilities, and responsibilities for all those involved in the delegation, and
  - b. the nurse is satisfied, in the exercise of their own professional judgment, that the setting is one in which delegation can be made safely to the UCP.
5. Nurses are accountable and responsible for their own delegation decisions.
6. When nurses assume responsibility for a client, nurses decide whether to maintain, modify or discontinue a delegation decision made by another nurse, based on their own assessment and clinical judgment.

7. The responsibility for the practice of nursing, practical nursing, or psychiatric nursing cannot be delegated. The nurse must continue to be responsible for the overall assessment, determination of client status, care planning, interventions and care evaluation when delegating the performance of a restricted activity to a UCP.
8. Before delegating the performance of a restricted activity to a UCP, nurses are satisfied that the UCP can and will perform the restricted activity without causing harm, having regard to:
  - a. the UCP's knowledge, skills, ability, and judgment, as demonstrated by the UCP's completion of education, training, experience and/or other qualifications that is, or has been evaluated by the employer to be, sufficient to satisfy the requirements of applicable organizational or employer policies and processes; and
  - b. any other information known to the nurse about the UCP's character, past conduct or other relevant factors.
9. When making a delegation decision for a client, nurses consider:
  - a. client factors such as the client's health status, ability to consent to and direct care, care needs, and cultural considerations,
  - b. the restricted activity to be delegated, including the risk of harm to the client, the complexity of the restricted activity, and the predictability of the outcome,
  - c. care environment factors, and
  - d. organizational/employer policies, processes, and supports.
10. Nurses set client-specific conditions for the performance of a delegated restricted activity by a UCP, such as:
  - a. the level of supervision and support required to ensure the UCP's ability to safely perform the restricted activity, which must at least be sufficient to satisfy the requirements of applicable organizational or employer policies and processes, and may be increased based on the nurse's professional judgment and the client's needs,
  - b. any criteria that must be met in order for the restricted activity to be performed,
  - c. when and how to access an appropriate regulated health professional for consultation and guidance, and/or
  - d. actions to be taken if there is an unexpected outcome.
11. Nurses communicate and collaborate with all those involved in the delegation process, including the UCP performing the delegated restricted activity and the nursing/healthcare team.
12. Nurses ensure that delegation decisions are made in collaboration with the client (or the **client's representative**), respecting their autonomy, values, and right to informed decision-making.
13. When making a delegation decision, nurses document the plan of care for the client including the delegated restricted activities that may be performed by a UCP and any relevant conditions set for the performance of those activities.

14. Nurses evaluate delegation decisions for clients in their care and take action in response to any concerns or risk of harm related to the delegation decision.

## Limits and Conditions

1. Nurses only delegate the performance of restricted activities to UCPs for clients who have a stable or predictable health status.
2. Nurses do not delegate the performance of the following restricted activities to UCPs:
  - a. making a diagnosis;
  - b. prescribing a schedule I, IA, or II drug;
  - c. issuing an authorization to apply hazardous energy, including ultrasound, electromagnetism, laser or X-rays;
  - d. setting a fracture of a bone;
  - e. managing labour or delivery of a baby; or
  - f. designing a therapeutic diet.
3. Nurses do not delegate the performance of the restricted activities of applying hazardous energy, including ultrasound, electricity, electromagnetism, laser or X-rays, unless they have authority under the *Nurses and Midwives Regulation* to issue an authorization to a UCP to perform that activity and they issue an authorization that meets the requirements of section 8 of the *Regulated Health Practitioners Regulation*.

## Glossary

**Client:** person receiving nursing care or services from a nurse.

**Client's representative:** a person with legal authority to give, refuse, or withdraw consent to health care on a client's behalf, including, as appropriate:

1. "committee of the patient" under the *Patients Property Act*,
2. parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
3. representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
4. temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or

5. substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Delegation:** in the course of practising nursing, practical nursing, or psychiatric nursing, delegating the performance of a restricted activity to a person who is not authorized to practise nursing, practical nursing, or psychiatric nursing.

**Nurses:** refers to licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners licensed with BCCNM.

**Regulated health professional:** an individual who is a licensee under the *Health Professions and Occupations Act*.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**Unregulated care provider (UCP):** an individual who is not a regulated health professional and provides health related services (e.g., Health Care Assistant). This includes those who are employed, students in a program leading to employment as an unregulated care provider, or unpaid individuals who are not acting in the capacity of a friend or family member.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### [Alignment of Registered Midwives practice standards with the Nurses and Midwives Regulation and Regulated Health Practitioners Regulation](#)

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the revised practice standards *Midwives: Medications and Substances* and *Midwives: Screening and Diagnostic Tests & Imaging* as set out in Appendices B and C of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board, a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the Board has considered those practice standards and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the practice standards set out in Appendices B and C as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the revised practice standards *Midwives: Medications and Substances* set out in Appendix B and *Midwives: Screening and Diagnostic Tests & Imaging* set out in Appendix C of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of the practice standards *Midwives: Medications and Substances* set out in Appendix B and *Midwives: Screening and Diagnostic Tests & Imaging* set out in Appendix C of the Briefing Note into BCCNM Bylaws, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established *Medication and Substances Standards Limits and Conditions* and *Screening and Diagnostic Tests and Imaging Standards Limits and Conditions* practice standards consequential to the *Midwives: Medications and Substances* set out in Appendix B and *Midwives: Screening and Diagnostic Tests & Imaging* set out in Appendix C of the Briefing Note coming into effect.

CERTIFIED A TRUE COPY

Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

# MIDWIVES:

# MEDICATIONS AND SUBSTANCES

## Introduction

These standards, limits, and conditions establish the expectations that midwives must meet when they prescribe, order, compound, dispense, or administer medications or substances to midwifery clients and their newborns.

## Standards

1. When prescribing, ordering, compounding, dispensing, or administering medications, or when ordering or administering substances, midwives:
  - a. Follow relevant provincial or federal legislation or regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual **competence**.
2. Midwives use current evidence to support their decision-making about **medications** and their medication practices.
3. Midwives follow infection prevention and control principles when performing medication-related activities.
4. Midwives only prescribe, order, compound, dispense, or administer medication in alignment with the drug category, corresponding purposes and BCCNM's Limits and Conditions (see Table 1), unless the medication is prescribed or ordered by a physician or nurse practitioner for another purpose.
5. Certified midwives only prescribe, order, compound, dispense, or administer medication in alignment with the drug category, corresponding purposes and BCCNM's Limits and Conditions (see Table 2) if certified in the appropriate area.
6. Before performing any activities with medications or substances, midwives know the medication or substance's:
  - a. Therapeutic use and indication,
  - b. Expected effects,
  - c. Dosage(s), form (e.g., tablet, liquid) and route of administration,

- d. Precautions, including:
    - i. known risks to the client, fetus, newborn or infant during pregnancy, labour, delivery, and the postpartum period, and
    - ii. known lactation risks,
  - f. Contraindications,
  - g. Interactions,
  - h. Side effects, and
  - i. Adverse effects.
7. When performing any activities with medications or substances, midwives:
- a. Review the client's health history and other relevant factors,
  - b. Perform and document an appropriate clinical evaluation,
  - c. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
  - d. Ask about the client's known allergies and ensure medication allergy information is documented,
  - e. Establish a plan for reassessment/follow-up, and
  - f. Monitor and document the client's response (as appropriate).
8. When performing any activities with medications or substances, midwives educate clients about:
- a. Potential benefits and risks,
  - b. The expected action,
  - c. The duration of therapy,
  - d. Specific precautions or instructions,
  - e. Potential side effects and adverse effects and action to take if they occur,
  - f. Potential interactions between the medication and certain foods, other medications, or substances,
  - g. Handling and storage requirements, and
  - h. Recommended follow-up.

**PRESCRIBING**

9. Midwives complete prescriptions accurately and completely, including:
  - a. The date the prescription was written,
  - b. Client name, address (if available), Personal Health Number (if available), and date of birth,
  - c. Client weight (if required),
  - d. The name of the drug or ingredients, strength if applicable and dose,
  - e. The quantity prescribed and quantity to be dispensed,
  - f. Dosage instructions (e.g., frequency or interval, maximum daily dose, route of administration, duration of therapy, tapering instructions if applicable, etc.),
  - g. Refill authorization if applicable, including number of refills and interval between refills,
  - h. Their name, address, telephone number, written (not stamped) signature, and BCCNM registration number,
  - i. Date of transmission, the name and fax number of the pharmacy intended to receive the transmission, and their fax number if the prescription is being faxed, and
  - j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaptation would be clinically inappropriate.
10. Midwives document the medication(s) prescribed and their indication(s) in the client's medical record.

**DISPENSING**

11. When pharmacy services are not available and dispensing a medication for the client to take home is necessary, midwives:
  - a. Ensure the product has not expired,
  - b. Label the medication with:
    - i. Client name,
    - ii. Medication name, route, strength, and dosage instructions,
    - iii. Date and quantity dispensed,
    - iv. Intended duration of therapy, specified in days (if applicable),
    - v. Name, designation, and initials of the midwife dispensing the medication,
    - vi. Any other information that is appropriate and/or specific to the medication, and

- c. Record dispensing information in the client's record.

## SAFETY

12. Midwives:
  - a. Document all activities with medications or substances accurately, contemporaneously, and legibly in the client record,
  - b. Identify the human and system factors that may contribute to medication or substance errors/events and/or near misses, and act to prevent or minimize them,
  - c. Take action, including following applicable organizational/workplace policies and processes, when an error/event or near miss occurs at any point in a medication or substance-related activity,
  - d. Report adverse medication reactions to the [Canada Vigilance Program](#)<sup>1</sup>, and
  - e. Manage, document, report and disclose any medication or substance-related errors/events.

## INVENTORY MANAGEMENT

13. Midwives who have responsibility for the management of medication and substance inventory follow applicable federal and provincial legislation and applicable organizational/workplace policies and processes, and consult with pharmacists as needed regarding:
  - a. Handling,
  - b. Storage,
  - c. Organization of medication and substances,
  - d. Security,
  - e. Transport,
  - f. Disposal, and
  - g. Recording of medications and substances.

## CONTROLLED DRUGS AND SUBSTANCES

14. When prescribing, ordering, compounding, dispensing, or administering controlled drugs and substances, midwives:

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<sup>1</sup> Health Canada's surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada.

- a. Assess the client in person, or if clinically appropriate, through a virtual healthcare encounter with a visual assessment
  - OR
  - Prescribe or order without a visual assessment only after determining that it is clinically appropriate and only if the client is:
    - i. Known to the midwife, and/or
    - ii. Being assessed in person by another healthcare provider,
  - b. Document their review of the client's PharmaNet medication profile,
  - c. Document the indication and duration for which the controlled drug and substance is being prescribed, the goals of treatment, and the rationale for the drug's use over alternatives (if applicable),
  - d. Prescribe the lowest possible dose and the minimum quantity to be dispensed to achieve therapeutic goal,
  - e. Know the risks of co-prescribing opioid and sedative-hypnotic drugs (e.g., benzodiazepines) and limit co-prescribing whenever possible; document the rationale and the follow-up plan if co-prescribing is necessary, and
  - f. Advise clients about the side effects and risks of controlled drugs and substances as applicable (e.g., physical tolerance, psychological dependence, addiction, diversion).
15. Midwives follow the requirements of the [Controlled Prescription Program](#) for controlled drugs and substances including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

## Limits and conditions

1. Midwives may administer or order any substance by injection, inhalation, or parenteral instillation for the purposes of pain relief, preventing or treating dehydration or blood loss, resuscitation or other emergency measures and other purposes as required for midwifery practice.
2. Midwives:
  - a. Do not prescribe controlled drugs and substances for themselves, a family member, or anyone else who is not a client the midwife is treating in their professional capacity.
  - b. Do not prescribe non-controlled drugs and substances for themselves or a family member except in an urgent or emergent situation when there is no other option.
  - c. Do not provide any person with a blank, signed prescription.

**Table 1: Drug Categories, Purpose and BCCNM Limits and Conditions**

The following table lists the drug category, purpose(s) and any limits and conditions set by BCCNM for which a drug may be prescribed, compounded, dispensed, or administered to a midwifery client or their newborn.

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
<b>Antibiotics</b>	Intra-partum chemoprophylaxis for Group B strep	
	Treatment of topical infection	
	Treatment of breast infection	
	Treatment of urinary tract infection	
	Prophylaxis of ophthalmia neonatorum	
<b>Anesthetics</b>	Performance and repair of episiotomies	
	Repair of lacerations	
	Treatment of topical inflammation	
	Localized pain prophylaxis	
<b>Anticoagulants</b>	Prophylaxis of venous thromboembolism	Midwives prescribe anticoagulants for prophylaxis of venous thromboembolism in hospital only and in accordance with hospital protocols/guidelines.
<b>Antifibrinolytics</b>	Treatment of postpartum hemorrhage	Midwives follow current postpartum hemorrhage treatment guidelines.
<b>Antifungals</b>	Treatment of candidiasis	
<b>Antinauseants/ Antiemetics</b>	Treatment of nausea and vomiting	
<b>Antivirals</b>	Suppression of viral infections during pregnancy and the postpartum period, excluding HIV/AIDS management	
<b>Benzodiazepines</b>	Therapeutic rest in prodromal labour, short term management of excessive anxiety in the postpartum period	Midwives must successfully complete the UBC CPD course titled <i>Opioids and</i>

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
		<i><u>Benzodiazepines: Safe Prescribing for Midwives.</u></i>
<b>Benzodiazepine receptor antagonists</b>	Treatment of benzodiazepine overdose	
<b>Corticosteroids</b>	Treatment of skin inflammation and hemorrhoids	
<b>Galactagogues</b>	Enhancement of breast milk production	
<b>Histamine Antagonists</b>	Manage symptoms associated with allergic reactions Treat signs and symptoms of gastrointestinal discomfort	
<b>Immune globulins</b>	Prophylaxis in the neonate Prophylaxis or treatment of the patient in pregnancy or the postpartum period	Midwives follow health authority protocol/procedures when obtaining consent for, administering, or ordering immune globulins for prophylaxis in the neonate, or prophylaxis or treatment of the patient in pregnancy or the postpartum period. Midwives provide a record of administration of immune globulin(s) to the client's primary care provider (e.g., family physician or nurse practitioner) upon discharge from care.
<b>Inhalants</b>	Pain relief in labour or the immediate postpartum period	
<b>Narcotic Antagonists</b>	Reversal of narcotic-induced depression	
<b>Narcotics</b>	Pain relief in labour or the postpartum period	Midwives must successfully complete the UBC CPD course titled <i><u>Opioids and</u></i>

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
		<p><u><i>Benzodiazepines: Safe Prescribing for Midwives.</i></u></p> <p>Midwives order or administer narcotics for pain relief in labour, in hospital only, and in accordance with hospital protocols/guidelines.</p> <p>Midwives only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum.</p> <p>Midwives do not prescribe extended-release narcotics.</p>
<b>Nitrates</b>	Treatment of hypertonic uterine contractions with non-reassuring fetal status	
<b>Nonsteroidal Anti-Inflammatories</b>	Relief of inflammation and pain	
<b>Sympathomimetics</b>	<p>Treatment of anaphylaxis or allergic reaction following the administration of a drug, vaccine, or serum</p> <hr/> <p>Neonatal resuscitation</p>	<p>Midwives follow current Neonatal Resuscitation Program (NRP) guidelines when conducting neonatal resuscitation.</p>
<b>Uterotonic Agents</b>	Prophylaxis and treatment of uterine atony and postpartum hemorrhage	Midwives follow current guidelines for prophylaxis and treatment of uterine atony and postpartum hemorrhage.
<b>Vaccines</b>	Establishing an immune response	<p>Midwives follow the BC Centre for Disease Control (BCCDC)</p> <p><u><i>Immunization Manual.</i></u></p>
<b>Vitamin and Mineral Supplements</b>	Nutritional therapy and support	

Table 1: Drug Category, Purpose and BCCNM Limits and Conditions for Certified Midwives

The following table lists the drug category, purpose(s) and any limits and conditions set by BCCNM for which a Certified Midwife may prescribe, compound, dispense, or administer a drug to a midwifery client.

Drug Category	Purpose	BCCNM Limits and Conditions
<b>Antibiotics</b>	Treatment of infection other than topical, breast or urinary tract infections	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Sexually Transmitted Infections Management</i> and the <a href="#">Canadian STI Guidelines</a>.</li> </ul>
<b>Antivirals</b>	HIV/AIDS management	<ul style="list-style-type: none"> <li>• Midwives do not prescribe/order for HIV/AIDS management.</li> </ul>
<b>Cervical Ripening Agents</b>	Preparation of the cervix for labour	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow local hospital guidelines, policies, and protocols for induction of labour.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Induction and Augmentation of Labour</i>.</li> </ul>
<b>Contraceptives</b>	Prevention of conception	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Hormonal Contraceptive Therapy</i>.</li> <li>• Additional specialized practice certification required for intrauterine contraception insertion. Midwives follow the practice standard <i>Certified Midwives: Intrauterine Contraception Insertion</i>.</li> </ul>
<b>Epidural Analgesia (Continuous Infusion Maintenance)</b>	Pain relief during labour and delivery, in a hospital only	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Epidural Maintenance</i>.</li> </ul>
<b>Uterotonic agents</b>	Induction or augmentation of labour	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• In hospital only</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Induction and Augmentation of Labour</i>.</li> </ul>

## Glossary

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Substances:** refers to air and water, but excludes a drug specified in Schedule I, IA, II or IV of the [Drug Schedules Regulation](#).

**PRACTICE STANDARD**

# Midwives: Screening and Diagnostic Tests & Imaging

## Introduction

These standards, limits, and conditions set the requirements midwives must meet when ordering, performing, interpreting, and/or managing the results/reports of screening and diagnostic tests & imaging<sup>1</sup>.

## Standards

1. Midwives order, perform, interpret, and/or manage screening and diagnostic tests & imaging according to:
  - a. relevant legislation and regulations,
  - b. BCCNM ethic standards and practice standards, including any applicable limits, and conditions,
  - c. organizational/practice setting/community policies and processes,
  - d. current evidence, relevant guidelines, and other resources, and
  - e. their individual competence.
2. When midwives order, perform, interpret, and/or manage screening and diagnostic tests & imaging, they:
  - a. consider the client's physical, mental, emotional, spiritual, social, and cultural needs relevant to test(s) and/or imaging,
  - b. review the client's relevant health history, recent test(s) and/or imaging result(s)/report(s), and other relevant factors,

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<sup>1</sup> The Nurses and Midwives Regulation permit midwives to issue an authorization (often referred to as an order) for another person to apply ultrasound for diagnostic or imaging purposes. Authorizations must meet the requirements set out in the Regulated Health Practitioners Regulation, s. 8.

- c. perform and document appropriate clinical assessments and document clinical indication(s) for test(s)/imaging (ultrasound),
  - d. initiate consultation, referrals, and/or transfer care to other health professionals when:
    - i. client care would benefit from the expertise of other health professionals,
    - ii. required by organizational/ practice setting/community policies or processes, and/or
    - iii. client care needs exceed the scope of practice and/or individual competence of the midwife.
  - e. provide the client information about the test(s) and/or imaging and document the informed choice discussion and the client's choice,
  - f. complete requisitions and labels fully and accurately and specify the other health professional(s) that should receive the results/reports, as applicable,
  - g. review and follow up on test(s) or imaging results/reports following organizational/practice setting/community processes, and establish processes within their practice setting(s) to track and follow-up on results/reports if the practice setting does not have one,
  - h. communicate and collaborate with the client and health care team in a timely manner about the test(s), and/or imaging (ultrasound) results/reports, proposed follow-up care, and/or treatment plan, as applicable, and
  - i. document:
    - i. client follow-up (and follow-up attempts),
    - ii. the test(s) or imaging results/reports, follow-up care, and/or treatment plan, as applicable, and
    - iii. discussions, consultations, referrals, and/or transfers of care to other health professionals, as applicable.
3. Midwives take part in required and relevant reporting programs such as those related to communicable diseases listed in the [\*Public Health Act\*](#).

## Limits and Conditions

1. To screen for and diagnose conditions midwives may order and interpret the results/reports of screening, diagnostic tests or ultrasounds.
2. To support other health professionals to make a diagnosis of disease or disorder in a **midwifery client or newborn**, midwives may order screening, diagnostic tests or ultrasounds.

3. Midwives only apply ultrasound for the purposes of fetal heart monitoring and determining fetal position and presentation.
4. Midwives do not order screening, diagnostic tests or ultrasounds for themselves or anyone who is not a midwifery client.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### *Proposed revisions to the LPN, NP, & RN Communicable Diseases: Preventing Nurse-to-Client Transmission practice standards*

**WHEREAS** the Professional Practice and Standards Committee LPN, NP, RN, RPN Panel (the “Committee”) has reviewed the *Nurses: Preventing Transmission of Communicable Diseases* practice standard set out in Appendix C of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered the practice standard and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the *Nurses: Preventing Transmission of Communicable Diseases* practice standard set out in Appendix C as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the *Nurses: Preventing Transmission of Communicable Diseases* practice standard set out in Appendix C of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of *Nurses: Preventing Transmission of Communicable Diseases* practice standard set out in Appendix C into BCCNM Bylaws, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established NP & RN *Communicable Diseases: Preventing Nurse-to-Client Transmission* and LPN *Communicable Diseases: Preventing Nurse-to-Client Transmission* practice standards consequential to the *Nurses: Preventing Transmission of Communicable Diseases* practice standard included in Appendix C of the Briefing Note coming into effect as bylaws.

CERTIFIED A TRUE COPY

Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

# Nurses: Preventing transmission of communicable diseases

*Practice standard for BCCNM Licensed Practical Nurses, Nurse Practitioners, Registered Nurses, and Registered Psychiatric Nurses.*

Practice Standards set out requirements related to specific aspects of nurses' practice. They link with other standards, policies and bylaws of the British Columbia College of Nurses and Midwives and all legislation relevant to nursing practice.

## INTRODUCTION

This practice standard sets the expectations for all **nurses** to safeguard the health of their clients by minimizing the risk of **blood-borne virus** and other **communicable disease** transmission, with a focus on preventing transmission from nurse to client.

## STANDARDS

1. Nurses adhere to current legislation and follow organizational, provincial, and national authorities' guidance regarding:
  - a. Preventing communicable disease transmission.
  - b. Mitigating the risks of communicable disease transmission.
  - c. Communicable disease exposure management.
  - d. Reporting obligations, should a reportable communicable disease exposure occur.
2. Nurses follow **routine practices and additional precautions** for infection prevention and control for all clients.
3. Nurses take action to prevent the transmission of communicable diseases from themselves to their clients.
4. Nurses maintain their own wellness by:
  - a. Being appropriately immunized.
  - b. Following up-to-date guidance on communicable disease testing frequencies according to level of risk (e.g. testing for blood-borne viruses whenever an exposure occurs).
5. Nurses who test positive for a blood-borne virus must:
  - a. Know their serological and infectious status.
  - b. Seek advice on how to reduce the risk of transmission in their nursing practice.
  - c. Take appropriate measures to prevent transmission to clients in alignment with organizational/employer, provincial, and national authorities' guidance.
  - d. Only perform or assist to perform **exposure-prone procedures** when their health status (e.g. viral load) makes it safe.

## GLOSSARY

**Blood-borne virus:** A virus carried in the blood that can be spread from one person to another, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV). The pathogen can be transmitted through contact with blood or, in some situations, other body fluids.

**Communicable disease:** means an illness caused by an infectious agent or its toxic products.<sup>1</sup>

**Exposure-prone procedures:** Invasive procedures that have a higher-than-average risk of injury to the nurse that may expose the client to the nurse's blood or vice versa. EPPs include when a nurse's fingers and a needle or other sharp instrument are in a difficult-to-visualize or highly confined anatomic site.

**Nurse:** refers to all BCCNM nursing licensees, including licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

**Routine practices and additional precautions:** *Routine practices* are a comprehensive set of infection prevention and control measures that aim to minimize or prevent health-care associated infections in all individuals in all health-care settings. *Additional precautions* are applied when the natural transmission characteristics of specific microorganisms or syndromes are not fully managed by routine practices.<sup>2</sup>

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<sup>1</sup> *Public Health Act*. (2008). Retrieved from [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01)

<sup>2</sup> Public Health Agency of Canada. (2016). *Routine practices and precautions for preventing the transmission of microorganisms in health care settings* (edition date November 2016). Retrieved from <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### *Certified Midwives Practice Standards and Quality Assurance Policy*

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the *Certified Midwives Practice Standards* set out in Appendix B and staff have drafted the quality assurance requirements contained in the *Policy on Additional Currency Requirements for Certified Licensees* set out in Appendix C of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), copies of which have been presented to the BCCNM Board, and the Committee has recommended the *Certified Midwives Practice Standards* to the BCCNM Board for approval and staff have recommended the *Policy on Additional Currency Requirements for Certified Licensees* to the Board for approval;

**AND WHEREAS** the BCCNM Board has considered the practice standards and accepts the Committee’s recommendation;

**AND WHEREAS** the BCCNM Board has considered the *Policy on Additional Currency Requirements for Certified Licensees* and accepts staff recommendation;

**AND WHEREAS** the Board is satisfied that approving the practice standards set out in Appendix B as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the *Certified Midwives Practice Standards* set out in Appendix B of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of *Certified Midwives Practice Standards* into BCCNM Bylaws, as set out in Appendix B of the Briefing Note, to take effect on April 1, 2026;

**FURTHER RESOLVED** that the BCCNM Board approves the *Policy on Additional Currency Requirements for Certified Licensees* set out in Appendix C of the Briefing Note, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established *Midwives Specialized Practice Frameworks* listed in Appendix A consequential to the *Certified Midwives Practice Standards* included in Appendix B coming into effect as bylaws and the *Policy on Additional Currency Requirements for Certified Licensees* set out in Appendix C of the Briefing Note coming into effect.

CERTIFIED A TRUE COPY

Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

## PRACTICE STANDARD

## Certified Midwives: Surgical First Assist for Cesarean Section

### Introduction

The *Certified Midwives: Surgical First Assist for Cesarean Section* practice standard applies to midwives who meet BCCNM certification requirements for Surgical First Assist for Cesarean Section.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), midwives are authorized, if certified, to *insert an instrument, finger, or hand...into an artificial opening into the body for the purpose of assisting in the surgical delivery of a baby.*

Midwives in British Columbia manage labour and delivery autonomously. When a cesarean birth is required, they must transfer care to an appropriately trained physician and assume a supportive care role. However, midwives with special training in surgical assist, who are certified by the British Columbia College of Nurses and Midwives (BCCNM) and privileged to use this skill by their hospital, may assume the surgical assist role during a cesarean section.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Surgical First Assist Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. In order to obtain certification, midwives:
  - a. successfully complete the education program recognized by BCCNM for certification in surgical first assist for cesarean section. BCCNM currently recognizes the University of British Columbia Continuing Professional Development course, *Surgical First Assist in Obstetrics*.
  - b. successfully perform sufficient surgical first assists at cesarean births under the supervision of an obstetrician or general surgeon for the supervising surgeon to confirm the midwife's competence. A letter of recommendation from the supervising surgeon is required.
2. Certified midwives obtain the necessary hospital privileges before providing surgical first assist for cesarean section.
3. Certified midwives act in the surgical first assist role only when they have obtained the theoretical and clinical experience needed to maintain the competence to perform the activity safely.

## PRACTICE STANDARD

## Certified Midwives: Acupuncture

### Introduction

The *Certified Midwives: Acupuncture* practice standard applies to midwives who meet BCCNM certification requirements for acupuncture use in labour and in the immediate postpartum period<sup>1</sup>.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to *insert acupuncture needles under the skin for the purpose of relieving pain during labour or the postpartum period*.

Midwives in British Columbia provide primary care to clients throughout the perinatal period under their own responsibility. Midwives must have ability to manage labour and birth, including the ability to assess the need for relief of pain and intervene using non-pharmacologic and pharmacological measures as required. They also have knowledge of complementary therapies which may be used during the intrapartum and postpartum period.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Acupuncture Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program approved by BCCNM for acupuncture. BCCNM currently recognizes the course *Acupuncture for Pain Management in Labour* offered by Westcoast Perinatal Acupuncture.
2. A certified midwife may only insert acupuncture needles during labour or in the immediate postpartum period, 24 hours after birth, for the purpose of pain relief.

### Glossary

**Acupuncture:** an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissue of the human body and may be used to alleviate pain.

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<sup>1</sup> Immediate postpartum period refers to the first 24 hours following birth

## PRACTICE STANDARD

## Certified Midwives: Hormonal Contraceptive Therapy

### Introduction

The *Certified Midwives: Hormonal Contraceptive Therapy* practice standard applies to Registered Midwives who meet BCCNM certification requirements for hormonal contraceptive therapy.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to prescribe, compound, dispense or administer contraceptives for prevention of conception for midwifery patients.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Hormonal Contraceptive Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program recognized by BCCNM for hormonal contraceptive therapy. BCCNM currently recognizes the following two courses:

- Midwifery Hormonal Contraceptive Course as offered by University of British Columbia Continuing Professional Development (UBC CPD)
- NSPN 7720 – Contraceptive Management in Reproductive Health as offered by the British Columbia Institute of Technology (BCIT).

2. A certified midwife may only prescribe contraceptive agents for midwifery patients<sup>2</sup>.

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<sup>2</sup> A midwifery patients means who patient who (a) is pregnant, (b) is in labour or is delivering a baby, or (3) is in the postpartum period.

## PRACTICE STANDARD

## Certified Midwives: Intrauterine Contraception Insertion

### Introduction

The *Certified Midwives: Intrauterine Contraceptive Insertion* practice standard applies to midwives who meet BCCNM certification requirements for Intrauterine Conception Insertion.

Under the [\*Regulated Health Practitioners Regulation\*](#) and the [\*Nurses and Midwives Regulation\*](#), midwives are authorized, if certified, *to insert an instrument, device, finger or hand beyond the labia majora, for the purpose of administering a contraception.*

Intrauterine contraception includes both intrauterine systems (those that contain hormones) and intrauterine devices (those that contain copper).

When midwives discuss intrauterine contraceptive options with their clients, they discuss both intrauterine systems and intrauterine devices to facilitate an informed choice discussion.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Intrauterine Contraceptive (IUC) Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program recognized by BCCNM for Intrauterine Contraception Insertion after obtaining BCCNM Certification in

Hormonal Contraceptive Therapy. BCCNM currently recognizes the following courses on Intrauterine Contraception:

- Contraceptive Care Part 2: A Continuing Education Course for Healthcare Providers, McMaster University, Faculty of Health Sciences, Continuing Health Sciences Education
  - Intrauterine Contraception (IUC) Insertion Preceptorship, Society of Obstetricians and Gynaecologists of Canada (SOGC)
  - Implants and IUDs: Comparing and Inserting Long-Acting Reversible Contraceptives (LARC), University of British Columbia (UBC) Continuing Professional Development (CPD)
2. Midwives must demonstrate and submit to BCCNM proof of IUC insertion competency in supervised clinical practice in order to obtain certification:
- Trainees perform a minimum of five IUCs under the supervision of an experienced healthcare practitioner with IUC insertion authority, in good standing with their regulatory body.

## PRACTICE STANDARD

## Certified Midwives: Sexually Transmitted Infections Management

### Introduction

The *Certified Midwives: Sexually Transmitted Infections Management* practice standard applies to midwives who meet BCCNM certification requirements for Sexually Transmitted Infections Management.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to prescribe, compound, dispense or administer antibiotics for treatment of infection other than topical, breast or urinary tract infections for midwifery patients.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Sexually Transmitted Infections (STI) Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program recognized by BCCNM for Sexually Transmitted Infections Management. BCCNM currently recognizes the following two courses:
  - Midwifery STI Screening & Treatment Course as offered by University of British Columbia Continuing Professional Development (UBC CPD).
  - NSPN 7735 - Sexually Transmitted Infections Management as offered by the British Columbia Institute of Technology (BCIT).
2. Midwives do not prescribe or order for HIV/AIDS management.

## PRACTICE STANDARD

## Certified Midwives: Induction and Augmentation of Labour

### Introduction

The *Certified Midwives: Induction and Augmentation of Labour* practice standard applies to midwives who meet BCCNM certification requirements for Induction and Augmentation of Labour.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to prescribe, compound, dispense or administer uteronic agents for the purpose of induction and augmentation of labour for midwifery patients and consistent with the BCCNM *Registered Midwives: Medications and Substances* practice standard (Table 2).

Midwives should ensure that they are familiar with all institutional guidelines, policies and protocols for induction of labour, be knowledgeable about the pharmacology of all medications they administer and seek an orientation to the use of infusion pumps used in their facility. Induction or augmentation of labour with oxytocin or prostaglandins on their own responsibility is beyond entry to practice competencies required of registered midwives.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Induction of Labour (IOL) Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program recognized by BCCNM for Induction and Augmentation of Labour. BCCNM currently recognizes the following course:

University of British Columbia Continuing Professional Development course, Induction and Augmentation of Labour course.

2. Midwives must demonstrate and submit to BCCNM proof of completion of a competency-based skills assessment from a BC hospital in order to obtain certification.

3. Certified midwives may, on their own responsibility, initiate induction of labour in hospital with a cervical ripening agent, for a client who has any or all of the following indications:

- pre-labour ruptured membranes at term;
- post-dates pregnancy;
- of 39 or more completed weeks of pregnancy, who is 40 years of age or more at their due date.

In addition to having one or more of the above listed indications, the client must also have:

- normal test results of fetal well-being;
- absence of signs of spontaneous labour;
- absence of history of prior cesarean delivery;
- no indications for consultation or transfer of care to a physician other than the required consultation at 42 completed weeks;
- consented to induction of labour.

4. Certified midwives may, on their responsibility, initiate and manage an IV oxytocin induction/augmentation of labour in hospital under the following conditions:

- for a client of 37 or more completed weeks with pre-labour rupture of membranes where active labour has not become established within a reasonable period of time, assessment of the fetal heart is normal, and no indications for consultation or transfer of care to a physician are present<sup>3</sup> ;
- for a client of 37 or more completed weeks who is experiencing a **non-progressive labour** with contractions that are of inadequate power, an assessment of the fetal heart is normal and no indications for consultation or transfer of care to a physician are present<sup>4</sup> ;
- for a client with a **post-dates pregnancy**, with normal results from tests of fetal well-being, who has not gone into spontaneous labour, where indications for consultation or transfer of care to a physician are not present other than the required consultation at 42 completed weeks<sup>5</sup> , and the client chooses to have an induction of labour; or
- for a client of 39 or more completed weeks who is **40 years of age or more** at their due date, with normal results from tests of fetal well-being, who has not gone into spontaneous labour, where indications for consultation or transfer of care to a physician are not present, and the client chooses to have an induction of labour

4. A certified midwife may not administer prostaglandin or initiate an IV oxytocin induction/augmentation of labour with a client who has a history of previous cesarean section or uterine surgery without a physician consultation and order.

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<sup>3</sup> Pre-labour rupture of membranes is not an indication for consultation for a midwife with this specialized certification.

<sup>4</sup> Non-progressive labour is not an indication for consultation for a midwife with this specialized certification.

<sup>5</sup> While a physician consultation is required at 42 weeks, this does not preclude a midwife with this specialized certification from initiating an induction with the consent of the client.

## PRACTICE STANDARD

## Certified Midwives: Epidural Maintenance

### Introduction

The *Certified Midwives: Epidural Maintenance* practice standard applies to midwives who meet BCCNM certification requirements for Epidural Maintenance.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, are authorized, if certified, in epidural maintenance for the purpose of pain relief during labour and delivery, in a hospital only.

Maintenance of continuous infusion pumps and associated clinical assessments required for epidural administration and monitoring requires certification by midwives. Certified midwives should ensure that they are familiar with all institutional guidelines, policies and protocols as related to epidural maintenance in the hospitals where they work.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Epidural Maintenance Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete a competency-based skills assessment and orientation at the BC hospital where the midwife holds privileges.
2. When a certified midwife is monitoring a client with an epidural and the client is ready to give birth, it is expected that another caregiver experienced in monitoring epidurals will assume the monitoring role as part of the duties of a second attendant in the hospital. Likely this second birth attendant will be a registered nurse.
3. The responsibility for the management of epidural analgesia throughout the course of labour and delivery rests with the anesthesiologist at all times. When the certified midwife assumes the role of maintaining the continuous infusion pump and performing related client assessments

associated with epidural use, the midwife is also responsible for notifying the anesthesiologist if concerns arise.

#### PRACTICE STANDARD

## Certified Midwives: Vacuum-Assisted Emergency Delivery

### Introduction

The *Certified Midwives: Vacuum-Assisted Emergency Delivery* practice standard applies to midwives who meet BCCNM certification requirements for Vacuum-Assisted Emergency Delivery.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, *to insert an instrument, finger or hand beyond the labia majora for the purpose of conducting the vacuum-assisted emergency delivery of a baby.*

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Vacuum-Assisted Delivery (VAD) Certified.

### Standards

1. Certified midwives:
  - a. Follow relevant legislation and regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual competence.

### Limits and Conditions

1. Midwives must successfully complete the certified practice education program approved by BCCNM for Vacuum-Assisted Delivery. BCCNM currently recognizes the following:

(insert name of course when approved).

2. Before attempting a vacuum-assisted emergency delivery, certified midwives must:

- Demonstrate competence by initiating and managing a sufficient number of successful vacuum-assisted deliveries (a minimum of three) under physician or midwife<sup>6</sup> supervision prior to attempting vacuum assisted delivery independently;
- Be in a hospital setting where the necessary community-specific resources are currently available to support a vacuum-assisted delivery; and

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<sup>6</sup> Supervising midwives must hold current BCCNM certification in vacuum-assisted emergency delivery and appropriate hospital privileges.

- Communicate with the health care team in order to create an appropriate plan of care for the client and newborn, including an interprofessional alternate plan in the event that the vacuum-assisted delivery is not successful.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

### Privacy and Confidentiality Standard for Midwives

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed *the Midwives: Privacy and Confidentiality* practice standard set out in Appendix A of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered the *Midwives: Privacy and Confidentiality* practice standard and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the *Midwives: Privacy and Confidentiality* practice standard set out in Appendix A as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the *Midwives: Privacy and Confidentiality* practice standard set out in Appendix A of the Briefing Note;

**AND FURTHER RESOLVED** that the Board approves the conversion of *Midwives: Privacy and Confidentiality* practice standard into BCCNM Bylaws, as set out in Appendix A of the Briefing Note, to take effect on April 1, 2026.

CERTIFIED A TRUE COPY

Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

## PRACTICE STANDARD

# Midwives: Privacy and Confidentiality

## Introduction

Midwives have ethical and legal responsibilities to protect the privacy and confidentiality of clients' personal information. Federal and provincial legislation protects a person's right to privacy and confidentiality of their personal information. The specific legislation that applies to a midwife's practice depends on the work setting and role. These standards establish the expectations that midwives must meet to safeguard their client's privacy and confidentiality. The BCCNM Bylaws provide additional direction.

## Standards

1. Midwives collect, use, access, and share clients' **personal information**:
  - a. Only as needed to fulfill their professional responsibilities, and
  - b. In alignment with:
    - i. relevant provincial or federal legislation or regulations,
    - ii. BCCNM's ethics standards and practice standards including any applicable limits, and conditions
    - iii. organizational/employer policies and processes.
2. Midwives share relevant personal information with the client's health-care team and inform the client how their personal information is shared (or **client's representative**, if applicable).
3. Midwives keep clients' personal information confidential and only share client's personal information

outside the health-care team if the client (or client's representative, if applicable) gives consent, or if there is an ethical or legal requirement to do so.

4. Midwives respect the client's (or client's representative, if applicable) choices about who outside the health-care team can access their personal information, and only share it with those individuals if the client (or client's representative, if applicable) gives consent.
5. Midwives use strategies to prevent unauthorized access to client's personal information.
6. When possible in their practice setting, midwives use strategies that prevent others from overhearing the client's health information.
7. Midwives do not discuss clients' personal information in public areas (e.g., cafeteria, elevators) or on social media.
8. Midwives take action if they or others inappropriately access or share a client's personal information, in alignment with:
  - a. BCCNM bylaws, and
  - b. Organizational/employer policies and processes.

## Glossary

**Client's Representative:** A person with legal authority to give, refuse, or withdraw consent to healthcare on a client's behalf, including:

- a. A "committee of the patient" under the *Patients Property Act*,
- b. A parent or guardian of a child under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- c. A representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- d. A temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
- e. A substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Personal information:** any identifiable information about the client, including their personal health information, but does not include their business contact information.

## Resolution of the Board of the British Columbia College of Nurses and Midwives passed the 26<sup>th</sup> day of February, 2026

*Alignment of Licensed Practical Nurses, Nurse Practitioners, Registered Nurses, and Registered Psychiatric Nurses practice standards with the Nurses and Midwives Regulation and Regulated Health Practitioners Regulation*

**WHEREAS** the Professional Practice and Standards Committee (the “Committee”) has reviewed the revised practice standards set out in Appendices B, C, D, E, F, and G of the Board Briefing Note dated February 11, 2026 and prepared for the February 26, 2026 BCCNM Board meeting (the “Briefing Note”), a copy of which has been presented to the BCCNM Board for approval on the recommendation of the Committee;

**AND WHEREAS** the BCCNM Board has considered those practice standards and accepts the Committee’s recommendation;

**AND WHEREAS** the Board is satisfied that approving the revised practice standards set out in Appendices B, C, D, E, F, and G as bylaws of BCCNM under the authority of the *Health Professions Act* is necessary to ensure compliance with and the smooth transition to the *Health Professions and Occupations Act* as contemplated by section 538;

**AND WHEREAS** the Board is acting in accordance with the authority established in section 19(1) of the *Health Professions Act* and subject to the filing with the Minister of Health as required under section 19(3) of the *Health Professions Act*;

**RESOLVED** that the BCCNM Board approves the revised practice standards set out in Appendices B, C, D, E, F, and G of the Briefing Note;

**FURTHER RESOLVED** that the Board approves the conversion of those practice standards into BCCNM Bylaws, as set out in Appendix B, C, D, E, F, and G of the Briefing Note, to take effect on April 1, 2026;

**AND FURTHER RESOLVED** that the BCCNM Board rescinds all previously established practice standards tabulated in the “Practice Standard” column in Table 1 in Appendix A consequential to the practice standards included in in Appendices B, C, D, E, F, and G of the Briefing Note coming into effect as bylaws.

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Natasha Prodan-Bhalla  
Registrar and Chief Executive Officer

## Appendix A

### Summary of proposed revisions to nursing practice standards to align with the *Nurses and Midwives Regulation (NMR)* and the *Regulated Health Practitioners Regulation (RHPR)*

Table 1. Summary of proposed revisions to nursing practice standards by designation(s), current title, proposed title, and proposed revisions

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
LPN	<i>Licensed Practical Nurse: Acting within Autonomous Scope of Practice</i>	<i>Licensed Practical Nurses: Acting within Autonomous Scope of Practice</i>	<ul style="list-style-type: none"> <li>• Revisions to standards to reflect how LPN scope is described in the NMR (e.g. <i>advising on physical and mental health</i>).</li> <li>• Alignment of language with NMR (e.g. <i>under an order</i>)</li> <li>• Alignment of language with RHPR (e.g. <i>insert</i> replaces <i>put</i>)</li> <li>• Addition of references to relevant sections of NMR and RHPR.</li> <li>• Addition of a definitions: <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client’s Representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>
LPN	<i>Licensed Practical Nurse: Acting with Client-specific Orders</i>	<i>Licensed Practical Nurses: Acting under Client-specific Orders</i>	<ul style="list-style-type: none"> <li>• Inclusion of dietitians as regulated health professionals who may issue orders for therapeutic diets that LPNs may compound, dispense, or administer by enteral instillation.</li> <li>• Addition of <i>venipuncture</i> (restricted activities if order), which was</li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<p>previously interpreted to be authorized as a procedure under the dermis (phlebotomy).</p> <ul style="list-style-type: none"> <li>• Removal of requirement for the medical practitioner or nurse practitioner giving an order to cast a fracture be registered in British Columbia.</li> <li>• Alignment of language with NMR (e.g. <i>under</i> an order)</li> <li>• Addition of references to relevant sections of NMR and RHPR</li> <li>• Addition of definitions:               <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>
RN	<i>Registered Nurse: Acting within Autonomous Scope of Practice</i>	<i>Registered Nurses: Acting within Autonomous Scope of Practice</i>	<ul style="list-style-type: none"> <li>• Revisions to standards to reflect how RN scope is described in the NMR (e.g. <i>advising on physical and mental health</i>).</li> <li>• References to relevant sections of NMR and RHPR</li> <li>• Alignment of language with NMR (e.g. <i>under</i> an order)</li> <li>• Alignment of language with RHPR (e.g. <i>insert</i> replaces <i>put</i>)</li> <li>• Limits and conditions presented in the same sequence as the restricted activities outlined in the RHPR.</li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>• Addition definitions:               <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client's Representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>
RN	<i>Registered Nurse: Acting with Client-specific Orders</i>	<i>Registered Nurses: Acting under Client-specific Orders</i>	<ul style="list-style-type: none"> <li>• Removal of requirement for the medical practitioner or nurse practitioner giving an order to cast a fracture be registered in British Columbia.</li> <li>• References to relevant sections of NMR and RHPR</li> <li>• Alignment of language with NMR (e.g. <i>under</i> an order)</li> <li>• Limits and conditions presented in the same sequence as the restricted activities outlined in the RHPR.</li> <li>• Addition of definitions:               <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
RN	<i>Registered Nurse: Acting by Giving Client-specific Orders</i>	<i>Registered Nurses: Acting by Giving Client-specific Orders</i>	<ul style="list-style-type: none"> <li>• References to relevant sections of NMR and RHPR</li> <li>• Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>
RPN	<i>Registered Psychiatric Nurse: Acting within Autonomous Scope of Practice</i>	<i>Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice</i>	<ul style="list-style-type: none"> <li>• Revisions to standards to reflect how RPN scope is described in the NMR (e.g. <i>advising on physical and mental health</i>).</li> <li>• Inclusion of <i>urinary</i> for irrigation and insertion of catheter to provide clarity in alignment with the legacy College of Registered Psychiatric Nurses of BC's intent</li> <li>• Alignment of language with NMR (e.g. <i>under</i> an order)</li> <li>• Alignment of language with RHPR (e.g. <i>insert</i> replaces <i>put</i>)</li> <li>• References to relevant sections of NMR and RHPR</li> <li>• Limits and conditions presented in the same sequence as the restricted activities outlined in the RHPR.</li> <li>• Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> </ul> </li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>○ <i>Client's Representative</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul>
RPN	<i>Registered Psychiatric Nurse: Acting with Client-specific Orders</i>	<i>Registered Psychiatric Nurses: Acting under Client-specific Orders</i>	<ul style="list-style-type: none"> <li>● References to relevant sections of NMR and RHPR</li> <li>● Alignment of language with NMR (e.g. <i>under an order</i>)</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> <li>○ <i>Restricted activity</i></li> </ul> </li> </ul>
RPN	<i>Registered Psychiatric Nurse: Acting by Giving Client-specific Orders</i>	<i>Registered Psychiatric Nurses: Acting by Giving Client-specific Orders</i>	<ul style="list-style-type: none"> <li>● References to relevant sections of NMR and RHPR</li> <li>● Addition definitions: <ul style="list-style-type: none"> <li>○ <i>Activity</i></li> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Nursing diagnosis</i> to clearly differentiate it from a diagnosis of a disease or disorder, as the term <i>nursing diagnosis</i> has been replaced by <i>diagnosis</i> in the regulations.</li> </ul> </li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>○ <i>Restricted activity</i></li> </ul>
<b>RN (Certified)</b>	<i>Registered Nurse (Certified Practice): Prescribing</i>	<i>Certified Registered Nurses: Prescribing</i>	<ul style="list-style-type: none"> <li>● Alignment of language with NMR</li> <li>● Reference to relevant section of BCCNM General Bylaw</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medications</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> <li>● Removal of definitions not in standard</li> </ul>
		<i>Certified Registered Nurses: Opioid Use Disorder</i>	<ul style="list-style-type: none"> <li>● Revisions to standard to make it certification program specific (opioid use disorder)</li> <li>● References to relevant sections of NMR and RHPR</li> <li>● Alignment of language with NMR, RHPR (e.g. <i>certification program</i>)</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client's representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
<b>RPN (Certified)</b>	<i>Registered Psychiatric Nurse (Certified Practice): Prescribing</i>	<i>Certified Registered Psychiatric Nurses: Prescribing</i>	<ul style="list-style-type: none"> <li>● Alignment of language with NMR</li> <li>● Reference to relevant section of BCCNM General Bylaw</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> </ul> </li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> <li>● Removal of definitions not in standard</li> </ul>
	<p><i>Registered Psychiatric Nurse (Certified Practice): Acting within Autonomous Scope of Practice</i></p>	<p><i>Certified Registered Psychiatric Nurses: Opioid Use Disorder</i></p>	<ul style="list-style-type: none"> <li>● Revisions to standard to make it certification program specific (Opioid Use Disorder)</li> <li>● References to relevant sections of NMR and RHPR</li> <li>● Alignment of language with NMR, RHPR (e.g. <i>certification program</i>)</li> <li>● Addition of definitions:                             <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client’s representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
<p><b>RN (Certified)</b></p>	<p><i>Registered Nurse (Certified Practice): Acting within Autonomous Scope of Practice</i></p>	<p><i>Certified Registered Nurses: RN First Call</i></p>	<ul style="list-style-type: none"> <li>● Revisions to standard to make it certification program specific (RN First Call)</li> <li>● References to relevant sections of NMR and RHPR</li> <li>● Alignment of language with NMR, RHPR (e.g. <i>certification program</i>)</li> <li>● Addition of definitions:                             <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client’s representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
		<p><i>Certified Registered Nurses: Remote Practice</i></p>	<ul style="list-style-type: none"> <li>● Revisions to standard to make it certification program specific (remote practice)</li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>• References to relevant sections of NMR and RHPR</li> <li>• Alignment of language with NMR, RHPR (e.g. <i>certification program</i>)</li> <li>• Addition of definitions:                             <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client’s representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
		<i>Certified Registered Nurses: Reproductive Health</i>	<ul style="list-style-type: none"> <li>• Revisions to standard to make it certification program specific (Reproductive Health (Contraceptive Management) and Reproductive Health (Sexually Transmitted Infections))</li> <li>• References to relevant sections of NMR and RHPR</li> <li>• Alignment of language with NMR, RHPR (e.g. <i>certification program</i>)</li> <li>• Addition of definitions:                             <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client’s representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Medication</i></li> <li>○ <i>Prescribing</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
LPN, NP, RN, RPN	<i>Medication</i>	<i>Nurses: Medication</i>	<ul style="list-style-type: none"> <li>• Alignment of language with NMR RHPR (e.g. <i>certification</i>)</li> <li>• Addition of definitions:                             <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client’s representative</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Competence</i></li> <li>○ <i>Medication</i></li> </ul> </li> </ul>

Designation(s)	Practice Standard <i>(Current Title)</i>	Proposed Revised Title	Summary of Proposed Revisions
			<ul style="list-style-type: none"> <li>○ <i>Medication-related activities</i></li> <li>○ <i>Nurses</i></li> <li>○ <i>Nursing Diagnosis</i></li> <li>○ <i>Restricted Activity</i></li> </ul>
<b>RN, RPN</b>	<i>Screening and Diagnostic Tests &amp; Imaging</i>	<i>Registered Nurses and Registered Psychiatric Nurses: Screening and Diagnostic Tests &amp; Imaging</i>	<ul style="list-style-type: none"> <li>● References to relevant sections of NMR and RHPR</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Client</i></li> <li>○ <i>Client-specific order</i></li> <li>○ <i>Competence</i></li> <li>○ <i>Decision Support Tools</i></li> <li>○ <i>Nurses</i></li> <li>○ <i>Nursing Diagnosis</i></li> <li>○ <i>Restricted Activity</i></li> </ul> </li> </ul>
<b>LPN, NP, RN, RPN</b>	<i>Use of Title</i>	<i>Nurses: Use of Title</i>	<ul style="list-style-type: none"> <li>● Alignment of language with HPOA, NMR, RHPR &amp; BCCNM General Bylaws e.g., <ul style="list-style-type: none"> <li>○ “Licensed,” and “class of licensure”</li> <li>○ Inclusion of multijurisdictional licensing</li> <li>○ “Non-practising” removed</li> </ul> </li> <li>● Adds clarity on when employed student titles apply-only in employment roles</li> <li>● Addition of definitions: <ul style="list-style-type: none"> <li>○ <i>Clients</i></li> <li>○ <i>Nurses</i></li> </ul> </li> </ul>

## PRACTICE STANDARD

## Licensed Practical Nurses: Acting within Autonomous Scope of Practice

### Introduction

The *Licensed Practical Nurse: Acting within Autonomous Scope of Practice* standards, limits and conditions set the expectations that licensed practical nurses must meet when they are performing **activities** within their autonomous scope of practice (that do not require an order).

Licensed practical nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health, with a focus on stable or predictable states of health.

Acting within autonomous scope of practice refers to licensed practical nurses:

- Assuming accountability and responsibility for making decisions about client care; and
- Performing activities that they are competent and allowed to perform without a **client-specific order**.

Licensed practical nurses' autonomous scope of practice includes:

- making a **nursing diagnosis** of the mental or physical condition of a **client** who is in a stable or predictable state of health (as authorized by section 30 of the *Nurses and Midwives Regulation*);
- performing the **restricted activities** outlined in sections 31 to 35 of the *Nurses and Midwives Regulation* that do not require a client-specific order; and
- providing other care or services that do not involve the performance of any restricted activities listed in section 4 of the Schedule of Restricted Activities in the *Regulated Health Practitioners Regulation*.

Licensed practical nurses follow the *Licensed Practical Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.

### Standards

1. Licensed practical nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Licensed practical nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for licensed practical nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,

- b. Consistent with BCCNM's ethics standards and practice standards including any applicable limits and conditions on performing the activity,
    - c. Consistent with organizational/employer policies, processes, and restrictions, and
    - d. Within their individual **competence**.
3. Licensed practical nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and know how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, licensed practical nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Licensed practical nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the additional education, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Licensed practical nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Licensed practical nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Licensed practical nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a **nursing diagnosis** of a client's physical or mental condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,

- e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide and coordinate care to clients,
  - g. Advise on physical or mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Manage the intended and unintended consequences of carrying out the activity, or
  - j. Manage and evaluate the outcomes of the activity.
9. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the client (or the client's representative) about nursing diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the health-care team about nursing diagnoses, decisions, actions, and outcomes.
11. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the health-care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Licensed practical nurses acting within autonomous scope of practice consult with, or refer clients to, other health-care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies or processes, or
  - c. Client care would benefit from the expertise of other health care professionals.

## BCCNM limits and conditions for licensed practical nurses: Acting within autonomous scope of practice (without an order)

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
1. Use of restraints	a. LPNs apply restraints only under a client-specific order.
2. Care for clients on telemetry	a. Licensed practical nurses work in a team nursing approach to provide care for clients on telemetry: <ol style="list-style-type: none"> <li>i. With stable or predictable states of health</li> <li>ii. After successfully completing <b>additional education</b></li> </ol> b. Licensed practical nurses are not responsible for monitoring or interpreting telemetry readings.
3. Change chest tube dressing	a. Licensed practical nurses change chest tube dressings: <ol style="list-style-type: none"> <li>i. For clients with stable or predictable states of health</li> <li>ii. After successfully completing additional education</li> <li>iii. By following <b>decision support tools</b></li> </ol>
4. Measure visible central venous line	a. Licensed practical nurses measure a visible central venous line on clients with stable or predictable states of health.
5. Central venous access devices (CVAD) or central venous line <sup>1</sup> <ul style="list-style-type: none"> <li>• Do not change dressings on central venous access devices or central venous lines</li> </ul>	a. Licensed practical nurses <i>do not</i> change dressings on central venous access devices or central venous lines.
6. Perform Human Immunodeficiency Virus (HIV) Point of Care Testing (POCT)	a. Licensed practical nurses perform Human Immunodeficiency Virus (HIV) point of care testing (POCT): <ol style="list-style-type: none"> <li>i. After successfully completing additional education</li> <li>ii. By following established organizational processes and procedures for HIV POCT</li> <li>iii. When an authorized health professional is available for consultation and referral.</li> </ol>

<sup>1</sup> This may also be referred to as a central venous device (CVD) or central venous catheter (CVC).

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p><b>7. Procedures on tissue</b></p> <ul style="list-style-type: none"> <li>• Perform wound care</li> <li>• Do not perform sharps debridement including conservative sharps wound debridement</li> </ul>	<p><b>Wounds above the dermis:</b></p> <p>a. Licensed practical nurses who make a nursing diagnosis and treat reddened skin, skin tears and wounds above the dermis, without an order, follow decision support tools.</p> <p><b>Wounds below the dermis:</b></p> <p>b. Licensed practical nurses provide wound care below the dermis if a wound care treatment plan is in place.</p> <p>c. Licensed practical nurses probe, irrigate, pack or dress a tunneled wound:</p> <ul style="list-style-type: none"> <li>i. After successfully completing additional education</li> <li>ii. By following decision support tools</li> </ul> <p>d. Licensed practical nurses <b>do not</b> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p>
<p><b>8. Administer a substance by inhalation</b></p> <ul style="list-style-type: none"> <li>• Administer oxygen</li> </ul>	<p>a. Licensed practical nurses administer oxygen by following decision support tools.</p>
<p><b>9. Administer a substance by injection</b></p> <ul style="list-style-type: none"> <li>• Administer purified protein derivative by injection for tuberculosis (TB) screening</li> </ul>	<p>a. Licensed practical nurses administer purified protein derivative (PPD), read the results and refer the client to an appropriate health professional when they:</p> <ul style="list-style-type: none"> <li>i. Possess the <b>competencies</b> (<a href="#">BCCDC: TB Screening Competencies</a>) for tuberculosis (TB) screening established by BC Centre for Disease Control (BCCDC).</li> <li>ii. Follow <a href="#">BCCDC decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening)</a>.</li> </ul>
<p><b>10. Insertion into the external ear canal</b></p> <ul style="list-style-type: none"> <li>• Assess integrity of the eardrum</li> </ul>	<p>a. Licensed practical nurses assess the integrity of the eardrum after successfully completing additional education.</p>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p><b>11. Insertion beyond the anal verge</b></p> <ul style="list-style-type: none"> <li>• Digital stimulation</li> <li>• Rectal disimpaction</li> </ul>	<p>a. Licensed practical nurses carry out digital stimulation or rectal disimpaction:</p> <ul style="list-style-type: none"> <li>ii. After successfully attaining competence as part of an entry-level practical nursing program, OR</li> <li>iii. After successfully completing additional education.</li> </ul> <p>b. Licensed practical nurses carry out digital stimulation or rectal disimpaction by following decision support tools.</p>
<p><b>12. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>• Use an automated external defibrillator (AED)</li> </ul>	<p>a. Licensed practical nurses use automated external defibrillators (AEDs) after successfully completing a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs.</p>
<p><b>13. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>• Do not apply electricity to destroy tissue or affect the heart or nervous system (except AED)</li> </ul>	<p>a. Licensed practical nurses <i>do not</i> apply electricity to destroy tissue or affect the heart or nervous system (exception: automated external defibrillators).</p>
<p><b>14. Apply transcutaneous electrical nerve stimulation (TENS)</b></p>	<p>a. LPNs apply transcutaneous electrical nerve stimulation (TENS) after successfully completing additional education.</p>
<p><b>15. Compound, dispense, or administer a Schedule I or II drug</b></p> <ul style="list-style-type: none"> <li>• Treat anaphylaxis</li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses diagnose and treat anaphylaxis:</p> <ul style="list-style-type: none"> <li>i. After successfully completing additional education</li> <li>ii. By following decision support tools</li> </ul> <p>b. Licensed practical nurses only administer epinephrine to treat anaphylaxis.</p>
<p><b>16. Compound, dispense or administer a Schedule I or II drug</b></p> <ul style="list-style-type: none"> <li>• Treat respiratory distress in a known asthmatic</li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses treat respiratory distress in a known asthmatic:</p> <ul style="list-style-type: none"> <li>i. In a <b>team approach</b></li> <li>ii. Under a client-specific order.</li> </ul>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p><b>17. Compound, dispense or administer a Schedule I or II drug</b></p> <ul style="list-style-type: none"> <li>• Treat hypoglycemia</li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses who make a nursing diagnosis and treat hypoglycemia follow decision support tools.</li> <li>b. Licensed practical nurses only administer glucagon to treat hypoglycemia.</li> </ul>
<p><b>18. Compound, dispense or administer a Schedule I or II drug</b></p> <ul style="list-style-type: none"> <li>• Prevent disease:               <ul style="list-style-type: none"> <li>○ Administer immunoprophylactic agents</li> <li>○ Do not <i>autonomously</i> compound, dispense or administer immunoprophylactic agents for preventing disease in travellers</li> </ul> </li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses who autonomously compound or administer immunoprophylactic agents, in a team approach, for the purpose of preventing disease:               <ul style="list-style-type: none"> <li>i. Administer immunoprophylactic agents to clients four years of age and older who have stable or predictable states of health</li> <li>ii. Successfully complete the additional education established by the BC Centre for Disease Control (<a href="#">BCCDC: Immunization Courses</a>)</li> <li>iii. Follow the decision support tools established by the BC Centre for Disease Control (<a href="#">BCCDC: Immunization Manual</a>)</li> </ul> </li> <li>b. Licensed practical nurses <i>do not autonomously</i> compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travellers.</li> </ul>
<p><b>19. Compound, dispense, and administer naloxone to treat an opioid overdose emergency</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses compound, dispense and administer naloxone <i>without</i> an order, when used to treat an opioid overdose emergency.</li> </ul>
<p><b>20. Compound, dispense, or administer Schedule II drugs</b></p> <ul style="list-style-type: none"> <li>• Treat a disease or disorder</li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses compound, dispense or administer Schedule II drugs to treat a disease or disorder under <i>a</i> client-specific order.</li> </ul>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
21. <b>Medical aesthetics</b> <sup>2</sup>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.</li> <li>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:                             <ul style="list-style-type: none"> <li>i. Under a client-specific order, and</li> <li>ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ul> </li> </ul>

### BCCNM limits and conditions for licensed practical nurses: Specific practice settings

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
1. <b>Ambulatory Care</b>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in ambulatory care clinics or offices where surgical procedures are performed:                             <ul style="list-style-type: none"> <li>i. Require a unit orientation that is consistent with LPN entry-level <b>competencies</b></li> <li>ii. Assist with surgical procedures                                     <ul style="list-style-type: none"> <li>○ After successfully completing additional education</li> <li>○ When an authorized health professional is immediately available</li> </ul> </li> </ul> </li> <li>b. Licensed practical nurses <i>do not</i> administer:                             <ul style="list-style-type: none"> <li>i. IV push medications</li> <li>ii. IV medications through a central venous access device (CVAD), or a central venous line</li> <li>iii. Intrathecal medications</li> </ul> </li> </ul>

<sup>2</sup> “Medical aesthetics” refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person’s appearance.

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	<ul style="list-style-type: none"> <li>iv. Intra-osseous medications</li> <li>v. Medications into epidural spaces</li> <li>vi. Medications into perineural spaces</li> <li>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> <p>c. Licensed practical nurses work in a <b>team nursing approach</b> to provide care and monitor clients under:</p> <ul style="list-style-type: none"> <li>i. General anesthesia</li> <li>ii. Intrathecal anesthesia</li> <li>iii. Epidural anesthesia</li> <li>iv. Procedural sedation</li> </ul> <p>d. Licensed practical nurses work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education.</p>
<p><b>2. Antenatal Care</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses provide antenatal care:               <ul style="list-style-type: none"> <li>i. To healthy clients with an uncomplicated pregnancy</li> <li>ii. In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners</li> </ul> </li> </ul>
<p><b>3. Emergency Room</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses <i>do not</i> triage clients in emergency rooms (ERs).</li> <li>c. Licensed practical nurses work in a team nursing approach to provide care for clients with stable or predictable states of health.</li> </ul>
<p><b>4. Hemodialysis</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in hemodialysis settings carry out hemodialysis:               <ul style="list-style-type: none"> <li>i. For clients with stable or predictable states of health</li> <li>ii. After successfully completing <b>post-basic education</b> through an in-house program offered by a health authority affiliated with BC Renal</li> <li>iii. By following decision support tools established by a health authority affiliated with BC Renal</li> <li>iv. When a registered nurse is immediately available</li> <li>v. Using an arteriovenous (AV) fistula or AV graft</li> </ul> </li> </ul>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	<ul style="list-style-type: none"> <li>b. Licensed practical nurses working in hemodialysis settings manage, access and maintain central venous lines and central venous access devices (CVAD) used specifically for hemodialysis by:                             <ul style="list-style-type: none"> <li>i. Changing dressings on central venous access lines specific to dialysis access only</li> <li>ii. Measuring visible central venous access lines specific to dialysis access only</li> <li>iii. Carrying out dialysis through a central venous access line specific to dialysis access only</li> </ul> </li> <li>c. Licensed practical nurses working in hemodialysis settings administer solutions, substances and Schedule I, IA, II and III drugs (<u><i>Drug Schedules Regulation</i></u>) by any route, including intravenous and IV push, as part of routine hemodialysis procedures.</li> <li>d. Licensed practical nurses working in hemodialysis settings <i>do not</i> administer:                             <ul style="list-style-type: none"> <li>i. Intrathecal medications</li> <li>ii. Intra-osseous medications</li> <li>iii. Medications into epidural spaces</li> <li>iv. Medications into perineural spaces</li> <li>v. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> </li> <li>e. Licensed practical nurses working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.</li> <li>f. Licensed practical nurses working in hemodialysis settings <b>do not</b> start transfusions of blood or blood products.</li> </ul>
<p><b>5. Medical Aesthetics<sup>3</sup></b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.</li> <li>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:                             <ul style="list-style-type: none"> <li>i. Under a client-specific order from an authorized health professional, and</li> <li>ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client,</li> </ul> </li> </ul>

<sup>3</sup> "Medical aesthetics" refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person's appearance.

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	is present within the facility when the procedure is being performed and immediately available for consultation.
<b>6. Mental Health and Substance Use</b>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in settings where substance use or a mental health disorder is the primary diagnosis require an orientation that is consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses work in a team nursing approach to provide care for clients whose primary diagnosis is substance use or a mental health disorder after successfully completing additional education.</li> </ul>
<b>7. Perioperative</b>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses work in a scrub or circulating role in the operating room (OR):               <ul style="list-style-type: none"> <li>i. After successfully completing formal post-basic education</li> <li>ii. When a registered nurse is immediately available</li> </ul> </li> <li>b. Licensed practical nurses <i>do not</i> administer:               <ul style="list-style-type: none"> <li>i. IV push medications</li> <li>ii. IV medications through a central venous access device (CVAD), or a central venous line</li> <li>iii. Intrathecal medications</li> <li>iv. Intra-osseous medications</li> <li>v. Medications into epidural spaces</li> <li>vi. Medications into perineural spaces</li> <li>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> </li> <li>c. Licensed practical nurses working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:               <ul style="list-style-type: none"> <li>i. General anesthesia</li> <li>ii. Intrathecal anesthesia</li> <li>iii. Epidural anesthesia</li> <li>iv. Procedural sedation</li> </ul> </li> </ul>
<b>8. Postpartum Care</b>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes:               <ul style="list-style-type: none"> <li>i. Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals</li> <li>ii. The Neonatal Resuscitation Program (NRP) modules 1-4 and 9</li> <li>iii. Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway (<a href="#">PSBC Newborn Guideline 13: Newborn</a>)</li> </ul> </li> </ul>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	<p data-bbox="610 291 1414 407"><a href="#">Nursing Care Pathway</a>) and the Postpartum Clinical Pathway (<a href="#">Perinatal Services BC: Perinatal Services BC Obstetrics Guideline 20 Postpartum Nursing Care Pathway</a>)</p> <p data-bbox="467 422 1354 674">b. Licensed practical nurses provide care for mothers and newborns:</p> <ul style="list-style-type: none"> <li data-bbox="548 468 1110 499">i. With stable or predictable states of health</li> <li data-bbox="548 514 1333 590">ii. When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available</li> </ul> <p data-bbox="467 604 1354 674">c. Licensed practical nurses take heel pricks after successfully completing additional education.</p>

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education:

- Builds on entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse's scope of practice but require additional education, training, and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client's Representative:** A person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate

- a. a "committee of the patient" under the *Patients Property Act*,
- b. the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- c. a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- d. a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or

- e. a substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis, and treatment of client-specific clinical problems.

**Formal post-basic education:** Structured education that builds on the entry-level LPN competencies. Formal post-basic education is delivered:

- By an educational institution that teaches a BCCNM-recognized practical nursing education program or equivalent, or
- Through a collaborative arrangement between an employer that employs LPNs in post-basic areas and a school that teaches a BCCNM-recognized practical nursing education program or equivalent.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the patient by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**Team approach:** When the care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out other members of the health care team to jointly review the client's care needs and determine how the care needs will be met between them. Where relevant, the registered nurse or registered psychiatric nurse may be the most appropriate team member for the LPN to seek consultation and collaboration with regarding client care needs.

**Team nursing approach:** When the nursing care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out the registered nurse or registered psychiatric nurse on the health care team to jointly review the client's care needs and determine how the care needs will be met between them.

## PRACTICE STANDARD

# Licensed Practical Nurses: Acting under Client-specific Orders

## Introduction

The *Licensed Practical Nurses: Acting under Client-specific Orders* standards, limits, and conditions set the expectations that licensed practical nurses must meet when they are performing **activities** that they are competent and allowed to perform under **client-specific orders**.

Licensed practical nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health, with a focus on stable or predictable states of health.

For the restricted activities listed in section 36 and 37 of the *Nurses and Midwives Regulation*, a licensed practical nurse may perform the activity only if acting under a client-specific order given by a physician, nurse practitioner, dentist, midwife, naturopathic physician, podiatrist, pharmacist, registered nurse, registered psychiatric nurse, or dietitian.

Depending on organizational or employer policies and processes, certain health professionals not named in the *Nurses and Midwives Regulation* may still give client-specific orders for activities already within the nurse's autonomous scope of practice. These orders are not legally required since the activity is already authorized within the nurse's scope, but the specialized expertise and competence of the other health professionals can help determine the best care for the client and strengthen team-based assessment and care planning.

## Standards

1. Licensed practical nurses require a **client-specific order** before performing any **activity** that is not within the licensed practical nurse's autonomous scope of practice.
2. Licensed practical nurses acting under a client-specific order ensure that the ordered activity is:
  - a. Either one of the restricted activities identified in section 36 or 37 of the *Nurses and Midwives Regulation* that licensed practical nurses may perform when acting under an order or an activity within the licensed practical nurse's autonomous scope of practice,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.

3. Licensed practical nurses acting under a client-specific order ensure that they have the competence to:
  - a. Perform the activity safely and ethically,
  - b. Identify potential risks of the activity to the client and know how to minimize those risks, and
  - c. Recognize and manage the intended and unintended outcomes of the activity.
4. Before performing an activity under a client-specific order, licensed practical nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. To manage intended and unintended outcomes of the activity.
5. Licensed practical nurses perform **advanced activities** with a client-specific order only when they have obtained the **additional education**, training, and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Licensed practical nurses acting under a client-specific order ensure that the order:
  - a. Is client-specific,
  - b. Is clear and complete,
  - c. Is documented, legible, dated and signed with a written/electronic signature, and
  - d. Contains enough information for the nurse to carry it out safely.
7. Licensed practical nurses accept a verbal or telephone client-specific order only when there is no reasonable<sup>4</sup> alternative, according to organizational/employer policies and processes, and when doing so is in the best interest of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.
8. Licensed practical nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting under a client-specific order.
9. Licensed practical nurses may not change or cancel a client-specific order when the activity is outside of the licensed practical nurse's autonomous scope of practice or the licensed practical nurse's individual competence.
10. Licensed practical nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
  - a. The ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g., to 'hold' the order),

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<sup>4</sup> "Reasonable" refers to the common understanding that licensees of BCCNM would have as to what is appropriate in the situation.

- b. They are not able to carry out a client-specific order,
  - c. The client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,
  - d. The client-specific order does not appear to reflect current evidence or be in the best interest of the client,
  - e. They change or cancel a client-specific order for activities that are within their autonomous scope of practice, or
  - f. The safeguards and resources are not available to manage the outcomes of performing the activity, including reasonably foreseeable unintended outcomes.
11. Licensed practical nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.
12. Licensed practical nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
13. Licensed practical nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
- a. It is required by organizational/employer policies, processes, or restrictions,
  - b. There are insufficient organizational/employer supports, processes and resources in place (such as **decision support tools** or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
  - c. The licensed practical nurse is competent to perform the activity or provide the care or service but does not have the individual competence to make a nursing diagnosis or carry out an assessment to determine whether the client would benefit from the activity, care, or service.
14. Licensed practical nurses only act with a client-specific order from a health professional who is not identified in the *Nurses and Midwives Regulation* as allowed to give a client-specific order to authorize a licensed practical nurse to perform a restricted activity, when:
- a. The activity is within the licensed practical nurse's autonomous scope of practice,
  - b. The licensed practical nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
  - c. The activity is within the licensed practical nurse's individual competence, and
  - d. Organizational/employer policies, and processes exist that:
    - i. clarify the accountability and responsibility of the licensed practical nurse and the health professional giving the order, and
    - ii. outline the requirements for the health professional giving the order to complete an assessment and to ensure that the ordered activity is in the best interest of the client.

## BCCNM limits and conditions for licensed practical nurses: Acting under client-specific orders

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<b>1. Use of restraints</b>	a. Licensed practical nurses apply restraints only under a client-specific order.
<b>2. Take an electrocardiogram (ECG)</b>	a. Licensed practical nurses take electrocardiograms (ECGs): <ol style="list-style-type: none"> <li>i. After successfully completing additional education</li> <li>ii. When a health care professional authorized to read the ECG is immediately available</li> </ol> b. Licensed practical nurses are not responsible for reading or interpreting ECG results.
<b>3. Procedures on tissue</b> <ul style="list-style-type: none"> <li>• Perform wound care except conservative sharps wound debridement</li> </ul>	a. Licensed practical nurses act under a client-specific order to apply compression dressings, provide negative pressure wound therapy (vacuum assisted closure (VAC), or carry out maggot debridement therapy: <ol style="list-style-type: none"> <li>i. If a wound care treatment plan is in place</li> <li>ii. After successfully completing additional education</li> <li>iii. By following decision support tools</li> </ol> b. Licensed practical nurses <b>do not</b> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).
<b>4. Procedures on tissue</b> <b>Administer a substance</b> <ul style="list-style-type: none"> <li>• Peritoneal dialysis by irrigation</li> </ul>	a. Licensed practical nurses act under a client-specific order to carry out peritoneal dialysis: <ol style="list-style-type: none"> <li>i. For clients with stable or predictable states of health</li> </ol> b. After successfully completing additional education
<b>5. Venipunctures</b> <ul style="list-style-type: none"> <li>• Collect blood sample or blood donation</li> </ul>	a. Licensed practical nurses act under a client-specific order and perform phlebotomy: <ol style="list-style-type: none"> <li>i. To collect blood samples from clients 14 years of age and older</li> <li>ii. After successfully completing additional education</li> <li>iii. By following decision support tools</li> </ol> b. By using a peripheral evacuated system
<b>6. Venipuncture</b>	a. Licensed practical nurses act under a client-specific order to establish intravenous (IV) access:

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<ul style="list-style-type: none"> <li>Establish intravenous (IV) access</li> </ul>	<ul style="list-style-type: none"> <li>After successfully attaining competence as part of an entry-level practical nursing program, OR</li> <li>After successfully completing additional education</li> </ul> <p>b. Licensed practical nurses establish IV access using a short peripheral device</p>
<p>7. Apply a cast for a fracture of a bone</p>	<p>1. Licensed practical nurses apply casts for a fracture of a bone:</p> <ul style="list-style-type: none"> <li>Under a client-specific order only from a medical practitioner or nurse practitioner</li> </ul> <p>b. After successfully completing additional education</p>
<p>8. Care of clients under anesthesia and sedation</p>	<p>a. Licensed practical nurses work in a <b>team nursing approach</b> to provide care and monitor clients under:</p> <ul style="list-style-type: none"> <li>General anesthesia</li> <li>Intrathecal anesthesia</li> <li>Epidural anesthesia</li> <li>Procedural sedation</li> </ul>
<p>9. Administer a substance by inhalation</p> <ul style="list-style-type: none"> <li>Do not administer nitrous oxide</li> <li>Do not monitor clients taking nitrous oxide</li> <li>Do not administer substances for purposes of anesthesia or procedural sedation</li> </ul>	<p>a. Licensed practical nurses <b>do not</b>:</p> <ul style="list-style-type: none"> <li>Administer nitrous oxide</li> <li>Monitor clients taking nitrous oxide</li> <li>Administer inhaled substances for purposes of anaesthesia or procedural (conscious) sedation</li> </ul>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<p><b>10. Administer a substance by mechanical ventilation</b></p> <ul style="list-style-type: none"> <li>Care of clients requiring mechanical ventilation</li> <li>Care of clients who use continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP)</li> </ul>	<p>a. Licensed practical nurses care for clients requiring mechanical ventilation:</p> <ol style="list-style-type: none"> <li>With stable or predictable states of health</li> <li>After successfully completing additional education</li> </ol> <p>b. Licensed practical nurses provide care to clients who use continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP) after successfully completing additional education.</p>
<p><b>11. Administer a substance by irrigation</b></p> <ul style="list-style-type: none"> <li>Irrigate percutaneous tubes</li> </ul>	<p>a. Licensed practical nurses act under a client-specific order and irrigate only those percutaneous tubes they are permitted to irrigate at entry-level.</p>
<p><b>12. Administer a substance by irrigation</b></p> <ul style="list-style-type: none"> <li>Do not irrigate ostomies</li> </ul>	<p>a. Licensed practical nurses <i>do not</i> irrigate ostomies.</p>
<p><b>13. Administer a substance by parenteral instillation</b></p> <ul style="list-style-type: none"> <li>Administer parenteral solutions</li> <li>Change IV bags</li> </ul>	<p>c. Licensed practical nurses act under a client-specific order to:</p> <ol style="list-style-type: none"> <li>Administer parenteral solutions to clients with stable or predictable states of health</li> <li>Change IV bags infusing via peripheral access (not central venous access)</li> </ol>
<p><b>14. Do not access central venous access devices (CVAD) or central venous lines<sup>5</sup></b></p>	<p>a. Licensed practical nurses <i>do not</i> access central venous access devices or central venous lines</p>
<p><b>15. Administer a substance by parenteral instillation</b></p> <ul style="list-style-type: none"> <li>Care of clients receiving blood or blood products</li> <li>Do not start transfusions of blood or blood products</li> </ul>	<p>a. Licensed practical nurses monitor clients receiving blood or blood products in a team nursing approach.</p> <p>b. Licensed practical nurses <i>do not</i> start transfusions of blood or blood products</p>
<p><b>16. Administer a substance by parenteral instillation</b></p>	<p>a. Licensed practical nurses <i>do not</i> administer radiopaque dyes via parenteral instillation.</p>

<sup>5</sup> This may also be referred to as a central venous device (CVD) or central venous catheter (CVC).

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<ul style="list-style-type: none"> <li>Do not administer radiopaque dyes by parenteral instillation</li> </ul>	
<p><b>17. Therapeutic diets</b></p> <ul style="list-style-type: none"> <li>Care of clients receiving parenteral nutrition</li> <li>Do not start or monitor parenteral nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses provide care to clients receiving parenteral nutrition in a team nursing approach</li> <li>Licensed practical nurses <i>do not</i> start or monitor parenteral nutrition</li> </ul>
<p><b>18. Insertion into the external ear canal</b></p> <ul style="list-style-type: none"> <li>Do not insert a curette or other instrument into the external ear canal</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses <i>do not</i> insert a curette or other instrument into the external ear canal to remove:                             <ul style="list-style-type: none"> <li>Foreign objects</li> <li>Earwax</li> </ul> </li> </ul>
<p><b>19. Insertion beyond the point in the nasal passages where they normally narrow</b></p> <ul style="list-style-type: none"> <li>Suction nasal passages beyond the point where they normally narrow</li> <li>Do not insert nasogastric (NG) or orogastric tubes (OG)</li> <li>Do not carry out nasopharyngeal washes</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses act under a client-specific order to suction the nasal passages beyond the point where they normally narrow after successfully completing additional education.</li> <li>Licensed practical nurses <i>do not</i>:                             <ul style="list-style-type: none"> <li>Insert nasogastric (NG) tubes</li> <li>Insert orogastric (OG) tubes</li> <li>Carry out nasopharyngeal washes</li> </ul> </li> </ul>
<p><b>20. Insertion beyond the pharynx</b></p> <ul style="list-style-type: none"> <li>Do not insert laryngeal mask airways (LMAs)</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses <i>do not</i> insert laryngeal mask airways (LMAs).</li> </ul>
<p><b>21. Insertion beyond the opening of the urethra</b></p> <ul style="list-style-type: none"> <li>Insert coude tip catheters</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses act under a client-specific order to insert coude tip catheters after successfully completing additional education.</li> </ul>
<p><b>22. Insertion beyond the labia majora:</b></p> <ul style="list-style-type: none"> <li>Remove vaginal packing</li> </ul>	<ul style="list-style-type: none"> <li>Licensed practical nurses act under a client-specific order to remove vaginal packing after successfully completing additional education.</li> </ul>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<ul style="list-style-type: none"> <li>• Insert or remove pessaries</li> <li>• Do not insert vaginal packing</li> <li>• Do not carry out pelvic or vaginal examinations</li> <li>• Do not perform cervical cancer screening</li> <li>• Do not insert an instrument, substance or medication into or beyond the cervix</li> </ul>	<ul style="list-style-type: none"> <li>b. Licensed practical nurses act under a client-specific order to insert or remove pessaries after successfully completing additional education.</li> <li>c. Licensed practical nurses <i>do not</i>:               <ul style="list-style-type: none"> <li>i. Insert vaginal packing</li> <li>ii. Carry out pelvic or vaginal examinations</li> <li>iii. Perform cervical cancer screening</li> <li>iv. Insert an instrument, substance or medication into or beyond the cervix</li> </ul> </li> </ul>
<p><b>23. Insertion beyond the anal verge</b></p> <ul style="list-style-type: none"> <li>• Insert tubes into the rectum</li> <li>• Do not insert or advance scopes for rectal/bowel examination</li> </ul>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses act under a client-specific order to insert tubes into the rectum:               <ul style="list-style-type: none"> <li>i. After successfully completing additional education</li> <li>ii. By following decision support tools</li> </ul> </li> <li>b. Licensed practical nurses <i>do not</i> insert or advance scopes for rectal/bowel examinations.</li> </ul>
<p><b>24. Insertion into an artificial opening into the body</b></p> <ul style="list-style-type: none"> <li>• Care of clients with tracheostomies</li> </ul>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses provide tracheostomy care to clients:               <ul style="list-style-type: none"> <li>i. With well-established tracheostomies</li> <li>ii. After successfully completing additional education</li> </ul> </li> </ul>
<p><b>25. Insertion into an artificial opening into the body:</b></p> <ul style="list-style-type: none"> <li>• Digital examination of colostomies</li> <li>• Insert Suprapubic catheters</li> <li>• Insert Gastrostomy tubes</li> </ul>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses act under a client-specific order to carry out digital examination of colostomies for clients:               <ul style="list-style-type: none"> <li>i. With well-established stomas</li> <li>ii. After successfully completing additional education</li> </ul> </li> <li>b. Licensed practical nurses act under a client-specific order to insert suprapubic catheters and gastrostomy tubes for clients:               <ul style="list-style-type: none"> <li>i. With well-established stomas</li> <li>ii. After successfully completing additional education</li> </ul> </li> </ul>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<p><b>26. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>Do not perform fetal heart monitoring</li> </ul>	<p>a. Licensed practical nurses <i>do not</i> carry out fetal heart monitoring using an intermittent Doppler, or any related activities including palpation and auscultation of the fetal heart.</p>
<p><b>27. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>Do not apply electricity to destroy tissue or affect the heart or nervous system (except AED)</li> </ul>	<p>a. Licensed practical nurses <i>do not</i> apply electricity to destroy tissue or affect the heart or nervous system except automated external defibrillators (AEDs)</p>
<p><b>28. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>Do not apply laser that cuts or destroys tissue</li> </ul>	<p>a. Licensed practical nurses <i>do not apply</i> laser that cuts or destroys tissue.</p>
<p><b>29. Administer a Schedule I, IA or II drug</b></p> <ul style="list-style-type: none"> <li>Administer intravenous (IV) medications <a href="#">(Drug Schedules Regulation)</a></li> </ul>	<p>a. Licensed practical nurses act under a client-specific order to administer IV medications:</p> <ol style="list-style-type: none"> <li>After successfully attaining competence as part of an entry-level practical nursing program, OR</li> <li>After successfully completing additional education</li> </ol> <p>b. Licensed practical nurses change IV bags containing potassium chloride (KCL) infusing via peripheral access (not central venous access), when the IV bag has been compounded commercially or by a pharmacy</p>
<p><b>30. Administer a Schedule I, IA or II drug</b></p> <p><b>Administer a substance by inhalation</b></p> <ul style="list-style-type: none"> <li>Do not administer medications or substances by these routes or these purposes</li> </ul>	<p>a. Licensed practical nurses <i>do not</i> administer:</p> <ol style="list-style-type: none"> <li>IV push medications</li> <li>IV medications through a central venous access device</li> <li>Intrathecal medications</li> <li>Intra-osseous medications</li> <li>Medications into epidural spaces</li> <li>Medications into perineural spaces</li> <li>Inhaled substances or medications for purposes of anaesthesia or procedural sedation</li> </ol>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders
<p><b>31. Compound, dispense, administer a Schedule I, IA or II drug</b></p> <ul style="list-style-type: none"> <li>• <b>Treat clients with known asthma who are in respiratory distress</b></li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses treat respiratory distress in a known asthmatic:</p> <ul style="list-style-type: none"> <li>i. In a <b>team approach</b></li> <li>ii. Under a client-specific order</li> </ul>
<p><b>32. Compound, dispense, administer a Schedule II drug to treat a disease or disorder</b></p> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses compound, dispense or administer Schedule II drugs to treat a disease or disorder under a client-specific order.</p>
<p><b>33. Allergies</b></p> <ul style="list-style-type: none"> <li>• <b>Do not conduct challenge testing or desensitizing treatments for allergies</b></li> </ul>	<p>a. Licensed practical nurses <i>do not</i> administer allergy challenge testing or desensitization treatments.</p>
<p><b>35. Medical aesthetics<sup>6</sup></b></p>	<p>a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.</p> <p>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:</p> <ul style="list-style-type: none"> <li>i. Under a client-specific order, and</li> <li>ii. when the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ul>

<sup>6</sup> “Medical aesthetics” refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity (activities listed in sections 29-37 of the *Nurses and Midwives Regulation*) and are primarily intended to alter or restore a person’s appearance.

## BCCNM limits and conditions for licensed practical nurses: Specific practice settings

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings
<p><b>1. Ambulatory Care</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in ambulatory care clinics or offices where surgical procedures are performed:                             <ul style="list-style-type: none"> <li>iii. Require a unit orientation that is consistent with LPN entry-level competencies</li> <li>iv. Assist with surgical procedures:                                     <ul style="list-style-type: none"> <li>o After successfully completing additional education</li> <li>o When an authorized health professional is immediately available</li> </ul> </li> </ul> </li> <li>b. Licensed practical nurses <i>do not</i> administer:                             <ul style="list-style-type: none"> <li>i. IV push medications</li> <li>ii. IV medications through a central venous access device (CVAD), or a central venous line</li> <li>iii. Intrathecal medications</li> <li>iv. Intra-osseous medications</li> <li>v. Medications into epidural spaces</li> <li>vi. Medications into perineural spaces</li> <li>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> </li> <li>c. Licensed practical nurses work in a team nursing approach to provide care and monitor clients under:                             <ul style="list-style-type: none"> <li>i. General anesthesia</li> <li>ii. Intrathecal anesthesia</li> <li>iii. Epidural anesthesia</li> <li>iv. Procedural sedation</li> </ul> </li> <li>d. Licensed practical nurses work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education.</li> </ul>
<p><b>2. Antenatal Care</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses provide antenatal care:                             <ul style="list-style-type: none"> <li>iii. To healthy clients with an uncomplicated pregnancy</li> <li>iv. In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners</li> </ul> </li> </ul>
<p><b>3. Emergency Room</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses <i>do not</i> triage clients in emergency rooms (ERs).</li> </ul>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings
	<p>c. Licensed practical nurses work in a team nursing approach to provide care for clients with stable or predictable states of health.</p>
<p><b>4. Hemodialysis</b></p>	<p>a. Licensed practical nurses working in hemodialysis settings carry out hemodialysis:</p> <ul style="list-style-type: none"> <li>vi. For clients with stable or predictable states of health</li> <li>vii. After successfully completing <b>post-basic education</b> through an in-house program offered by a health authority affiliated with BC Renal</li> <li>viii. By following decision support tools established by a health authority affiliated with BC Renal</li> <li>ix. When a registered nurse is immediately available</li> <li>x. Using an arteriovenous (AV) fistula or AV graft.</li> </ul> <p>b. Licensed practical nurses working in hemodialysis settings manage, access and maintain central venous lines and central venous access devices (CVAD) used specifically for hemodialysis by:</p> <ul style="list-style-type: none"> <li>i. Changing dressings on central venous access lines specific to dialysis access only</li> <li>ii. Measuring visible central venous access lines specific to dialysis access only</li> <li>iii. Carrying out dialysis through a central venous access line specific to dialysis access only</li> </ul> <p>c. Licensed practical nurses working in hemodialysis settings administer solutions, substances and Schedule I, IA, II and III drugs (<a href="#">Drug Schedules Regulation</a>) by any route, including intravenous and IV push, as part of routine hemodialysis procedures.</p> <p>d. Licensed practical nurses working in hemodialysis settings <i>do not</i> administer:</p> <ul style="list-style-type: none"> <li>vi. Intrathecal medications</li> <li>vii. Intra-osseous medications</li> <li>viii. Medications into epidural spaces</li> <li>ix. Medications into perineural spaces</li> <li>x. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> <p>e. Licensed practical nurses working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.</p> <p>f. Licensed practical nurses working in hemodialysis settings <i>do not</i> start transfusions of blood or blood products.</p>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings
<p><b>5. Medical Aesthetics</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.</li> <li>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:                             <ul style="list-style-type: none"> <li>i. Under a client-specific order, and</li> <li>ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ul> </li> </ul>
<p><b>6. Mental Health and Substance Use</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in settings where substance use or a mental health disorder is the primary diagnosis require an orientation that is consistent with LPN entry-level competencies.</li> <li>b. Licensed practical nurses work in a team nursing approach to provide care for clients whose primary diagnosis is substance use or a mental health disorder after successfully completing additional education.</li> </ul>
<p><b>7. Perioperative</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses work in a scrub or circulating role in the operating room (OR):                             <ul style="list-style-type: none"> <li>iii. After successfully completing formal post-basic education</li> <li>iv. When a registered nurse is immediately available</li> </ul> </li> <li>b. Licensed practical nurses <i>do not</i> administer:                             <ul style="list-style-type: none"> <li>i. IV push medications</li> <li>ii. IV medications through a central venous access device (CVAD), or a central venous line</li> <li>iii. Intrathecal medications</li> <li>iv. Intra-osseous medications</li> <li>v. Medications into epidural spaces</li> <li>vi. Medications into perineural spaces</li> <li>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation</li> </ul> </li> <li>c. Licensed practical nurses working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:                             <ul style="list-style-type: none"> <li>i. General anesthesia</li> <li>ii. Intrathecal anesthesia</li> <li>iii. Epidural anesthesia</li> <li>iv. Procedural sedation</li> </ul> </li> </ul>
<p><b>8. Postpartum Care</b></p>	<ul style="list-style-type: none"> <li>a. Licensed practical nurses working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes:</li> </ul>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings
	<ul style="list-style-type: none"> <li>iv. Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals</li> <li>v. The Neonatal Resuscitation Program (NRP) modules 1-4 and 9</li> <li>vi. Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway (<a href="#">PSBC Newborn Guideline 13: Newborn Nursing Care Pathway</a>) and the Postpartum Clinical Pathway (<a href="#">Perinatal Services BC: Perinatal Services BC Obstetrics Guideline 20 Postpartum Nursing Care Pathway</a>)</li> </ul> <ul style="list-style-type: none"> <li>b. Licensed practical nurses provide care for mothers and newborns:               <ul style="list-style-type: none"> <li>i. With stable or predictable states of health</li> <li>ii. When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available</li> </ul> </li> <li>c. Licensed practical nurses take heel pricks after successfully completing additional education.</li> </ul>

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education:

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners’ competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse’s scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Formal post-basic education:** Structured education that builds on the entry-level LPN competencies.

Formal post-basic education is delivered:

- by an educational institution that teaches a BCCNM-recognized practical nursing education program or equivalent, or
- through a collaborative arrangement between an employer that employs LPNs in post-basic areas and a school that teaches a BCCNM-recognized practical nursing education program or equivalent.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the patient by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**Team approach:** When the care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out other members of the health care team to jointly review the client's care needs and determine how the care needs will be met between them. Where relevant, the registered nurse or registered psychiatric nurse may be the most appropriate team member for the LPN to seek consultation and collaboration with regarding client care needs.

**Team nursing approach:** When the nursing care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out the registered nurse or registered psychiatric nurse on the health care team to jointly review the client's care needs and determine how the care needs will be met between them.

## PRACTICE STANDARD

# Registered Nurses: Acting Within Autonomous Scope of Practice

## Introduction

*The Registered Nurses: Acting within Autonomous Scope of Practice* standards, limits, and conditions set the expectations that registered nurses<sup>1</sup> must meet when performing **activities** within their autonomous scope of practice (that do not require an order), and also apply to certified registered nurses when performing activities within their autonomous scope of practice that are not included in their certification.

Registered nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health.

Acting within autonomous scope of practice refers to registered nurses:

- Assuming accountability and responsibility for making decisions about client care, and
- Performing activities that they are competent and allowed to perform without a **client-specific order**.

Registered nurses' autonomous scope of practice includes:

- Making a **nursing diagnosis** of the mental or physical condition of a client (as authorized by section 11 of the *Nurses and Midwives Regulation*);<sup>2</sup>
- Performing the **restricted activities** outlined in sections 12 to 20 of the *Nurses and Midwives Regulation* that do not require a client-specific order;<sup>3</sup> and
- Providing other care or services that do not involve the performance of any restricted activities listed in section 4 of the Schedule of Restricted Activities in the *Regulated Health Practitioners Regulation*.

Registered nurses follow the *Registered Nurse: Acting under Client-specific Orders* standards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

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<sup>1</sup> References to registered nurses include registered nurses, licensed graduate nurses and certified registered nurses.

<sup>2</sup> Certified registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

<sup>3</sup> Certified registered nurses do not require an order for a restricted activity listed in sections 21 and 23 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

## Standards

1. Registered nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for registered nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.
3. Registered nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the client and know how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, registered nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. To manage intended and unintended outcomes of the activity.
5. Registered nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training, and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Registered nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Registered nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.

8. Registered nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a nursing diagnosis of a client's physical or mental condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide, and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Registered nurses acting within autonomous scope of practice communicate and collaborate with the client (or the **client's representative**) about nursing diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Registered nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
11. Registered nurses acting within autonomous scope of practice communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Registered nurses acting within autonomous scope of practice consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies or processes, or restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## BCCNM limits and conditions for registered nurses: Acting within autonomous scope of practice (without an order)

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p><b>1. Financial incapability assessment</b></p>	<p>a. Registered nurses may act as qualified health care providers under Part 2.1 of the Adult Guardianship Act for the purpose of conducting the functional component of a financial incapability assessment in accordance with Part 3 of the Statutory Property Guardianship Regulation under that Act, if they successfully complete the Ministry of Health course <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> (<a href="#">Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals</a>).</p> <p>b. Registered nurses acting as qualified health care providers under Part 2.1 of the Adult Guardianship Act must also follow the Ministry of Health and Public Guardian and Trustee’s procedural guide, <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> (<a href="#">Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals</a>).</p>
<p><b>2. Incapability assessment for care facility admission</b></p>	<p>a. Registered nurses acting as prescribed health care providers under Part 3 of the Health Care (Consent) and Care Facility (Admission) Act for the purpose of conducting an assessment to determine whether an adult is incapable of giving or refusing consent to admission to, or continued residence, in a care facility, must:</p> <ul style="list-style-type: none"> <li>i. Have successfully completed the Ministry of Health <a href="#">course</a>, <i>Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors</i> (<a href="#">LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors</a>) and</li> <li>ii. Follow the Ministry of Health guidelines, <i>Practice Guidelines for Seeking Consent to Care Facility Admission</i> (<a href="#">Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission</a>).</li> </ul>

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p><b>3. Procedures on tissue</b></p> <ul style="list-style-type: none"> <li>• <b>Perform wound care:</b> <ul style="list-style-type: none"> <li>○ <i>Conservative sharp wound debridement</i></li> <li>○ <i>Negative pressure wound therapy</i></li> <li>○ <i>Maggot debridement therapy</i></li> <li>○ <i>Compression therapy</i></li> <li>○ <i>Suture uncomplicated skin lacerations</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. Giving a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy:               <ul style="list-style-type: none"> <li>i. May be given only by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent):                   <ul style="list-style-type: none"> <li>○ Nurse Specializing in Wound Ostomy Continence Education Program NSWOCC-EP</li> <li>○ International Interdisciplinary Wound Care Course</li> <li>○ University of Toronto Master of Science in Community Health: Wound Prevention and Care</li> <li>○ University of Western Ontario Master of Clinical Science: Wound Healing</li> <li>○ Wound Ostomy Continence Nursing Education Program.</li> </ul> </li> </ul> </li> <li>b. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy               <ul style="list-style-type: none"> <li>i. May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in a(i). (above).</li> <li>ii. <i>All other</i> registered nurses must:                   <ul style="list-style-type: none"> <li>○ act under a client-specific order, and</li> <li>○ successfully complete additional education.</li> </ul> </li> </ul> </li> <li>c. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane               <ul style="list-style-type: none"> <li>i. May be done by registered nurses who have successfully completed the education requirements in a(i) (above).</li> <li>ii. <i>All other</i> registered nurses must:                   <ul style="list-style-type: none"> <li>○ follow an established <b>decision support tool</b>, and</li> <li>○ successfully complete additional education.</li> </ul> </li> </ul> </li> <li>d. <i>All</i> registered nurses, including those who have successfully completed the education requirements in a(i) (above):               <ul style="list-style-type: none"> <li>i. May <i>only</i> suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Committee <a href="#">decision support tool</a> (<a href="#">British Columbia</a></li> </ul> </li> </ul>

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	<p><a href="#">Provincial Nursing Skin and Wound Committee Guideline: Treating Minor Uncomplicated Lacerations in Adults</a>),</p> <ul style="list-style-type: none"> <li>ii. Must follow this decision support tool when suturing such lacerations, and</li> <li>iii. Must successfully complete additional education.</li> </ul>
<p><b>4. Venipuncture</b></p> <ul style="list-style-type: none"> <li>• <b>Insert a central venous catheter (CVC)<sup>4</sup></b></li> </ul>	<p>a. Registered nurses act under a client-specific order to insert a central venous catheter.</p>
<p><b>5. Administer a substance by inhalation</b></p> <ul style="list-style-type: none"> <li>• <b>Mixture of oxygen and nitrous oxide administered for the purpose of pain management during labour</b></li> </ul>	<p>a. Registered nurses who administer a mixture of oxygen and nitrous oxide must follow <a href="#">decision support tools</a> established by Perinatal Services BC (PSBC) (<a href="#">PSBC: Core Competencies for Management of Labour</a>).</p>
<p><b>6. Administer a substance by injection</b></p> <ul style="list-style-type: none"> <li>• <b>Administer purified protein derivative by injection for tuberculosis (TB) screening</b></li> </ul>	<p>a. Registered nurses administering purified protein derivative must possess the competencies (<a href="#">BCCDC: TB Screening Competencies</a>) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (<a href="#">BCCDC Clinical Prevention Services Decision Support Tool: Non- - Tuberculosis Screening</a>).</p>
<p><b>7. Insertion beyond the pharynx</b></p> <ul style="list-style-type: none"> <li>• <b>Do not perform endotracheal Intubation</b></li> </ul>	<p>a. Registered nurses <i>do not</i> carry out endotracheal intubation.</p>
<p><b>8. Insertion beyond the labia majora</b></p> <ul style="list-style-type: none"> <li>• <b>Pelvic exams</b></li> <li>• <b>Cervical cancer screening</b></li> </ul>	<p>a. Registered nurses who carry out pelvic exams or cervical cancer screening must follow the competencies established by PHSA and follow decision support tool established by PHSA (<a href="#">PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool &amp;</a></p>

<sup>4</sup> This may also be referred to as a central venous access device (CVAD) or central venous device (CVD).

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<ul style="list-style-type: none"> <li>• <b>Fit a pessary</b></li> <li>• <b>Apply fetal scalp electrodes</b></li> </ul>	<p><a href="#">Competencies (Appendix C)</a>.</p> <ul style="list-style-type: none"> <li>b. Registered nurses act under client-specific order to fit a pessary.</li> <li>c. Registered nurses act under a client-specific order to apply fetal scalp electrodes.</li> </ul>
<p><b>9. Manage labour</b></p>	<ul style="list-style-type: none"> <li>a. Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate <a href="#">competencies</a> established by Perinatal Services BC (PSBC) and follow <a href="#">decision support tools</a> established by PSBC (<a href="#">PSBC: Core Competencies for Management of Labour</a>).</li> </ul>
<p><b>10. Hazardous energy</b></p> <ul style="list-style-type: none"> <li>• <b>Manual defibrillation</b></li> </ul>	<ul style="list-style-type: none"> <li>a. Registered nurses who, in the course of providing emergency cardiac care, apply electricity using a manual defibrillator must possess the competencies established by Providence Health Care and follow decision support tools established by Providence Health Care (<a href="#">Providence Health Care: Clinical tools &amp; resources</a>).</li> </ul>
<p><b>11. Authorizations</b></p> <ul style="list-style-type: none"> <li>• <b>Ultrasound or X-rays for diagnostic or imaging purposes except computed tomography scan (CT scan)</b></li> </ul>	<ul style="list-style-type: none"> <li>a. Registered nurses issue an authorization<sup>5</sup> for X-ray or ultrasound only under the following circumstances:               <ul style="list-style-type: none"> <li>i. Registered nurses who issue an authorization for X-ray or ultrasound must follow established decision support tools.</li> <li>ii. Registered nurses who issue an authorization for X-ray or ultrasound for the purpose of screening or triage or treating a condition must successfully complete additional education.</li> <li>iii. Registered nurses issue an authorization for X-ray or ultrasound for the purpose of routine management only when organizational processes are in place to direct test results to the appropriate health professional for follow-up.</li> <li>iv. Registered nurses who issue an authorization for chest X-ray for the purpose of tuberculosis screening must possess the competencies (<a href="#">BCCDC: TB Screening Competencies</a>) established by the B.C.</li> </ul> </li> </ul>

<sup>5</sup> Issuing an authorization may also refer to *giving a client-specific order*

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	<p>Centre for Disease Control (BCCDC) and follow decision support tools (<a href="#">BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</a>) established by BCCDC.</p>
<p><b>12. Prescribe a Schedule I, IA, or II drug</b></p> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Registered nurses only prescribe medications<sup>6</sup> when they:</p> <ol style="list-style-type: none"> <li>i. Have a current BCCNM certification; and</li> <li>ii. Meet the requirements for certified registered nurses to prescribe.</li> </ol> <p><i>This restriction against a non-certified RN prescribing does not prevent them from issuing a client-specific order to be acted on by another nurse to compound, dispense or administer a medication for a specific client that is within the ordering RN’s autonomous scope of practice.</i></p>
<p><b>13. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• Treat anaphylaxis</li> <li>• Treat cardiac dysrhythmia</li> <li>• Treat respiratory distress (clients with known asthma)</li> <li>• Treat hypoglycemia</li> <li>• Treat post-partum hemorrhage</li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Registered nurses may compound or administer:</p> <ol style="list-style-type: none"> <li>i. Epinephrine to treat anaphylaxis</li> <li>ii. Epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia</li> <li>iii. Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics</li> <li>iv. Oral corticosteroids to treat respiratory distress in known asthmatics in emergency care settings</li> <li>v. D50W to treat hypoglycemia</li> <li>vi. Oxytocin to treat post-partum hemorrhage</li> </ol> <p>b. Registered nurses who administer epinephrine to treat anaphylaxis must follow an established decision support tool.</p> <p>c. Registered nurses who administer epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia must possess the competencies established by Providence Health Care and follow <a href="#">decision support tools</a> established by Providence Health Care (<a href="#">Providence Health Care: Clinical tools &amp; resources</a>).</p> <p>d. Registered nurses who administer salbutamol, ipratropium bromide, or oral corticosteroids must successfully complete</p>

<sup>6</sup> In these standards, the term “prescribing” is used to describe the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	<p>additional education and must follow an established decision support tool.</p> <ul style="list-style-type: none"> <li>e. Registered nurses who administer D50W must follow an established decision support tool.</li> <li>f. Registered nurses who administer oxytocin must possess the competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (<a href="#">PSBC: Core Competencies for Management of Labour</a>).</li> </ul>
<p><b>14. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Treat conditions symptomatic of influenza-like illness</b></li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>a. Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the <a href="#">decision support tool</a> established by the Provincial Government – <i><a href="#">RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner.</a></i></li> </ul>
<p><b>15. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Prevent disease:</b> <ul style="list-style-type: none"> <li>○ <i>Immunoprophylactic agents or post-exposure chemoprophylactic agents</i></li> </ul> </li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>a. Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances: <ul style="list-style-type: none"> <li>i. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the <a href="#">competencies</a> (<a href="#">BCCDC: Immunization Competencies for BC Health Professionals</a>) established by BCCDC and follow <a href="#">decision support tools</a> established by BCCDC (<a href="#">BCCDC: Communicable Disease Control</a>).</li> <li>ii. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC’s <a href="#">basic immunization course</a> (<a href="#">BCCDC: Immunization Competency Course</a>) and additional education in the area of travel health. These registered nurses must follow the <a href="#">Canadian Immunization Guide</a> in</li> </ul> </li> </ul>

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	<p>conjunction with the <a href="#">Canada Communicable Disease Reports (Government of Canada: Canada Communicable Disease Report (CCDR) Weekly)</a>.</p> <p>They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber.</p> <p>iii. Registered nurses may compound and administer experimental vaccines as part of a formal research program involving a physician. These registered nurses must successfully complete BCCDC’s <a href="#">basic immunization course (BCCDC: Immunization Competency Course)</a> as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.</p> <p>iv. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:</p> <ul style="list-style-type: none"> <li>• possess the competencies established by the B.C. Women’s Sexual Assault Service (BCW SAS) and follow <a href="#">decision support tools</a> established by BCW SAS (Note: This will apply to sexual assault nurse examiners) (<a href="#">BC Women’s Hospital + Health Centre: Sexual Assault Service Resources for Health Professionals</a>),</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• possess the <a href="#">competencies (Core Nursing Practice Competencies for Dispensing Prophylactic Medications Post Sexual Assault)</a> established by the B.C. Centre for Disease Control (BCCDC) and follow <a href="#">decision support tools (BCCDC Non-Certified Practice Decision Support Tool Dispensing Prophylactic Medications Post-sexual Assault)</a> established by BCCDC (Note: This will apply to registered nurses who hold BCCNM certification in STI management).</li> </ul>

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	<p>b. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the <a href="#">competencies</a> established by the Provincial Health Services Authority and follow <a href="#">decision support tools</a> established by the Provincial Health Services Authority.</p> <ul style="list-style-type: none"> <li>• <a href="#">Palivizumab (PVZ) for immunoprophylaxis of infant RSV infection (PDF)</a> <ul style="list-style-type: none"> <li>○ <a href="#">RSV vaccines for adults</a></li> </ul> </li> </ul>
<p><b>16. Compound, dispense, or administer Schedule II drugs</b></p> <p><a href="#">(Drug Schedules Regulation)</a></p>	<p>a. Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a <i>condition</i> following an assessment and nursing diagnosis.</p> <p>b. Registered nurses act under a client-specific order to compound, dispense, or administer Schedule II medications to treat a <i>disease or disorder</i>.</p>
<p><b>17. Compound, dispense or administer Schedule II drugs</b></p> <ul style="list-style-type: none"> <li>• Insulin dose adjustment</li> </ul>	<p>a. Registered nurses who carry out insulin dose adjustment must possess the competencies and follow the <a href="#">decision support tools</a> set out by Fraser Health Authority (<a href="#">Fraser Health Authority: Diabetes - Insulin dose adjustment</a>).</p>
<p><b>18. Therapeutic diets</b></p> <ul style="list-style-type: none"> <li>• Compound, dispense, administer a therapeutic diet by enteral installation</li> </ul>	<p>a. Within autonomous scope of practice, registered nurses administer enteral feeds <i>only</i> to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients.</p> <p>b. Within autonomous scope of practice, registered nurses compound and dispense a therapeutic diet administered through enteral instillation <i>only</i> to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients.</p>
<p><b>19. Medical aesthetics<sup>7</sup></b></p>	<p>a. Registered nurses successfully complete additional education before providing medical aesthetic procedures.</p> <p>b. Registered nurses administering injectable drugs or</p>

<sup>7</sup> "Medical aesthetics" refers to elective non-surgical clinical procedures that include the performance of a restricted activity intended to alter or restore a person's appearance.

Activity	BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order)
	substances or implantable devices for medical aesthetic purposes only do so: <ol style="list-style-type: none"> <li>i. Under a client-specific order and</li> <li>ii. when the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ol> c. Registered nurses <i>do not</i> prescribe dermal fillers.

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education:

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse's scope of practice but require additional education, training, and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client's Representative:** A person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate

- a. a "committee of the patient" under the *Patients Property Act*,
- b. the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- c. a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- d. a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or

- e. a substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

## PRACTICE STANDARD

# Registered Nurses: Acting under Client-specific Orders

## Introduction

The *Registered Nurses: Acting under Client-specific Orders* practice standards, limits, and conditions set the expectations that registered nurses<sup>8</sup> must meet when they are performing activities that they are competent and allowed to perform under **client-specific orders**.

Registered nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health.

For the **restricted activities** listed in section 21 and 22 of the *Nurses and Midwives Regulation*, a registered nurse may perform the activity only if acting under a client-specific order given by a physician, nurse practitioner, dentist, midwife, naturopathic physician, podiatrist, pharmacist, certified registered nurse, or certified registered psychiatric nurse.<sup>9</sup>

Depending on organizational or employer policies and processes, certain health professionals not named in the *Nurses and Midwives Regulation* may still give client-specific orders for activities already within the nurse's autonomous scope of practice. These orders are not legally required since the activity is already authorized within the nurse's scope, but the specialized expertise and competence of the other health professionals can help determine the best care for the client and strengthen team-based assessment and care planning.

## Standards

1. Registered nurses require a **client-specific order** before performing any **activity** that is not within the registered nurse's autonomous scope of practice.
2. Registered nurses acting under a client-specific order ensure the ordered activity is:
  - a. Either one of the restricted activities identified in section 21 or 22 of the *Nurses and Midwives Regulation* that registered nurses may perform when acting under an order or an activity within the registered nurse's autonomous scope of practice,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and

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<sup>8</sup> References to registered nurses include registered nurses, licensed graduate nurses and certified registered nurses.

<sup>9</sup> Certified registered nurses do not require an order for a restricted activity listed in sections 21 and 23 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

- d. Within their individual **competence**.
3. Registered nurses acting under a client-specific order ensure that they have the competence to:
    - a. Perform the activity safely and ethically,
    - b. Identify potential risks of the activity to the client and know how to minimize those risks, and
    - c. Recognize and manage the intended outcomes of the activity.
  4. Before performing an activity under a client-specific order, registered nurses consider applicable employer/organizational policies, processes, and resources, restrictions, and other relevant human and system factors that may impact their ability to:
    - a. Perform the activity competently and safely within their practice setting, and
    - b. To manage intended and unintended outcomes of the activity.
  5. Registered nurses perform **advanced activities** with a client-specific order only when they have obtained the **additional education**, training, and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
  6. Registered nurses acting under a client-specific order ensure that the order:
    - a. Is client-specific,
    - b. Is clear and complete,
    - c. Is documented, legible, dated and signed with a written/electronic signature, and
    - d. Contains enough information for the nurse to carry it out safely.
  7. Registered nurses accept a verbal or telephone client-specific order only when there is no reasonable<sup>10</sup> alternative, according to organizational/employer policies and processes, and when doing so is in the best interest of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.
  8. Registered nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting under a client-specific order.
  9. Registered nurses may not change or cancel a client-specific order when the activity is outside of the registered nurse's autonomous scope of practice or the registered nurse's individual competence.
  10. Registered nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
    - a. The ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g., to 'hold' the order),
    - b. They are not able to carry out a client-specific order,

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<sup>10</sup> "Reasonable" refers to the common understanding that licensees of BCCNM would have as to what is appropriate in the situation.

- c. The client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,
  - d. The client-specific order does not appear to reflect current evidence or be in the best interest of the client,
  - e. They change or cancel a client-specific order for activities that are within their autonomous scope of practice, or
  - f. The safeguards and resources are not available to manage the outcomes of performing the activity, including reasonably foreseeable unintended outcomes.
11. Registered nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.
12. Registered nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
13. Registered nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
- a. It is required by organizational/employer policies, processes, or restrictions,
  - b. There are insufficient organizational/employer supports, processes and resources in place (such as **decision support tools** or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
  - c. The registered nurse is competent to perform the activity or provide the care or service but does not have the individual competence to make a nursing diagnosis or carry out an assessment to determine whether the client would benefit from the activity, care, or service.
14. Registered nurses only act with a client-specific order from a health professional who is not identified in the *Nurses and Midwives Regulation* as allowed to give a client-specific order to authorize a registered nurse to perform a restricted activity, when:
- a. The activity is within the registered nurse's autonomous scope of practice,
  - b. The registered nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
  - c. The activity is within the registered nurse's individual competence, and
  - d. Organizational/employer policies, and processes exist that:
    - i. clarify the accountability and responsibility of the nurse and the non-listed health professional, and
    - ii. outline the requirements for the non-listed health professional to complete an assessment and to ensure that the ordered activity is in the best interest of the client.

## BCCNM limits and conditions for registered nurses: Acting under client-specific orders

Activity	BCCNM Limits Conditions for Registered Nurses: Acting under Client-specific Orders
<b>1. Cardiac stress testing</b>	a. Registered nurses may only carry out cardiac stress testing under a physician's direction and only following successful completion of additional education.
<b>2. Venipuncture</b> <ul style="list-style-type: none"> <li>• Insert a central venous catheter (CVC)<sup>11</sup></li> </ul>	a. Registered nurses act under a client-specific order to insert a central venous catheter.
<b>3. Procedures on tissue</b> <ul style="list-style-type: none"> <li>• Surgical suturing or harvesting veins</li> </ul>	a. Registered nurses must successfully complete an RN First Assist Program before doing surgical suturing or harvesting veins under a physician's client-specific order.
<b>4. Apply a cast for a fracture of a bone</b>	a. Registered nurses who cast a fracture of a bone: <ol style="list-style-type: none"> <li>i. Act under a client-specific order only from a physician or nurse practitioner</li> <li>ii. Must successfully complete additional education.</li> </ol>
<b>5. Insertion beyond the pharynx</b> <ul style="list-style-type: none"> <li>• Do not perform endotracheal intubation</li> </ul>	a. Registered nurses <i>do not</i> carry out endotracheal intubation.
<b>6. Insertion beyond the labia majora</b> <ul style="list-style-type: none"> <li>• Pelvic exams</li> <li>• Cervical cancer screening</li> <li>• Fit a pessary</li> <li>• Apply fetal scalp electrodes</li> </ul>	a. Registered nurses who carry out pelvic exams or cervical cancer screening must possess the competencies established by Provincial Health Services Authority (PHSA) and follow decision support tool established by PHSA ( <a href="#">PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool &amp; Competencies (Appendix C)</a> ). b. Registered nurses act under a client-specific order to fit a pessary. c. Registered nurses act under a client-specific order to apply fetal scalp electrodes.
<b>7. Hazardous energy</b> <ul style="list-style-type: none"> <li>• Electrocautery</li> </ul>	a. Registered nurses must successfully complete an RN First Assist Program before doing electrocautery under a physician's client-specific order.

<sup>11</sup> This may also be referred to as a central venous access devices (CVAD) or central venous device (CVD).

Activity	BCCNM Limits Conditions for Registered Nurses: Acting under Client-specific Orders
<b>8. Administer a Schedule I, IA or II drug</b> <b>Administer a substance by inhalation</b> <ul style="list-style-type: none"> <li>• Do not induce general anesthesia</li> </ul>	a. Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter.
<b>9. Administer experimental medications</b>	a. Registered nurses may, under a client-specific order, administer experimental medications not yet listed in any drug schedule as part of a formal research program.
<b>10. Compound, dispense, administer a Schedule II drug</b> <ul style="list-style-type: none"> <li>• Treat a disease or disorder</li> </ul> <i>(Drug Schedules Regulation)</i>	a. Registered nurses act under a client-specific order before compounding, dispensing or administering Schedule II medications to treat a disease or disorder.
<b>11. Therapeutic diets</b> <ul style="list-style-type: none"> <li>• Compound, administer, or dispense a therapeutic diet by enteral instillation</li> </ul>	a. Within autonomous scope of practice, registered nurses compound, administer, or dispense a therapeutic diet administered through enteral instillation <i>only</i> to clients who are stable and have an established diet.  b. Registered nurses act under a client-specific order for all other clients
<b>12. Medical aesthetics<sup>12</sup></b>	c. Registered nurses successfully complete additional education before providing medical aesthetic procedures.  d. Registered nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: <ol style="list-style-type: none"> <li>Under a client-specific order, and</li> <li>When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ol> c. Registered nurses <i>do not</i> prescribe dermal fillers.

<sup>12</sup> “Medical aesthetics” refers to elective non-surgical clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person’s appearance.

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education:

- builds on the entry-level competencies
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

## PRACTICE STANDARD

# Registered Nurses: Acting by Giving Client-specific Orders

## Introduction

The *Registered Nurses: Acting by Giving Client-specific Orders* standards set the expectations that registered nurses<sup>13</sup> must meet when they are giving **client-specific orders**.

Registered nurses may provide care to **clients** by giving client-specific orders for an **activity** that they are competent and allowed to perform within their autonomous scope of practice. Registered nurses need to know when they are allowed to act within their autonomous scope of practice to give a client-specific order before giving that order. A consultation, referral or professional recommendation is not an order.

Registered nurses giving client-specific orders also follow the *Registered Nurse: Acting within Autonomous Scope of Practice* standards.

Certified registered nurses giving client-specific orders also follow the practice standards for their area(s) of certification.

## Standards

1. Registered nurses accept sole accountability and responsibility for the client-specific orders they give.
2. Registered nurses give client-specific orders for activities that are:
  - a. Within the registered nurse's autonomous scope of practice as outlined in the *Nurses and Midwives Regulation*<sup>14</sup>,
  - b. In alignment with BCCNM ethics standards and practice standards,
  - c. Allowed by organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.
3. Registered nurses only give client-specific orders when organizational supports, processes, and resources, including policies and procedures, exist that:
  - a. Outline the accountability and responsibility of the nurse, and

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<sup>13</sup>References to registered nurses in this standard include registered nurses, licensed graduate nurses and certified registered nurses.

<sup>14</sup> Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*:

- a registered nurse may give an order to perform a restricted activity listed in section 36(1) of the *Nurses and Midwives Regulation* that is within the registered nurse's autonomous scope of practice, and a licensed practical nurse may act under that order, and
- a certified registered nurse may give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the *Nurses and Midwives Regulation* that is within the certified registered nurse's autonomous scope of practice, and
  - a licensed practical nurse may act under that order if the activity is listed in section 36(1),
  - a registered nurse may act under that order if the activity is listed in section 21(1), and
  - a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

- b. Ensure continuity of care for the client including the requirements and procedures for responding to questions about client-specific orders, amending client-specific orders and evaluating client outcomes.
4. Registered nurses carry out assessments and make an appropriate **nursing diagnosis**<sup>15</sup> to ensure that the client's condition can be improved or resolved by the ordered activity before giving a client-specific order.
5. Registered nurses give client-specific orders that consider the unique characteristics, needs and wishes of the client, contain enough information for the order to be carried out safely and are:
  - a. Based on evidence,
  - b. Clear and complete, and
  - c. Documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier.
6. Registered nurses give verbal or telephone client-specific orders only when there are no reasonable<sup>16</sup> alternatives and it is in the best interest of the client. In these situations, registered nurses:
  - a. Ensure that they have the necessary information to conduct the assessment required to give the client-specific order, which may include gathering information from another health care provider when the nurse is not able to directly observe the client,
  - b. Ask for the client-specific order to be read back to confirm it is accurate,
  - c. Follow up to ensure that the client-specific order is documented in the client record.
7. Registered nurses using documents that set out the usual care for a particular client group or client (e.g., pre-printed orders or order sets) make the information client-specific by adding the name of the individual client, making any necessary changes, dating their client-specific orders and signing with their unique identifier.
8. Registered nurses identify the specific document (e.g., a decision support tool) in the client's record, including the name and the date of publication, when they reference that document in a client-specific order.
9. Registered nurses follow the standards for *Registered Nurses: Acting within Autonomous Scope of Practice* and/or *Registered Nurses: Giving Client-specific Orders* when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.
10. Registered nurses communicate and collaborate with the professional who gave the client-specific order, the client, and other members of the health care team when changing or cancelling a client specific order.

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<sup>15</sup> Certified registered nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certification and the nurse's individual competence.

<sup>16</sup> Reasonable refers to the common understanding that licensees of the nursing profession would have as to what is appropriate in the situation.

11. Registered nurses follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Client:** Person receiving health services.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

## PRACTICE STANDARD

# Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice

## Introduction

The *Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice* standards, limits, and conditions set the expectations that registered psychiatric nurses<sup>1</sup> must meet when performing activities within their autonomous scope of practice (that do not require an order), and also apply to certified registered psychiatric nurses when performing activities within their autonomous scope of practice that are not included in their certification.

Registered psychiatric nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health with a focus on **mental, psychosocial and emotional conditions, and associated or comorbid physiological conditions**.

**Acting within autonomous scope of practice** refers to registered psychiatric nurses:

- Assuming accountability and responsibility for making decisions about client care, and
- Performing activities that they are competent and allowed to perform without a **client-specific order**.

Registered nurses' autonomous scope of practice includes:

- making a **nursing diagnosis** of the mental or physical condition of a client (as authorized by section 42 of the *Nurses and Midwives Regulation*);<sup>2</sup>
- performing the **restricted activities** outlined in sections 43 to 50 of the *Nurses and Midwives Regulation* that do not require registered nurses to act under a client-specific order issued by another regulated health professional;<sup>3</sup> and
- providing other care or services that do not involve the performance of any restricted activities listed in section 4 of the Schedule of Restricted Activities in the *Regulated Health Practitioners Regulation*.

Registered psychiatric nurses follow the *Registered Psychiatric Nurse: Acting under Client-specific Orders* standards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

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<sup>1</sup> References to registered psychiatric nurses include registered psychiatric nurses and certified registered nurses.

<sup>2</sup> Certified registered psychiatric nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the certified registered psychiatric nurse's certification and their individual competence.

<sup>3</sup> Certified registered psychiatric nurses do not require an order for a restricted activity listed in sections 51 and 53 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered nurse's certification and their individual competence.

## Standards

1. Registered psychiatric nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Registered psychiatric nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for registered psychiatric nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.
3. Registered psychiatric nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the client and know how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, registered psychiatric nurses consider applicable employer/organizational policies, processes, restrictions and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. To manage intended and unintended outcomes of the activity.
5. Registered psychiatric nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Registered psychiatric nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Registered psychiatric nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Registered psychiatric nurses acting within autonomous scope of practice follow a clinical decision-making process when they:

- a. Assess the client's health status,
  - b. Make a nursing diagnosis of a client's physical or mental condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide, and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity,
  - k. Manage and evaluate the outcomes of the activity.
9. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the client (or the **client's representative**) about nursing diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
11. Registered psychiatric nurses acting within autonomous scope of practice communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Registered psychiatric nurses acting within autonomous scope of practice consult with, or refer clients to, other health care professionals when:
- a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies or processes, or
  - c. Client care would benefit from the expertise of other health care professionals.

## BCCNM limits and conditions for registered psychiatric nurse: Acting within autonomous scope of practice

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
<b>1. Use of restraint and seclusion interventions</b>	<ul style="list-style-type: none"> <li>a. When using restraint or seclusion<sup>4</sup> interventions, registered psychiatric nurses must follow applicable legislation<sup>5</sup> specific to their practice setting.</li> <li>b. When using mechanical restraint<sup>6</sup> or seclusion interventions with clients certified under the <i>Mental Health Act</i>, registered psychiatric nurses must act under a client-specific order, except in an emergency situation.</li> </ul>
<b>2. Pronounce death</b>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses must follow a decision support tool approved by their employer when pronouncing unexpected death.</li> <li>b. Registered psychiatric nurses <b>must not</b> pronounce death related to medical assistance in dying (MAiD).</li> </ul>
<b>3. Financial incapability assessment</b>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses must successfully complete the educational program titled <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i>, provided by the Ministry of Health (<a href="#">Certificate of Incapability process for healthcare professionals   Public Guardian and Trustee of British Columbia</a>)</li> <li>a. Registered psychiatric nurses must follow the guidelines contained in the document <i>A Guide to the Certificate of Incapability Process under the Adult Guardianship Act</i> prepared by the Ministry of Health and the Public Guardian and Trustee of British Columbia (<a href="#">Certificate of Incapability process for healthcare professionals   Public Guardian and Trustee of British Columbia</a>)</li> </ul>
<b>4. Incapability assessment for care facility admission</b>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses must successfully complete the Ministry of Health “Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors” (<a href="#">LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors</a>)</li> <li>b. Registered psychiatric nurses must follow the Ministry of Health guidelines, “Practice Guidelines for Seeking Consent</li> </ul>

<sup>4</sup> Seclusion is a physical intervention that involves containing a client in a room from which free exit is denied (Government of BC, Ministry of Health, 2012, Secure rooms and seclusion standards and guidelines: A literature and evidence review).

<sup>5</sup> If restraint and seclusion is not done with legislative authority, the act may be an assault. Some examples of provincial and federal legislation which may be applicable to the use of restraint and seclusion are the *Residential Care Regulation Community Care and Assisted Living Act*, *Mental Health Act*, *Corrections Act*, the *Criminal Code of Canada* and *Corrections and Conditional Release Act*.

<sup>6</sup> Mechanical restraint involves the use of devices to partially or totally restrict the client’s movements

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
	to Care Facility Admission” ( <a href="#">Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission</a> )
<p><b>5. Procedures on tissue</b></p> <ul style="list-style-type: none"> <li>• <b>Perform wound care</b> <ul style="list-style-type: none"> <li>○ <i>Conservative sharp wound debridement</i></li> <li>○ <i>Negative pressure wound therapy</i></li> <li>○ <i>Maggot debridement therapy</i></li> <li>○ <i>Compression therapy</i></li> </ul> </li> </ul>	<p>a. Registered psychiatric nurses must successfully complete additional education before carrying out:</p> <ol style="list-style-type: none"> <li>i. Conservative sharp wound debridement</li> <li>ii. Negative pressure wound therapy</li> <li>iii. Biological debridement therapy</li> <li>iv. Compression therapy</li> </ol> <p>b. Registered psychiatric nurses must follow an employer approved <b>decision support tool</b> in carrying out:</p> <ol style="list-style-type: none"> <li>i. Conservative sharp wound debridement</li> <li>ii. Negative pressure wound therapy</li> <li>iii. Biological debridement therapy</li> <li>iv. Compression therapy</li> </ol>
<p><b>6. Venipuncture</b></p> <ul style="list-style-type: none"> <li>• <b>Perform venipuncture</b></li> <li>• <b>Establish intravenous (IV) access</b></li> <li>• <b>Collect a blood sample</b></li> <li>• <b>Do not take blood for donation</b></li> </ul>	<p>a. Registered psychiatric nurses must successfully complete additional education to perform venipuncture or establish intravenous access.</p> <p>b. Registered psychiatric nurses are limited to using short peripheral venous access devices to take blood or to establish intravenous access.</p> <p>c. Registered psychiatric nurses <b>must not</b> take blood for the purpose of donation.</p>
<p><b>7. Administer a substance by injection</b></p> <ul style="list-style-type: none"> <li>• <b>Administer purified protein derivative by injection for tuberculosis (TB) screening</b></li> </ul>	<p>a. Registered psychiatric nurses who administer purified protein derivative must possess the competencies outlined in <i>Competencies for Tuberculosis Screening</i> established by the British Columbia Centre for Disease Control (BCCDC) (<a href="#">TB screening competencies.pdf</a>) or equivalent approved by their employer.</p> <p>b. Registered psychiatric nurses who administer purified protein derivative must follow the <i>BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</i> (<a href="#">BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</a>) or equivalent approved by their employer.</p>
<p><b>8. Administer a substance by irrigation</b></p> <ul style="list-style-type: none"> <li>• <b>Irrigate bladder</b></li> </ul>	<p>a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder.</p>

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
<p><b>9. Administer a substance by enteral instillation</b></p>	<p>a. Registered psychiatric nurses are limited to administering a solution through enteral instillation to clients with stable and predictable physiological health.</p>
<p><b>10. Insertion beyond the point in the nasal passages where they normally narrow</b></p> <ul style="list-style-type: none"> <li>• Nasopharyngeal suctioning</li> <li>• Insert nasogastric tubes</li> </ul>	<p>a. Registered psychiatric nurses must follow a decision support tool approved by their employer when carrying out nasopharyngeal suctioning.</p> <p>b. Registered psychiatric nurses are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube) within their autonomous scope of practice.</p> <p>c. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube.</p>
<p><b>11. Insertion beyond the pharynx:</b></p> <ul style="list-style-type: none"> <li>• Do not perform endotracheal Intubation</li> </ul>	<p>a. Registered psychiatric nurses <b>do not</b> carry out endotracheal intubation.</p>
<p><b>12. Insertion beyond the opening of the urethra</b></p> <ul style="list-style-type: none"> <li>• Insert or flush urinary catheter</li> </ul>	<p>a. Registered psychiatric nurses must follow a decision support tool approved by their employer when inserting or flushing a urinary catheter.</p>
<p><b>13. Insertion beyond the labia majora</b></p> <ul style="list-style-type: none"> <li>• Pelvic exams</li> <li>• Cervical cancer screening</li> </ul>	<p>a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must</p> <ol style="list-style-type: none"> <li>i. successfully complete additional education and</li> <li>ii. possess the competencies (<a href="#">BCCDC: Competencies for Pelvic Examination</a>) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer.</li> </ol> <p>b. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must follow the competencies established by PHSA and follow decision support tool established by PHSA (<a href="#">PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool &amp; Competencies (Appendix C)</a>) or an equivalent approved by their employer.</p>
<p><b>14. Insertion into an artificial opening into the body</b></p> <ul style="list-style-type: none"> <li>• Insert suprapubic and gastrostomy tubes</li> <li>• Ostomy care</li> <li>• Tracheostomy care</li> </ul>	<p>a. Registered psychiatric nurses are limited to inserting suprapubic and gastrostomy tubes in clients with stable and predictable physiological health.</p> <p>b. Registered psychiatric nurses are limited to carrying out ostomy care for clients with stable and predictable physiological health.</p>

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
	c. Registered psychiatric nurses are limited to carrying out tracheostomy care for clients with stable and predictable physiological health.
<b>15. Hazardous energy</b> <ul style="list-style-type: none"> <li>• Do not use a manual defibrillator</li> <li>• Use an automated external defibrillator (AED)</li> </ul>	a. Registered psychiatric nurses <b>must not</b> apply electricity using a <b>manual</b> defibrillator. b. Registered psychiatric nurses must successfully complete, and maintain currency in, a course on cardiopulmonary resuscitation and automated external defibrillator (AED) use for health care professionals in order to apply electricity using an AED.
<b>16. Authorizations</b> <ul style="list-style-type: none"> <li>• X-rays for tuberculosis screening except computed tomography scan (CT scan)</li> </ul>	a. Registered psychiatric nurses who issue an authorization <sup>7</sup> for a chest X-ray for the purpose of tuberculosis screening must: <ol style="list-style-type: none"> <li>i. Possess the competencies outlined in <i>Tuberculosis Screening Competencies</i> established by the British Columbia Centre for Disease Control (BCCDC) (<a href="#">BCCDC: TB Screening Competencies</a>) or equivalent approved by their employer.</li> <li>ii. Follow the <i>BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</i> (<a href="#">BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening</a>) or equivalent approved by their employer.</li> </ol>
<b>17. Prescribe a Schedule I, IA, or II drug</b>  <i>(Drug Schedules Regulation)</i>	a. Registered psychiatric nurses only prescribe medications <sup>8</sup> when they: <ol style="list-style-type: none"> <li>i. Have a current certification; AND</li> <li>ii. Meet the requirements for certified registered psychiatric nurses to prescribe for the treatment of opioid use disorder.</li> </ol> <p><i>This restriction against a non-certified RPN prescribing does not prevent them from issuing a client-specific order to be acted on by another nurse to compound, dispense or administer a medication for a specific client that is within the ordering RPN's autonomous scope of practice.</i></p>
<b>18. Compound, dispense or administer a Schedule I drug</b>	a. Registered psychiatric nurses are limited to administering epinephrine to treat anaphylaxis.

<sup>7</sup> This may also be referred to as *giving a client-specific order*.

<sup>8</sup> In these standards, the term "prescribing" is used to describe the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
<ul style="list-style-type: none"> <li>• <b>Treat anaphylaxis</b></li> </ul>	<p>b. Registered psychiatric nurses who administer epinephrine to treat anaphylaxis must follow <a href="#">decision support tools (BCCDC: Communicable Disease Control Manual Chapter 2: Immunization Part 3 - Management of Anaphylaxis in a Non-Hospital Setting)</a> in the Communicable Disease Immunization Program Section V - Management of Anaphylaxis in a Non-hospital Setting<sup>2</sup> established by British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.</p> <p>c. Registered psychiatric nurses who administer epinephrine must successfully complete additional education.</p>
<p><b>19. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Do not administer, compound, dispense Schedule I drugs for opiate overdose</b></li> </ul>	<p>a. Registered psychiatric nurses <b>must not</b> administer, compound or dispense a Schedule I drug to treat a suspected opiate overdose</p>
<p><b>20. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Treat respiratory distress (clients with known asthma)</b></li> </ul>	<p>a. Registered psychiatric nurses are limited to administering salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.</p> <p>b. Registered psychiatric nurses who administer salbutamol or ipratropium bromide to treat respiratory distress in a known asthmatic must follow a decision support tool approved by their employer.</p> <p>c. Registered psychiatric nurses who administer salbutamol or ipratropium bromide must successfully complete additional education.</p>
<p><b>21. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Treat hypoglycemia</b></li> </ul>	<p>a. Registered psychiatric nurses are limited to administering D50W to treat hypoglycemia.</p> <p>b. Registered psychiatric nurses who administer D50W to treat hypoglycemia must follow a decision support tool approved by their employer.</p> <p>c. Registered psychiatric nurses who administer D50W must successfully complete additional education.</p>

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
<p><b>22. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Treat symptoms of influenza-like illness</b></li> </ul>	<p>a. Registered psychiatric nurses who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must successfully complete additional education.</p> <p>b. Registered psychiatric nurses who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must follow, the decision support tool established by the Provincial Government: <i>RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner</i>. (<a href="#">BC Government: RN and RPN Decision Support Tool (Clinical Practice Guidelines) for Identification and Early Treatment of Influenza-Like Illness (ILI) Symptoms during an Influenza Pandemic in the Absence of a Medical Practitioner or Nurse Practitioner</a> or equivalent approved by their employer</p> <p>c. Registered psychiatric nurses <b>must not</b> compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness for children under the age of 4.</p>
<p><b>23. Compound, dispense or administer a Schedule I drug</b></p> <ul style="list-style-type: none"> <li>• <b>Prevent disease:</b> <ul style="list-style-type: none"> <li>○ <i>Immunoprophylactic agents and post-exposure chemoprophylactic agents</i></li> </ul> </li> </ul>	<p>a. Registered psychiatric nurses who, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must:</p> <ol style="list-style-type: none"> <li>i. possess the <a href="#">competencies</a> established by BCCDC (<a href="#">BCCDC: Immunization Competencies for BC Health Professionals</a>).</li> <li>ii. follow <a href="#">decision support tools</a> established by BCCDC.</li> </ol> <p>b. Registered psychiatric nurses who compound, dispense or administer post-exposure chemoprophylactic agents for sexual assault purposes must:</p> <ol style="list-style-type: none"> <li>i. possess the BC Women’s Sexual Assault Service (BCWSAS) Competencies for (registered nurse) sexual assault nurse examiners (<a href="#">Sexual Assault Service Resources for Health Professionals</a>), and</li> <li>ii. follow <i>Decision Support Tools (DST) for Sexual Assault Nurse Examiners (SANES)</i> for (registered</li> </ol>

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
	<p>nurse) sexual assault nurse examiners (<a href="#">Sexual Assault Service Resources for Health Professionals</a>) established by BC Women’s Sexual Assault Service (BCWSAS).</p> <p>c. Registered psychiatric nurses must not compound, dispense or administer immunoprophylactic or post-exposure chemoprophylactic agents for the purpose of preventing disease in travellers (also known as travel health).</p> <p>d. Registered psychiatric nurses must not, within their autonomous scope of practice, compound, dispense or administer immunoprophylactic agents or post-exposure chemoprophylactic agents for children under the age of 4 years old.</p>
<p><b>24. Do not compound or administer experimental vaccines for research purposes</b></p>	<p>a. Registered psychiatric nurses <b>must not</b> compound or administer experimental vaccines for research purposes.</p>
<p><b>25. Compound, dispense, or administer Schedule II drugs</b> <i>(Drug Schedules Regulation)</i></p>	<p>a. Registered psychiatric nurses require a client-specific order from an authorized health professional to compound, dispense or administer Schedule II medications <b>to treat a disease or disorder</b>. <i>For example, nurses would not administer insulin without knowing that a physician had diagnosed diabetes and ordered insulin therapy.</i></p> <p>b. Registered psychiatric nurses may only compound, dispense or administer Schedule II medications <b>to treat a condition</b> following an assessment and nursing diagnosis. Vaccines do not require the identification of a condition.</p> <p>c. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either:</p> <ol style="list-style-type: none"> <li>i. follow an employer approved decision support tool or</li> <li>ii. act with a client-specific order from an authorized health professional.</li> </ol> <p>d. Registered psychiatric nurses who administer medication via central venous access devices must:</p> <ol style="list-style-type: none"> <li>i. act with a client-specific order from an authorized health professional, and</li> </ol>

Activity	BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice
	<ul style="list-style-type: none"> <li>ii. successfully complete additional education to administer medication via central venous access devices.</li> </ul>
<p><b>26. Compound, dispense, or administer Schedule II drugs</b></p> <ul style="list-style-type: none"> <li>• Do not perform insulin dose adjustment</li> </ul>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses <b>must not</b> carry out Insulin dose adjustment.</li> </ul>
<p><b>27. Compound, dispense, or administer Schedule II drugs</b></p> <ul style="list-style-type: none"> <li>• Do not administer medication by these routes)</li> </ul>	<ul style="list-style-type: none"> <li>b. Registered psychiatric nurses <b>must not</b> administer medication via intrathecal, epidural, intraosseous or perineural routes because it is not within RPN scope of practice</li> </ul>
<p><b>28. Therapeutic diets</b></p> <ul style="list-style-type: none"> <li>• Administer a therapeutic diet by enteral instillation</li> </ul>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses are limited to administering enteral feeds to clients with stable and predictable physiological health and an established diet.</li> </ul>
<p><b>29. Medical aesthetics<sup>9</sup></b></p>	<ul style="list-style-type: none"> <li>b. Registered psychiatric nurses successfully complete additional education before providing <b>medical aesthetic</b> procedures.</li> <li>c. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: <ul style="list-style-type: none"> <li>i. Under a client-specific order and</li> <li>ii. when the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ul> </li> <li>b. Registered psychiatric nurses <b>do not</b> prescribe dermal fillers.</li> </ul>

<sup>9</sup> "Medical aesthetics" refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person's appearance

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education:

- builds on the entry-level competencies
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client's Representative:** A person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate

- a "committee of the patient" under the *Patients Property Act*,
- the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
- a substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

## PRACTICE STANDARD

# Registered Psychiatric Nurses: Acting under Client-specific Orders

## Introduction

The *Registered Psychiatric Nurses: Acting under Client-specific Orders* practice standards, limits, and conditions set the expectations that registered psychiatric nurses<sup>10</sup> must meet when they are performing activities that they are competent and allowed to perform under **client-specific orders**.

Registered psychiatric nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring clients' physical and mental health with a focus on **mental, psychosocial and emotional conditions, and associated or comorbid physiological conditions**.

For the **restricted activities** listed in sections 51 and 52 of the *Nurses and Midwives Regulation*, a registered psychiatric nurse may perform the activity only if acting under a client-specific order given by a physician, nurse practitioner, dentist, midwife, naturopathic physician, podiatrist, pharmacist, certified registered nurse, or certified registered psychiatric nurse.<sup>11</sup>

Depending on organizational or employer policies and processes, certain health professionals not named in the *Nurses and Midwives Regulation* may still give client-specific orders for activities already within the nurse's autonomous scope of practice. These orders are not legally required since the activity is already authorized within the nurse's scope, but the specialized expertise and competence of the other health professionals can help determine the best care for the client and strengthen team-based assessment and care planning.

## Standards

1. Registered psychiatric nurses require a client-specific order from a health professional before performing any **activity** that is not within the registered psychiatric nurse's autonomous scope of practice.
2. Registered psychiatric nurses acting under a client-specific order ensure the ordered activity is:
  - a. Either one of the restricted activities identified in section 51 or 52 of the *Nurses and Midwives Regulation* that registered psychiatric nurses may perform when acting under an order or an activity within the registered psychiatric nurse's autonomous scope of practice,

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<sup>10</sup> References to registered psychiatric nurses include registered psychiatric nurses and certified registered psychiatric nurses.

<sup>11</sup> Certified registered psychiatric nurses do not require an order for a restricted activity listed in sections 51 and 53 of the *Nurses and Midwives Regulation* that is within the autonomous scope of the certified registered psychiatric nurse's certification and their individual competence.

- b. Consistent with BCCM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.
3. Registered psychiatric nurses acting under a client-specific order ensure that they have the competence to:
  - a. Perform the activity safely and ethically,
  - b. Identify potential risks of the activity to the client and how to minimize those risks,
  - c. Recognize and manage the intended and unintended outcomes of the activity.
4. Before performing an activity under a client-specific order, registered psychiatric nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. To manage intended and unintended outcomes of the activity.
5. Registered psychiatric nurses perform **advanced activities** under a client-specific order only when they have obtained the **additional education**, training, and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Registered psychiatric nurses acting under a client-specific order ensure that the order:
  - a. Is client-specific,
  - b. Is clear and complete,
  - c. Is documented, legible, dated and signed with a written/electronic signature, and
  - d. Contains enough information for the nurse to carry it out safely.
7. Registered psychiatric nurses accept a verbal or telephone client-specific order only when there is no reasonable<sup>12</sup> alternative, according to organizational/employer policies and processes, and when doing so is in the best interest of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.
8. Registered psychiatric nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting under a client-specific order.
9. Registered psychiatric nurses may not change or cancel a client-specific order when the activity is outside of the registered psychiatric nurse's autonomous scope of practice or the registered psychiatric nurse's individual competence.
10. Registered psychiatric nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
  - a. The ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g., to 'hold' the order),

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"Reasonable" refers to the common understanding that licensees of BCCNM would have as to what is appropriate in the situation.

- b. They are not able to carry out a client-specific order,
  - c. The client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,
  - d. The client-specific order does not appear to reflect current evidence or be in the best interest of the client,
  - e. They change or cancel a client-specific order for activities that are within their autonomous scope of practice, or
  - f. The safeguards and resources are not available to manage the outcomes of performing the activity, including reasonably foreseeable unintended outcomes.
11. Registered psychiatric nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.
12. Registered psychiatric nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
13. Registered psychiatric nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
- a. It is required by organizational/employer policies, processes, or restrictions,
  - b. There are insufficient organizational/employer supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
  - c. The registered psychiatric nurse is competent to perform the activity or provide the care of services but does not have the individual competence to make a **nursing diagnosis** or carry out an assessment to determine whether the client would benefit from the activity, care, or service, but is competent to carry out the activity.
14. Registered psychiatric nurses **ONLY** act under a client-specific order from a health professional who is not identified in the *Nurses and Midwives Regulation* as allowed to give a client-specific order to authorize a registered psychiatric nurse to perform a restricted activity when:
- a. The activity is within the registered psychiatric nurse's autonomous scope of practice,
  - b. The registered psychiatric nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
  - c. The activity is within the registered psychiatric nurse's individual competence, and
  - d. Organizational/employer policies, and processes exist that:
    - i. clarify the accountability and responsibility of the nurse and the non-listed health professional, and
    - ii. outline the requirements for the non-listed health professional to complete an assessment and to ensure that the ordered activity is in the best interest of the client.

## BCCNM limits and conditions for registered psychiatric nurses: Acting under client-specific orders

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
<p>1. <b>Use of restraint and seclusion interventions</b></p>	<p>a. When using restraint or seclusion<sup>13</sup> interventions, registered psychiatric nurses must follow applicable legislation<sup>14</sup> specific to their practice setting.</p> <p>b. When using mechanical restraint<sup>15</sup> or seclusion interventions with clients certified under the <i>Mental Health Act</i>, registered psychiatric nurses must act under a client-specific order, except in an emergency situation.</p>
<p>2. <b>Procedures on tissue</b></p> <ul style="list-style-type: none"> <li>• <b>Perform wound care</b> <ul style="list-style-type: none"> <li>○ <i>Suturing skin lacerations</i></li> <li>○ <i>Conservative sharp wound debridement</i></li> <li>○ <i>Negative pressure wound therapy</i></li> <li>○ <i>Biological debridement therapy</i></li> <li>○ <i>Compression therapy</i></li> </ul> </li> </ul>	<p>a. Registered psychiatric nurses must successfully complete additional education before carrying out:</p> <ul style="list-style-type: none"> <li>i. Suturing of skin lacerations</li> <li>ii. Conservative sharp wound debridement</li> <li>iii. Negative pressure wound therapy</li> <li>iv. Biological debridement therapy</li> <li>v. Compression therapy</li> </ul>
<p>3. <b>Procedures on tissue</b></p> <p><b>Administer a substance by irrigation</b></p> <ul style="list-style-type: none"> <li>• <b>Peritoneal dialysis</b></li> </ul>	<p>a. Registered psychiatric nurses must successfully complete additional education to carry out peritoneal dialysis.</p>
<p>4. <b>Administer a substance by inhalation</b></p> <ul style="list-style-type: none"> <li>• <b>Do not administer nitrous oxide</b></li> </ul>	<p>a. Registered psychiatric nurses <b>must not</b> administer nitrous oxide.</p>

<sup>13</sup> Seclusion is a physical intervention that involves containing a client in a room from which free exit is denied (Government of BC, Ministry of Health, 2012, Secure rooms and seclusion standards and guidelines: A literature and evidence review).

<sup>14</sup> If restraint and seclusion is not done with legislative authority, the act may be an assault. Some examples of provincial and federal legislation which may be applicable to the use of restraint and seclusion are the *Residential Care Regulation Community Care and Assisted Living Act*, *Mental Health Act*, *Corrections Act*, the *Criminal Code of Canada and Corrections and Conditional Release Act*.

<sup>15</sup> Mechanical restraint involves the use of devices to partially or totally restrict the client's movements.

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
5. <b>Administer a substance by mechanical ventilation</b> <ul style="list-style-type: none"> <li>• <b>Clients on mechanical ventilation</b></li> </ul>	a. Registered psychiatric nurses must successfully complete additional education to care for clients on mechanical ventilation
6. <b>Administer a substance by irrigation</b> <ul style="list-style-type: none"> <li>• <b>Irrigate a bladder</b></li> </ul>	a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder.
7. <b>Venipuncture</b> <b>Administer a substance by parenteral instillation</b> <ul style="list-style-type: none"> <li>• <b>Perform venipuncture</b></li> <li>• <b>Establish intravenous access</b></li> <li>• <b>Collect a blood sample</b></li> <li>• <b>Do not collect blood for donation</b></li> <li>• <b>Blood and blood products</b></li> </ul>	a. Registered psychiatric nurses must successfully complete additional education to carry out venipuncture and to establish intravenous access. b. Registered psychiatric nurses are limited to using short peripheral venous devices to establish intravenous access. c. Registered psychiatric nurses are limited to taking blood with short devices or from existing peripheral venous access devices. d. Registered psychiatric nurses <b>must not</b> take blood for the purpose of donation e. Registered psychiatric nurses are limited to administering blood and blood products to clients with stable and predictable physiological health. f. Registered psychiatric nurses must successfully complete additional education to administer blood or blood products.
8. <b>Administer a substance by parenteral instillation</b> <ul style="list-style-type: none"> <li>• <b>Central venous access devices (CVAD)<sup>16</sup></b></li> </ul>	a. Registered psychiatric nurses must successfully complete additional education to administer a substance via central venous access devices.
9. <b>Administer a substance</b> <ul style="list-style-type: none"> <li>• <b>Do not administer substances by these routes</b></li> </ul>	a. Registered psychiatric nurses <b>must not</b> administer substances via: <ol style="list-style-type: none"> <li>i. Intrathecal spaces,</li> <li>ii. Epidural spaces,</li> <li>iii. Perineural spaces.</li> </ol>

<sup>16</sup> This may also be referred to as a central venous device (CVD) or central venous catheter (CVC).

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
<p>10. Administer a substance by parenteral instillation</p> <ul style="list-style-type: none"> <li>Do not administer radiopaque dyes by parenteral instillation</li> </ul>	<p>a. Registered psychiatric nurses <b>must not</b> administer radiopaque dyes via parenteral instillation</p>
<p>11. Administer a substance by parenteral instillation</p> <p>Administer a schedule I, IA, II drug</p> <ul style="list-style-type: none"> <li>Care of clients on hemodialysis</li> </ul>	<p>a. Registered psychiatric nurses must successfully complete additional education to carry out hemodialysis.</p>
<p>12. Insertion beyond the point in the nasal passages where they narrow</p> <ul style="list-style-type: none"> <li>Insert nasogastric tubes (NG)</li> </ul>	<p>a. Registered psychiatric nurses are limited to re-inserting previously established nasogastric tubes (e.g., replacing a blocked tube) within their autonomous scope of practice (without an order).</p> <p>b. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube.</p>
<p>13. Put Insertion beyond the pharynx</p> <ul style="list-style-type: none"> <li>Do not perform endotracheal intubation</li> </ul>	<p>a. Registered psychiatric nurses <b>do not</b> carry out endotracheal intubation.</p>
<p>14. Insertion beyond the labia majora</p> <ul style="list-style-type: none"> <li>Pelvic exams</li> <li>Cervical cancer screening</li> </ul>	<p>a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must:</p> <ol style="list-style-type: none"> <li>Successfully complete additional education, and</li> <li>Possess competencies established by Provincial Health Services Authority (PHSA) and follow decision support tool established by PHSA (<a href="#">PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool &amp; Competencies (Appendix C)</a>) or equivalent approved by their employer.</li> </ol>
<p>15. Hazardous energy</p> <ul style="list-style-type: none"> <li>Do not apply electricity for the purpose of affecting activity of the nervous system except</li> </ul>	<p>a. Registered psychiatric nurses <b>must not</b> apply electricity for the purpose of affecting activity of the nervous system other than TENS (Transcutaneous electrical nerve stimulation).</p>

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
transcutaneous electrical nerve stimulation (TENS)	
16. Hazardous energy <ul style="list-style-type: none"> <li>Do not perform manual defibrillation</li> </ul>	a. Registered psychiatric nurses <b>must not</b> apply electricity using a manual defibrillator
17. Administer a Schedule I, IA or II drug <ul style="list-style-type: none"> <li>Do not administer medications by these routes</li> </ul>	a. Registered psychiatric nurses <b>must not</b> administer medication via: <ol style="list-style-type: none"> <li>Intrathecal route,</li> <li>Epidural route,</li> <li>intraosseous route,</li> <li>perineural route.</li> </ol>
18. Administer a Schedule I, IA or II drug <ul style="list-style-type: none"> <li>Central venous access devices (CVAD)</li> </ul>	a. Registered psychiatric nurses must successfully complete additional education to administer medication via central venous access devices.
19. Administer a Schedule I, IA or II drug Administer a substance by inhalation <ul style="list-style-type: none"> <li>Do not induce general anesthesia or maintain general anesthetic agents</li> <li>Procedural sedation <i>(Drug Schedules Regulation)</i></li> </ul>	a. Registered psychiatric nurses <b>must not</b> induce general anesthesia or maintain general anesthetic agents. b. Registered psychiatric nurses may induce procedural sedation under a client-specific order.
20. Administer experimental medications	a. Registered psychiatric nurses may administer experimental medications not yet listed in any drug schedule as part of a formal research program.
21. Compound, dispense, or administer a Schedule I drug <ul style="list-style-type: none"> <li>Do not compound, dispense, or administer Schedule I drugs for the purpose of medical assistance in dying (MAiD)</li> </ul>	a. Registered psychiatric nurses <b>must not</b> compound, dispense or administer schedule I drugs for the purpose of medical assistance in dying.
22. Compound, dispense, or administer a Schedule II drug	a. Registered psychiatric nurses act under a client-specific order to compound, dispense or administer Schedule II medications <b>to treat a disease or disorder.</b>

Activity	BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders
<ul style="list-style-type: none"> <li>• <b>Treat a disease or disorder</b></li> <li>• <b>Central venous access devices</b></li> </ul> <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> <li>b. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either:               <ul style="list-style-type: none"> <li>i. Follow an employer approved decision support tool</li> <li>OR</li> <li>ii. Act under a client-specific order.</li> </ul> </li> <li>c. Registered psychiatric nurses who administer medication via central venous access devices must:               <ul style="list-style-type: none"> <li>i. Act under a client-specific order and</li> <li>ii. Successfully complete additional education to administer medication via central venous access devices.</li> </ul> </li> </ul>
<p><b>23. Medical aesthetics<sup>17</sup></b></p>	<ul style="list-style-type: none"> <li>a. Registered psychiatric nurses successfully complete additional education before providing medical aesthetic procedures.</li> <li>b. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:               <ul style="list-style-type: none"> <li>i. Under a client-specific order and</li> <li>ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.</li> </ul> </li> </ul>

<sup>17</sup> “Medical aesthetics” refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person’s appearance

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity.

Additional education

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** Activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

**Client:** Person receiving health services.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** The knowledge, skills, ability and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

## PRACTICE STANDARD

# Registered Psychiatric Nurses: Acting by Giving Client-specific Orders

## Introduction

The *Registered Psychiatric Nurses: Acting by Giving Client-specific Orders* standards set the expectations registered psychiatric nurses<sup>18</sup> must meet when they are giving **client-specific orders**.

Registered psychiatric nurses may provide care to **clients** by giving client-specific orders for an **activity** that they are competent and allowed to perform within their autonomous scope of practice. Registered psychiatric nurses need to know when they are allowed to act within their autonomous scope of practice to give a client-specific order before giving that order. A consultation, referral or professional recommendation is not an order.

Registered psychiatric nurses giving client-specific orders also follow the *Registered Psychiatric Nurse: Acting within Autonomous Scope of Practice* standards.

Certified registered nurses giving client-specific orders also follow the *Certified Registered Psychiatric Nurses* standards for their certification.

## Standards

1. Registered psychiatric nurses accept sole accountability and responsibility for the client-specific orders they give.
2. Registered psychiatric nurses give client-specific orders for activities that are:
  - a. Within the registered psychiatric nurse's autonomous scope of practice as outlined in the *Nurses and Midwives Regulation*<sup>19</sup>,
  - b. In alignment with BCCNM ethics standards and practice standards,
  - c. Allowed by organizational/employer policies, processes, and restrictions, and
  - d. Within their individual **competence**.
3. Registered psychiatric nurses only give client-specific orders when organizational supports, processes and resources, including policies and procedures, exist that:
  - a. Outline the accountability and responsibility of the nurse, and

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<sup>18</sup> References to registered psychiatric nurses include registered psychiatric nurses and certified psychiatric registered nurses.

<sup>19</sup> Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*:

- a registered psychiatric nurse may give an order to perform a **restricted activity** listed in section 36(1) of the *Nurses and Midwives Regulation* that is within the registered psychiatric nurse's autonomous scope of practice, and a licensed practical nurse may act under that order, and
- a certified registered psychiatric nurse may give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the *Nurses and Midwives Regulation* that is within the certified registered psychiatric nurse's autonomous scope of practice, and
  - a licensed practical nurse may act under that order if the activity is listed in section 36(1),
  - a registered nurse may act under that order if the activity is listed in section 21(1), and
  - a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

- b. Ensure continuity of care for the client including the requirements and procedures for responding to questions about client-specific orders, amending client-specific orders and evaluating client outcomes.
4. Registered psychiatric nurses carry out assessments and make an appropriate **nursing diagnosis**<sup>20</sup> to ensure that the client's condition can be improved or resolved by the ordered activity before giving a client-specific order.
5. Registered psychiatric nurses give client-specific orders that consider the unique characteristics, needs and wishes of the client, contain enough information for the order to be carried out safely and are:
  - a. Based on evidence,
  - b. Clear and complete, and
  - c. Documented, legible, dated and signed with a unique identifier such as a written signature or an electronically generated identifier.
6. Registered psychiatric nurses give verbal or telephone client-specific orders only when there are no reasonable<sup>21</sup> alternatives and it is in the best interest of the client. In these situations, registered psychiatric nurses:
  - a. Ensure that they have the necessary information to conduct the assessment required to give the client-specific order, which may include gathering information from another health care provider when the nurse is not able to directly observe the client,
  - b. Ask for the client-specific order to be read back to confirm it is accurate,
  - c. Follow up to ensure that the client-specific order is documented in the client record.
7. Registered psychiatric nurses using documents that set out the usual care for a particular client group or client (e.g., pre-printed orders or order sets) make the information client-specific by adding the name of the individual client, making any necessary changes, dating their client-specific orders and signing with their unique identifier.
8. Registered psychiatric nurses identify the specific document (e.g., a decision support tool) in the client's record, including the name and the date of publication, when they reference that document in a client-specific order.
9. Registered psychiatric nurses follow the *Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice* and/or *Registered Psychiatric Nurses: Giving Client-specific Orders* when they change or cancel a client-specific order and are responsible and solely accountable for any changes that they make.
10. Registered psychiatric nurses communicate and collaborate with the professional who gave the client-specific order, the client and other members of the health care team when changing or cancelling a client-specific order.

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<sup>20</sup> Certified registered psychiatric nurses may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's certification and the nurse's individual competence.

<sup>21</sup> Reasonable refers to the common understanding that licensees of the psychiatric nursing profession would have as to what is appropriate in the situation.

11. Registered psychiatric nurses follow legal and ethical obligations regarding consent for the care referred to in their client-specific orders.

## Glossary

**Activities:** Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

**Client:** Person receiving health services.

**Client-specific order:** An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

PRACTICE STANDARD

# Certified Registered Nurses: Prescribing

## Introduction

The *Certified Registered Nurses: Prescribing* practice standard applies to certified registered nurses who have met the BCCNM prescriber requirements<sup>1</sup> set out in their certification-specific practice standards:

- *Certified Registered Nurses: Remote Practice*
- *Certified Registered Nurses: Reproductive Health* (Contraceptive Management and/or Sexually Transmitted Infections(STI))
- *Certified Registered Nurses: RN First Call*
- *Certified Registered Nurses: Opioid Use Disorder*

The *Certified Registered Nurses: Prescribing* practice standard applies when **prescribing a medication** to be dispensed by a pharmacist for use by a specific person.

In addition to *Certified Registered Nurses: Prescribing* standards, certified registered nurses who prescribe medications also follow all relevant practice standards for registered nurses, including:

- Their certification-specific practice standard (e.g., *Certified Registered Nurses: RN First Call* practice standard), and
- The *Nurses: [Medication](#)* practice standard.

The *Registered Nurses: Acting by Giving Client-Specific Orders* practice standard applies when a certified registered nurse gives a **client-specific order** for compounding, dispensing or administering a medication to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

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<sup>1</sup> Prescriber requirements include the successful completion of the BCCNM-recognized course(s) listed in the limits and conditions of their certification-specific practice standard.

## Standards

1. Certified registered nurses are accountable and responsible for their prescribing decisions.
2. Certified registered nurses prescribe only those medications as allowed by:
  - a. *The Nurses and Midwives Regulation*,
  - b. Other relevant provincial or federal legislation or regulations,
  - c. BCCNM ethics and practice standards, including any applicable limits and conditions on performing the activity,
  - d. Organizational/employer policies, processes, and restrictions, and
  - e. The nurse's individual **competence**.
3. Before prescribing, certified registered nurses ensure they have the competence to:
  - a. Assess the **client's** health status, including conducting an accurate health history and clinical evaluation,
  - b. Make or confirm a diagnosis of a disease, disorder, or condition that is within the autonomous scope of practice of the nurse's certification program<sup>2</sup> and the nurse's individual competence, and that can be improved or resolved within the context of the client's overall health status and care needs,
  - c. Prescribe the medication safely, including knowing the medication's therapeutic use, indications, dosages, precautions, contraindications, side effects, adverse effects, potential interactions between the medication and foods/medications/substances, medication forms and routes for administration, and
  - d. Manage, monitor, and evaluate the client's response to the prescribed medication.
4. Certified registered nurses use current evidence to support decision-making when prescribing medications.
5. When prescribing, certified registered nurses:
  - a. Assess the client in person, or, if clinically appropriate, through a virtual health care encounter with a visual assessment. If a visual assessment is not possible, certified registered nurses prescribe without a visual assessment only after determining that it is clinically appropriate and only:

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<sup>2</sup> BCCNM General Bylaws, Part 7.

- i. If the client is known to the nurse, and/or
    - ii. The client is being assessed in person by another health care provider.
  - b. Consider the client's health history related to the condition or health concern such as age, sex, past medical and mental health history, family history, social history, risk factors, and the client's understanding, beliefs, and values,
  - c. Undertake and document an appropriate clinical evaluation such as a physical and mental examination, and/or a review of relevant diagnostic or monitoring tests and/or specialist reports,
  - d. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including any traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
  - e. Assess the client's known allergies and ensure allergy information is documented,
  - f. Assess for difficulties in the client's ability to pay for and/or access medications, and the potential need to refer the client to available provincial medication access programs,
  - g. Document the medication prescribed to the client and the indication(s) for the medication,
  - h. Establish a plan for reassessment/follow-up with respect to the prescribed medication, either by the certified registered nurse themselves or by another prescriber, and
  - i. Monitor and document the client's response to the medication being prescribed (as applicable).
6. Certified registered nurses complete prescriptions for medications legibly, accurately, and completely, including:
  - a. The date the prescription was written,
  - b. Client name, address (if available) and date of birth,
  - c. Client weight (if required),
  - d. The name of the drug or ingredients, strength if applicable, and dose,
  - e. The quantity prescribed and quantity to be dispensed,
  - f. Dosage instructions (e.g., the frequency, maximum daily dose, route of administration, duration of medication therapy), and
  - g. Prescriber's name, work address, work telephone number, written/electronic signature, and prescriber number.

7. Certified registered nurses follow organizational/employer policies, processes, and restrictions (including security, privacy, and confidentiality measures) when transmitting a prescription to a pharmacy.
8. Certified registered nurses collaborate, communicate, and/or consult with the client and with other health care professionals when prescribing medications, including:
  - a. Consideration of:
    - i. The broader plan of care for the client developed by the health-care team including other prescribers,
    - ii. The plan for reassessment/follow-up with respect to the prescribed medication,
    - iii. When the prescribing decision would benefit from the expertise of other health care professionals, and
    - iv. When the needs of the client exceed the nurse's scope of practice or individual competence,
  - b. Documenting the prescribing decision, plan of care and communication with the health-care team.
9. Certified registered nurses do not provide any person with a blank, signed prescription.
10. Certified registered nurses do not prescribe medications for themselves, or anyone else who is not their client.
11. Certified registered nurses participate in required and relevant provincial and/or national reporting programs.
12. Certified registered nurses who prescribe controlled drugs and substances follow the requirements of the [College of Pharmacists of BC's Controlled Prescription Program](#) including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

## Glossary

**Client:** person receiving health services.

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a **restricted activity** or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



# Certified Registered Nurses: Opioid Use Disorder

## Introduction

The *Certified Registered Nurses: Opioid Use Disorder* practice standard applies to registered nurses who hold current certification<sup>1</sup> in the Opioid Use Disorder certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a client-specific order*.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), certified registered nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered nurse practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program<sup>2</sup>.
- Give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the [Nurses and Midwives Regulation](#), that is within the certified registered nurse's autonomous scope of practice, and
  - a licensed practical nurse may act under that order if the activity is listed in section 36(1), and

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<sup>1</sup> Certification requires the successful completion of the BCCNM recognized certified practice course(s) specified in the limits and conditions of this practice standard and meeting the requirements set out in the BCCNM General Bylaws, Part 7.

<sup>2</sup> BCCNM General Bylaws, Part 7.

- a registered nurse may act under that order if the activity is listed in section 21(1), and
- a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered nurses follow all relevant practice standards for registered nurses, including:

- *Registered Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- *Certified Registered Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- *Registered Nurses: Acting by Giving Client-specific Orders* practice standard when giving a **client-specific order** (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Certified registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for certified registered nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes and restrictions, and
  - d. Within their individual competence.
3. Certified registered nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and

- c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, certified registered nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Certified registered nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Certified registered nurses identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Certified registered nurses use current evidence to support their decision-making and the activity to be performed.
8. Certified registered nurses follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a diagnosis of a disease, disorder, or condition that is within the autonomous scope of the nurse's certification program and individual competence,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Certified registered nurses communicate and collaborate with the client (or the **client's representative**) about diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Certified registered nurses communicate and collaborate with the health-care team about diagnoses, decisions, actions, and outcomes.
11. Certified registered nurses communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.

12. Certified registered nurses consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies, processes, restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## Limits & conditions

1. Registered nurses who want to obtain certification in Opioid Use Disorder must successfully complete the British Columbia Centre on Substance Use (BCCSU): Provincial Opioid Addiction Treatment Support Program– Registered Nurses and Registered Psychiatric Nurses certified practice course recognized by BCCNM.
2. Certified registered nurses meet the relevant certified practice **competencies** in the [Nurses and Nurse Practitioners of British Columbia \(NNPBC\) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies](#).<sup>3</sup>
3. Certified registered nurses follow the **decision support tools** for their certification program, and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certification program and as set out in *Table 1*.

*Table 1: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Nurses: Opioid Use Disorder in accordance with decision support tools*

Certified Registered Nurses: Opioid Use Disorder	
<b>Decision Support Tools</b>	British Columbia Centre on Substance Use (BCCSU) RN/RPN Certified Practice Decision Support Tools for Opioid Use Disorder ( <a href="#">BCCSU: Decision Support Tools for Opioid Use Disorder</a> )
<b>Diseases, Disorders, Conditions</b>	May diagnose and treat opioid use disorder
<b>Drug Schedules<sup>4</sup> and Therapeutic Classes</b>	Schedule IA: <ol style="list-style-type: none"> <li>1. Opioid Agonist</li> <li>2. Opioid Partial Agonist</li> </ol> Schedule I: <ol style="list-style-type: none"> <li>1. Alpha-Adrenergic Agonist</li> </ol>

<sup>3</sup> Certified registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

<sup>4</sup> Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation](#).

## Schedule II/III/unscheduled

4. Certified registered nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition.
5. Certified registered nurses diagnose and treat diseases, disorders, or conditions, as outlined for their certification program, including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes and/or resources are in place for:
  - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
  - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
6. Certified registered nurses who **want to prescribe medications** associated with their certification program must also successfully complete the British Columbia Centre on Substance Use (BCCSU): *Provincial Opioid Addiction Treatment Support Program—Registered Nurses and Registered Psychiatric Nurses* certified practice course recognized by BCCNM, and:
  - a. Have a BCCNM-assigned prescriber number.
  - b. Prescribe only when they have the approval or are recognized by their organization/employer<sup>5</sup> as a prescriber.
  - c. Prescribe only those medications as outlined within the decision support tools for their certification program.
  - d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

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<sup>5</sup> For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

## Glossary

**Additional education:** additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,
- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or
- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*"

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

**PRACTICE STANDARD**

# Certified Registered Psychiatric Nurses: Prescribing

## Introduction

The *Certified Registered Psychiatric Nurses: Prescribing* standard applies to certified registered psychiatric nurses who have met the BCCNM prescriber requirements<sup>1</sup> set out in their *Certified Registered Psychiatric Nurses: Opioid Use Disorder* practice standard.

The *Certified Registered Psychiatric Nurses: Prescribing* standard applies when **prescribing a medication** to be dispensed by a pharmacist for use by a specific person.

In addition to these *Certified Registered Psychiatric Nurses: Prescribing* standards, certified registered psychiatric nurses who prescribe medications also follow all relevant practice standards for registered psychiatric nurses, including:

- The *Certified Registered Psychiatric Nurses: Opioid Use Disorder* practice standard, and
- The *Nurses: [Medication](#)* practice standard.

The *Registered Psychiatric Nurses: Acting by Giving Client-specific Orders* practice standard applies when a certified registered psychiatric nurse gives a **client-specific order** for compounding, dispensing or administering a medication to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered psychiatric nurses are accountable and responsible for their prescribing decisions.
2. Certified registered psychiatric nurses prescribe only those medications as allowed by:
  - a. *The Nurses and Midwives Regulation,*

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<sup>1</sup> Prescriber requirements include the successful completion of the BCCNM-recognized course(s) listed in the limits and conditions of the *Certified Registered Psychiatric Nurses: Opioid Use Disorder* practice standard.

- b. Other relevant provincial or federal legislation or regulations,
  - c. BCCNM ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - d. Organizational/employer policies, processes, and restrictions, and
  - e. The nurse's individual **competence**.
3. Before prescribing, certified registered psychiatric nurses ensure they have the competence to:
  - a. Assess the **client's** health status, including conducting an accurate health history and clinical evaluation,
  - b. Make or confirm a diagnosis of a disease, disorder, or condition that is within the autonomous scope of practice of the nurse's certification program<sup>2</sup> and the nurse's individual competence, and that can be improved or resolved within the context of the client's overall health status and care needs,
  - c. Prescribe the medication safely, including knowing the medication's therapeutic use, indications, dosages, precautions, contraindications, side effects, adverse effects, potential interactions between the medication and foods/medications/substances, medication forms and routes for administration, and
  - d. Manage, monitor, and evaluate the client's response to the prescribed medication.
4. Certified registered psychiatric nurses use current evidence to support decision-making when prescribing medications.
5. When prescribing, certified registered psychiatric nurses:
  - a. Assess the client in person, or, if clinically appropriate, through a virtual health care encounter with a visual assessment. If a visual assessment is not possible, certified registered psychiatric nurses prescribe without a visual assessment only after determining that it is clinically appropriate and only:
    - i. If the client is known to the nurse, and/or
    - ii. The client is being assessed in person by another health care provider.
  - b. Consider the client's health history related to the condition or health concern such as age, sex, past medical and mental health history, family history, social history, risk factors, and the client's understanding, beliefs, and values,

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<sup>2</sup> BCCNM General Bylaws, Part 7.

- c. Undertake and document an appropriate clinical evaluation such as a physical and mental examination, and/or a review of relevant diagnostic or monitoring tests and/or specialist reports,
  - d. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including any traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
  - e. Assess the client's known allergies and ensure allergy information is documented,
  - f. Assess for difficulties in the client's ability to pay for and/or access medications, and the potential need to refer the client to available provincial medication access programs,
  - g. Document the medication prescribed to the client and the indication(s) for the medication,
  - h. Establish a plan for reassessment/follow-up with respect to the prescribed medication, either by the certified registered psychiatric nurse themselves or by another prescriber, and
  - i. Monitor and document the client's response to the medication being prescribed (as applicable).
6. Certified registered psychiatric nurses complete prescriptions for medications legibly, accurately, and completely, including:
  - a. The date the prescription was written,
  - b. Client name, address (if available) and date of birth,
  - c. Client weight (if required),
  - d. The name of the drug or ingredients, strength if applicable, and dose,
  - e. The quantity prescribed and quantity to be dispensed,
  - f. Dosage instructions (e.g., the frequency, maximum daily dose, route of administration, duration of medication therapy), and
  - g. Prescriber's name, work address, work telephone number, written/electronic signature, and prescriber number.
7. Certified registered psychiatric nurses follow organizational/employer policies, processes, and restrictions (including security, privacy, and confidentiality measures) when transmitting a prescription to a pharmacy.
8. Certified registered psychiatric nurses collaborate, communicate, and/or consult with the client and with other health care professionals when prescribing medications, including:

- a. Consideration of:
    - i. The broader plan of care for the client developed by the health-care team including other prescribers,
    - ii. The plan for reassessment/follow-up with respect to the prescribed medication,
    - iii. When the prescribing decision would benefit from the expertise of other health care professionals, and
    - iv. When the needs of the client exceed the nurse's scope of practice or individual competence,
  - b. Documenting the prescribing decision, plan of care and communication with the health-care team.
9. Certified registered psychiatric nurses do not provide any person with a blank, signed prescription.
  10. Certified registered psychiatric nurses do not prescribe medications for themselves, or anyone else who is not their client.
  11. Certified registered psychiatric nurses participate in required and relevant provincial and/or national reporting programs.
  12. Certified registered psychiatric nurses who prescribe controlled drugs and substances follow the requirements of the [College of Pharmacists of BC's Controlled Prescription Program](#) including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

## Glossary

**Client:** person receiving health services.

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a **restricted activity** or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



## PRACTICE STANDARD

# Certified Registered Psychiatric Nurses: Opioid Use Disorder

## Introduction

The *Certified Registered Psychiatric Nurses: Opioid Use Disorder* practice standard applies to registered psychiatric nurses who hold current certification<sup>1</sup> in the Opioid Use Disorder certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered psychiatric nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a client-specific order*.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), certified registered psychiatric nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered psychiatric nurse's practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program<sup>2</sup>.
- Give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the [Nurses and Midwives Regulation](#) that is within the certified registered psychiatric nurse's autonomous scope of practice, and

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<sup>1</sup> Certification requires the successful completion of the BCCNM recognized certified practice course(s) specified in the limits and conditions of this practice standard and meeting the requirements set out in the BCCNM General Bylaws, Part 7.

<sup>2</sup> BCCNM General Bylaws, Part 7.

- a licensed practical nurse may act under that order if the activity is listed in section 36(1), and
- a registered nurse may act under that order if the activity is listed in section 21(1), and
- a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered psychiatric nurses follow all relevant practice standards for registered psychiatric nurses, including:

- *Registered Psychiatric Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- *Certified Registered Psychiatric Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- *Registered Psychiatric Nurses: Acting by Giving Client-specific Orders* practice standard when giving a **client-specific order** (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered psychiatric nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Certified registered psychiatric nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for certified registered psychiatric nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual competence.
3. Certified registered psychiatric nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and

- iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, certified registered psychiatric nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Certified registered psychiatric nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Certified registered psychiatric nurses identify the effect of their own values, beliefs and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Certified registered psychiatric nurses use current evidence to support their decision-making and the activity to be performed.
8. Certified registered psychiatric nurses follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a diagnosis of a disease, disorder, or condition that is within the autonomous scope of the nurse's certification program and individual competence,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Certified registered psychiatric nurses communicate and collaborate with the client (or the **client's representative**) about diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.

10. Certified registered psychiatric nurses communicate and collaborate with the health-care team about diagnoses, decisions, actions, and outcomes.
11. Certified registered psychiatric nurses communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Certified registered psychiatric nurses consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies, processes, restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## Limits & conditions

1. Registered psychiatric nurses who want to obtain certification in Opioid Use Disorder must successfully complete the British Columbia Centre on Substance Use (BCCSU): Provincial Opioid Addiction Treatment Support Program– Registered Nurses and Registered Psychiatric Nurses certified practice course recognized by BCCNM.
2. Certified registered psychiatric nurses meet the relevant certified practice **competencies** in the [Nurses and Nurse Practitioners of British Columbia \(NNPBC\) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies](#).<sup>3</sup>
3. Certified registered psychiatric nurses follow the **decision support tools** for their certification program, and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certified practice program and as set out in *Table 1*.

*Table 1: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Psychiatric Nurses: Opioid Use Disorder in accordance with decision support tools*

Certified Registered Psychiatric Nurses: Opioid Use Disorder	
<b>Decision Support Tools</b>	British Columbia Centre on Substance Use (BCCSU) RN/RPN Certified Practice Decision Support Tools for Opioid Use Disorder ( <a href="#">BCCSU: Decision Support Tools for Opioid Use Disorder</a> )

<sup>3</sup> Certified registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

<b>Diseases, Disorders, Conditions</b>	May diagnose and treat opioid use disorder
<b>Drug Schedules<sup>4</sup> and Therapeutic Classes</b>	<p>Schedule IA:</p> <ol style="list-style-type: none"> <li>1. Opioid Agonist</li> <li>2. Opioid Partial Agonist</li> </ol> <p>Schedule I:</p> <ol style="list-style-type: none"> <li>1. Alpha-Adrenergic Agonist</li> </ol> <p>Schedule II/III/unscheduled</p>

4. Certified registered psychiatric nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition.
5. Certified registered psychiatric nurses diagnose and treat diseases, disorders, or conditions, as outlined for their certification program, including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes and/or resources are in place for:
  - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
  - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
6. Certified registered psychiatric nurses **who want to prescribe medications** associated with their certification program must also successfully complete the British Columbia Centre on Substance Use (BCCSU): *Provincial Opioid Addiction Treatment Support Program– Registered Nurses and Registered Psychiatric Nurses* certified practice course recognized by BCCNM, and:
  - a. Have a BCCNM-assigned prescriber number.

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<sup>4</sup> Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation](#).

- b. Prescribe only when they have the approval or are recognized by their organization/employer<sup>5</sup> as a prescriber.
- c. Prescribe only those medications as outlined within the decision support tools for their certification program.
- d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

## Glossary

**Additional education:** additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,
- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or

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<sup>5</sup> For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



## PRACTICE STANDARD

# Certified Registered Nurses: RN First Call

## Introduction

The *Certified Registered Nurses: RN First Call* practice standard applies to registered nurses who hold current certification<sup>1</sup> in the RN First Call certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a client-specific order*.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), certified registered nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered nurse practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program(s)<sup>2</sup>.
- Give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the [Nurses and Midwives Regulation](#) that is within the certified registered nurse's autonomous scope of practice, and
  - a licensed practical nurse may act under that order if the activity is listed in section 36(1), and
  - a registered nurse may act under that order if the activity is listed in section 21(1), and

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<sup>1</sup> Certification requires the successful completion of the BCCNM recognized certified practice course(s) specified in the limits and conditions of this practice standard and meeting the requirements set out in the BCCNM General Bylaws, Part 7.

<sup>2</sup> BCCNM General Bylaws, Part 7.

- o a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered nurses follow all relevant practice standards for registered nurses, including:

- o *Registered Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- o *Certified Registered Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- o *Registered Nurses: Acting by Giving Client-specific Orders* practice standard when giving a **client-specific order** (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity, and when they perform that activity within their autonomous scope of practice (without an order).
2. Certified registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for certified registered nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes and restrictions, and
  - d. Within their individual competence.
3. Certified registered nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.

4. Before performing an activity within autonomous scope of practice, certified registered nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Certified registered nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Certified registered nurses identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Certified registered nurses use current evidence to support their decision-making and the activity to be performed.
8. Certified registered nurses follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a diagnosis of a disease, disorder, or condition that is within the autonomous scope of the nurse's certification program(s) and individual competence,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide, and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Certified registered nurses communicate and collaborate with the client (or the **client's representative**) about diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Certified registered nurses communicate and collaborate with the health-care team about diagnoses, decisions, actions, and outcomes.
11. Certified registered nurses communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.

12. Certified registered nurses consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies, processes, restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## Limits & conditions

1. Registered nurses who want to obtain certification in RN First Call must successfully complete the University of Northern British Columbia (UNBC): RN First Call certified practice course recognized by BCCNM.
2. Certified registered nurses meet the relevant certified practice **competencies** in the [Nurses and Nurse Practitioners of British Columbia \(NNPBC\) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies](#).<sup>3</sup>
3. Certified registered nurses follow the **decision support tools** for their certification program(s), and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certification program(s) and as set out in *Table 1*.

*Table 1: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Nurses: First Call in accordance with decision support tools*

Certified Registered Nurses: RN First Call	
<b>Decision Support Tools</b>	Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice RN First Call Decision Support Tools ( <a href="#">RN Certified Practice Decision Support Tools &amp; Competencies – NNPBC</a> )
<b>Diseases, Disorders, Conditions</b>	May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as adult only: <ol style="list-style-type: none"> <li>1. Eye: Conjunctivitis, minor corneal abrasion</li> <li>2. Ear-Nose-Throat: Acute otitis media, pharyngitis, dental abscess (adult only)</li> <li>3. Urinary Tract: Lower urinary tract infection (adult only)</li> </ol>

<sup>3</sup> Certified registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

Drug Schedules <sup>4</sup> and Therapeutic Classes	Schedule I:
	<ol style="list-style-type: none"> <li>1. Antibacterials</li> <li>2. Antivirals</li> <li>3. Antiprotozoals</li> <li>4. Antihistamines</li> </ol>
	Schedule II/III/unscheduled

4. Certified registered nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program(s) and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition.
5. Certified registered nurses diagnose and treat diseases, disorders, or conditions, as outlined for their certification program(s), including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes, and/or resources are in place for:
  - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
  - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
6. Certified registered nurses who want to **prescribe medications** associated with their certification program must also successfully complete the UNBC: *Safe Prescribing for Registered Nurses with Certified Practice* that has been recognized by BCCNM, and:
  - a. Have a BCCNM-assigned prescriber number.
  - b. Prescribe only when they have the approval or are recognized by their organization/employer<sup>5</sup> as a prescriber.

<sup>4</sup> Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation](#).

<sup>5</sup> For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

- c. Prescribe only those medications as outlined within the decision support tools for their certification program.
- d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

## Glossary

**Additional education:** additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,
- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or
- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



## PRACTICE STANDARD

# Certified Registered Nurses: Remote Practice

## Introduction

The *Certified Registered Nurses: Remote Practice* practice standard applies to registered nurses who hold current certification<sup>1</sup> in the Remote Practice certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a client-specific order*.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), certified registered nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered nurse practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program(s)<sup>2</sup>.
- Give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the [Nurses and Midwives Regulation](#) that is within the certified registered nurse's autonomous scope of practice, and
  - a licensed practical nurse may act under that order if the activity is listed in section 36(1), and

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<sup>1</sup> Certification requires the successful completion of the BCCNM recognized certified practice course(s) specified in the limits and conditions of this practice standard and meeting the requirements set out in the BCCNM General Bylaws, Part 7.

<sup>2</sup> BCCNM General Bylaws, Part 7.

- a registered nurse may act under that order if the activity is listed in section 21(1), and
- a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered nurses follow all relevant practice standards for registered nurses, including:

- *Registered Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- *Certified Registered Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- *Registered Nurses: Acting by Giving Client-specific Orders* practice standard when giving a **client-specific order** (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Certified registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for certified registered nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes, and restrictions, and
  - d. Within their individual competence.
3. Certified registered nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,
  - b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.

4. Before performing an activity within autonomous scope of practice, certified registered nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Certified registered nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Certified registered nurses identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Certified registered nurses practice use current evidence to support their decision-making and the activity to be performed.
8. Certified registered nurses follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a diagnosis of a disease, disorder, or condition that is within the autonomous scope of the nurse's certification program(s) and individual competence,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide, and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Certified registered nurses communicate and collaborate with the client (or the **client's representative**) about diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Certified registered nurses communicate and collaborate with the health-care team about diagnoses, decisions, actions, and outcomes.
11. Certified registered nurses communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.

12. Certified registered nurses consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies, processes, restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## Limits & conditions

1. Registered nurses who want to obtain certification in Remote Practice must successfully complete the University of Northern British Columbia (UNBC): Remote Nursing education program recognized by BCCNM.
2. Certified registered nurses meet the relevant certified practice **competencies** in the [Nurses and Nurse Practitioners of British Columbia \(NNPBC\) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies](#)<sup>3</sup>.
3. Certified registered nurses follow the **decision support tools** for their certification program(s), and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certification program(s) and as set out in *Table 1*.

*Table 1: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Nurses: Remote Practice in accordance with decision support tools*

Certified Registered Nurses: Remote Practice	
<b>Decision Support Tools</b>	Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice Remote Practice Decision Support Tools <a href="#">(RN Certified Practice Decision Support Tools &amp; Competencies – NNPBC)</a>
<b>Diseases, Disorders, Conditions</b>	May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as adult only: <ol style="list-style-type: none"> <li>1. Eye: conjunctivitis, minor corneal abrasion</li> <li>2. Ear-Nose-Throat: acute otitis media, pharyngitis, ceruminosis (adult only), dental abscess (adult only)</li> <li>3. Genitourinary: lower urinary tract infection</li> <li>4. Respiratory: acute bronchitis (adult only)</li> <li>5. Integumentary: abscess and furuncle (adult only), cellulitis, impetigo, bites</li> </ol>

<sup>3</sup> Certified registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

6. Pain: use of nitrous oxide/oxygen for pain management (adult only)	
Drug Schedules <sup>4</sup> and Therapeutic Classes	<p>Schedule I:</p> <ol style="list-style-type: none"> <li>1. Antibacterials</li> <li>2. Antivirals</li> <li>3. Antiprotozoals</li> <li>4. Antihistamines</li> <li>5. Bronchodilators</li> </ol> <p>Schedule II/III/unscheduled</p>

4. Certified registered nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program(s) and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition.
5. Certified registered nurses diagnose and treat diseases, disorders, or conditions, as outlined for their certification program(s), including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes, and/or resources are in place for:
  - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
  - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
6. Certified registered nurses **who want to prescribe medications** associated with their certification program must also successfully complete the University of Northern British Columbia: *Safe Prescribing for Registered Nurses with Certified Practice* that has been recognized by BCCNM, and:
  - a. Have a BCCNM-assigned prescriber number.
  - b. Prescribe only when they have the approval or are recognized by their organization/employer<sup>5</sup> as a prescriber.

<sup>4</sup> Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation](#).

<sup>5</sup> For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

- c. Prescribe only those medications as outlined within the decision support tools for their certification program.
- d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

## Glossary

**Additional education:** additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,
- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or
- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



## PRACTICE STANDARD

# Certified Registered Nurses: Reproductive Health

## Introduction

The *Certified Registered Nurses: Reproductive Health* practice standard applies to registered nurses who hold current certification<sup>1</sup> in the Reproductive Health (Contraceptive Management) certification program and/or Reproductive Health (Sexually Transmitted Infections) certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a client-specific order*.

Under the [Regulated Health Practitioners Regulation](#) and the [Nurses and Midwives Regulation](#), certified registered nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered nurse practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program(s)<sup>2</sup>.
- Give an order to perform a restricted activity listed in section 21(1), 36(1) or 51(1) of the [Nurses and Midwives Regulation](#) that is within the certified registered nurse's autonomous scope of practice, and

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<sup>1</sup> Certification requires the successful completion of the BCCNM recognized certified practice course(s) specified in the limits and conditions of this practice standard and meeting the requirements set out in the BCCNM General Bylaws, Part 7.

<sup>2</sup> BCCNM General Bylaws, Part 7.

- a licensed practical nurse may act under that order if the activity is listed in section 36(1), and
- a registered nurse may act under that order if the activity is listed in section 21(1), and
- a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered nurses follow all relevant practice standards for registered nurses, including:

- *Registered Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- *Certified Registered Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- *Registered Nurses: Acting by Giving Client-specific Orders* practice standard when giving a **client-specific order** (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

## Standards

1. Certified registered nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Certified registered nurses acting within autonomous scope of practice ensure that the activity they will perform is:
  - a. Within the scope of practice for certified registered nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
  - b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity,
  - c. Consistent with organizational/employer policies, processes and restrictions, and
  - d. Within their individual competence.
3. Certified registered nurses acting within autonomous scope of practice ensure they have the competence to:
  - a. Make decisions about whether the client would benefit from the activity, having considered:
    - i. Potential risks to the clients and how to minimize those risks,
    - ii. The benefits to the client,
    - iii. The predictability of outcomes of performing the activity, and
    - iv. Other relevant factors specific to the client or situation,

- b. Carry out the activity safely and ethically, and
  - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, certified registered nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
  - a. Perform the activity competently and safely within their practice setting, and
  - b. Manage intended and unintended outcomes of the activity.
5. Certified registered nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Certified registered nurses identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.
7. Certified registered nurses use current evidence to support their decision-making and the activity to be performed.
8. Certified registered nurses follow a clinical decision-making process when they:
  - a. Assess the client's health status,
  - b. Make a diagnosis of a disease, disorder, or condition that is within the autonomous scope of the nurse's certification program(s) and individual competence,
  - c. Determine a plan of care,
  - d. Determine an activity to be performed,
  - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
  - f. Monitor, provide, and coordinate care to clients,
  - g. Advise on physical and mental health,
  - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
  - i. Give a client-specific order,
  - j. Manage the intended and unintended consequences of carrying out the activity, or
  - k. Manage and evaluate the outcomes of the activity.
9. Certified registered nurses communicate and collaborate with the client (or the **client's representative**) about diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Certified registered nurses communicate and collaborate with the health-care team about diagnoses, decisions, actions, and outcomes.

11. Certified registered nurses communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Certified registered nurses consult with, or refer clients to, other health care professionals when:
  - a. The needs of the client exceed their scope of practice or individual competence,
  - b. Required by organizational/employer policies, processes, restrictions, or
  - c. Client care would benefit from the expertise of other health care professionals.

## Limits & conditions

1. Registered nurses who want to obtain certification(s) in Reproductive Health (Contraceptive Management) and/or Reproductive Health (Sexually Transmitted Infections (STI)) must successfully complete the relevant certified practice course(s) recognized by BCCNM as set out in Table 1.

Table 1: RN Reproductive Health certified practice courses required and recognized by BCCNM

Certification Program	Certified Practice Courses
Reproductive Health (Contraceptive Management)	<ul style="list-style-type: none"> <li>• British Columbia Institute of Technology (BCIT): Contraceptive Management</li> </ul> <p><b>Intrauterine contraception insertion/removal:</b></p> <ul style="list-style-type: none"> <li>• Registered nurses who hold certification in the Reproductive Health (Contraceptive Management) certification program must successfully complete the course <a href="#">Intrauterine Contraception (IUC) Insertion Preceptorship (with hands-on training)</a>, <a href="#">Society of Obstetricians and Gynaecologists of Canada (SOGC)</a> prior to performing insertion and/or removal of intrauterine contraception.</li> </ul>
Reproductive Health (Sexually Transmitted Infections)	<ul style="list-style-type: none"> <li>• British Columbia Centre for Disease Control (BCCDC): Sexually Transmitted Infections Management</li> <li>OR</li> <li>• British Columbia Institute of Technology (BCIT): Sexually Transmitted Infections</li> </ul>

2. Certified registered nurses meet the relevant certified practice **competencies** in the [Nurses and Nurse Practitioners of British Columbia \(NNPBC\) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies](#).<sup>3</sup>
3. Certified registered nurses follow the **decision support tools** for their certification program(s), and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certification program(s) and as set out in *Table 2*.

*Table 2: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Nurses: Reproductive Health in accordance with decision support tools*

<b>Certified Registered Nurses: Reproductive Health (Contraceptive Management)</b>	
<b>Decision Support Tools</b>	Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice Reproductive Health- Contraceptive Management Decision Support Tools <a href="#">(NNPBC: RN Certified Practice Decision Support Tools &amp; Competencies)</a>
<b>Diseases, Disorders, Conditions</b>	May prescribe, dispense, administer, insert, or remove contraception.
<b>Drug Schedules<sup>4</sup> and Therapeutic Classes</b>	Schedule I: <ol style="list-style-type: none"> <li>1. Sex Hormones (hormonal contraception)</li> </ol> Schedule II/III/unscheduled
<b>Certified Registered Nurses: Reproductive Health (Sexually Transmitted Infections)</b>	
<b>Decision Support Tools</b>	British Columbia Centre for Disease Control (BCCDC) Certified Practice Decision Support Tools for Sexually Transmitted Infections (STI) <a href="#">(BCCDC: STI Certified Practice)</a>
<b>Diseases, Disorders, Conditions</b>	May diagnose and treat the following diseases and disorders: <ol style="list-style-type: none"> <li>1. Bacterial vaginosis</li> <li>2. Chlamydia trachomatis</li> <li>3. Genital warts</li> <li>4. Lower urinary tract infection</li> <li>5. Mucopurulent cervicitis</li> <li>6. Neisseria gonorrhoea</li> </ol>

<sup>3</sup> Certified registered nurses may also diagnose and treat conditions that are within the autonomous scope of general RN practice and the nurse's individual competence.

<sup>4</sup> Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: [Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation](#).

	<ul style="list-style-type: none"> <li>7. Syphilis</li> <li>8. Trichomoniasis</li> <li>9. Urethritis/recurrent urethritis</li> <li>10. Treatment of contacts of those with sexually transmitted infections</li> </ul>
<b>Drug Schedules and Therapeutic Classes</b>	<p>Schedule I:</p> <ul style="list-style-type: none"> <li>1. Antibacterials</li> <li>2. Antivirals</li> <li>3. Antiprotozoals</li> <li>4. Antimitotics</li> </ul> <p>Schedule II/III/unscheduled</p>

4. Certified registered nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program(s) and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition or contraceptive management.
5. Certified registered nurses diagnose and treat diseases, disorders, or conditions or provide contraceptive management as outlined for their certification program(s), including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes and/or resources are in place for:
  - a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
  - b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
6. Certified registered nurses **who want to prescribe medications** associated with their Reproductive Health (Contraceptive Management and/or Sexually Transmitted Infections (STI)) certification program must also successfully complete the University of Northern British Columbia: *Safe Prescribing for Registered Nurses with Certified Practice* that has been recognized by BCCNM, and:
  - a. Have a BCCNM-assigned prescriber number.

- b. Prescribe only when they have the approval or are recognized by their organization/employer<sup>5</sup> as a prescriber.
- c. Prescribe only those medications as outlined within the decision support tools for their certification program.
- d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

## Glossary

**Additional education:** additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

**Advanced activities:** activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,
- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or

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<sup>5</sup> For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Competencies:** the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Prescribing:** the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.



**PRACTICE STANDARD**

# Nurses: Medication

## Introduction

This practice standard sets expectations that **nurses** must meet when they perform **medication-related activities** within their authorized scope of practice, including medication-related **restricted activities**. This practice standard is applied in conjunction with all other standards, limits and conditions associated with medication-related activities, including the standards, limits and conditions for acting within autonomous scope of practice, acting under **client-specific orders**, prescribing, giving client-specific orders, and medical assistance in dying. For certified registered nurses and certified registered psychiatric nurses, their certification-specific standard(s) apply as well.

## Standards

1. Nurses perform only those medication-related activities as allowed by:
  - a. Relevant provincial or federal legislation or regulations,
  - b. BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Organizational/employer policies, processes, and restrictions, and
  - d. The nurse's individual **competence**.
2. Nurses follow relevant provincial or federal legislation or regulations, BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity, and organizational/employer policies, processes, and restrictions when performing any medication-related activity.
3. Nurses use current evidence to support their decision-making about **medications** and their medication practices.
4. Nurses follow infection prevention and control principles when performing medication-related activities.
5. Before performing any medication-related activity, nurses know the medication's:
  - a. Therapeutic use/indications,
  - b. Expected effects,
  - c. Dosage(s),
  - d. Precautions,

## PRACTICE STANDARD: MEDICATION

- e. Contraindications,
  - f. Form (e.g. tablet, liquid), and route for administration,
  - g. Interactions,
  - h. Side effects, and
  - i. Adverse effects.
6. Nurses assess the appropriateness of the medication for the **client** before administering, dispensing, or prescribing a medication.
7. Nurses assess and respect the client's values, beliefs, personal preferences, language, learning needs, abilities, mental state, and level of understanding, to support the client (or the **client's representative**) to be an active participant in making informed decisions about the medication.
8. Nurses educate the client (or the client's representative) about the medication they are receiving, including, as applicable:
  - a. The reason the client is receiving the medication,
  - b. The expected action of the medication,
  - c. The duration of the medication therapy,
  - d. Specific precautions or instructions for the medication,
  - e. Potential side-effects and adverse effects (e.g. allergic reactions) and action to take if they occur,
  - f. Potential interactions between the medication and certain foods, other medications, or substances,
  - g. Handling and storage requirements,
  - h. Recommended follow-up.
9. Nurses identify the effect of their own values, beliefs, and experiences on their clinical decision-making about medication related activities, recognize potential conflicts and take action for the client's needs to be met.
10. Nurses take action when a medication does not seem:
  - a. Appropriate, because the client's condition has changed,
  - b. Evidence-informed, or
  - c. Reflective of the client's individual needs, characteristics, values/beliefs, or personal preferences.
11. Nurses collaborate, communicate, and/or consult with the health-care team in making decisions about medication-related activities, including:
  - a. Consideration of the broader plan of care for the client developed by the health-care team,

## PRACTICE STANDARD: MEDICATION

- b. The follow-up needed with respect to medication when the client's care is transferred to another health professional, or when the client transfers to another clinical or care setting or to their home,
  - c. When the client's care would benefit from the expertise of other health care professionals,
  - d. When the needs of the client exceed the nurse's individual **competence** or scope of practice, and
  - e. Documenting the plan of care.
12. When a pharmacist has not reviewed and verified a medication's pharmaceutical and therapeutic suitability, or if it is unclear whether this has occurred, nurses take steps to ensure pharmaceutical and therapeutic suitability before administering or dispensing a medication by:
  - a. Reviewing the client's best available medication history and other personal health information,
  - b. Assessing the client's known allergies and ensuring medication allergy information is documented,
  - c. Considering potential medication interactions, contraindications, therapeutic duplications, side effects, adverse effects, and any other potential problems,
  - d. Using current, evidence-informed resources to support their clinical decision-making, and
  - e. Considering the client's ability to follow the medication regimen.
13. Nurses administer, dispense, or prescribe medications only for clients under their care, except in an emergency.

**MEDICATION ADMINISTRATION**

14. Before administering a medication to a client, nurses verify, at minimum, the:
  - a. Client name and second client identifier,
  - b. Medication,
  - c. Dose,
  - d. Time and frequency,
  - e. Route, and
  - f. Reason for administration to the client.
15. Before administering a medication, nurses ensure they have the competence to:
  - a. Monitor the client's response to the medication, and
  - b. Recognize and manage intended and adverse outcomes of the medication.

16. Nurses only administer medications they themselves, a pharmacist, or a pharmacy technician have prepared, except in an emergency or during large-scale immunization efforts where organizational policies, processes, and restrictions are in place to ensure safe practices.
17. Nurses record the administration of medication on an individual medication profile and/or client record each time a medication is administered.

### DISPENSING MEDICATIONS

18. When dispensing a medication, nurses:
  - a. Ensure the product has not expired,
  - b. Label the medication legibly with:
    - i. Client name and second client identifier,
    - ii. Medication name, dosage, route, and strength,
    - iii. Directions for use,
    - iv. Quantity dispensed,
    - v. Date dispensed,
    - vi. Initials of the nurse dispensing the medication,
    - vii. Name, address, and telephone number of the agency from which the medication is dispensed,
    - viii. Name and designation of the prescribing health professional, and
    - ix. Any other information that is appropriate and/or specific to the medication,
  - c. Hand the medication directly to the client, or, if appropriate, to the client's representative or another authorized delegate.
19. When dispensing a medication, nurses record dispensing information on an individual medication profile and/or client record that includes:
  - a. Client name, address, phone number, date of birth,
  - b. Allergies and adverse medication reactions, if available,
  - c. Date dispensed,
  - d. Name, strength, dosage of medication,
  - e. Quantity of medication dispensed,
  - f. Intended duration of therapy, specified in days (if applicable),
  - g. Directions to client,
  - h. Name of prescribing health professional, and
  - i. Signature and title of the person dispensing the medication.

20. In response to the opioid crisis, nurses are authorized to dispense naloxone to a person who is neither their client nor their client's representative, but who may encounter an individual experiencing a suspected opioid overdose.
- a. In this instance, which is an exception, nurses would not be expected to follow all of the principles outlined above with respect to a potential individual recipient of the naloxone, to the extent it is not possible to do so when that individual's identity is unknown.
  - b. Nurses take steps to ensure public safety by teaching the person to whom they dispense the naloxone how to respond to individuals experiencing a suspected opioid overdose.
  - c. Nurses follow all applicable organizational/employer policies, processes, and restrictions, regarding naloxone.

#### ACTING WITHIN AUTONOMOUS SCOPE OF PRACTICE (WITHOUT AN ORDER)

21. Nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from the administration or dispensing of a medication within their autonomous scope of practice.
22. When administering or dispensing a medication within their autonomous scope of practice, nurses:
- a. Follow organizational policies, processes, and restrictions, as applicable.
  - b. Assess the client's health status including allergies.
  - c. Make or confirm a **nursing diagnosis** of a condition<sup>1,2</sup> that can be improved or resolved by administering or dispensing a medication.
  - d. Decide whether the client would benefit from the medication, having considered:
    - i. Known risks and benefits
    - ii. Other relevant factors specific to the client or situation
    - iii. Assessment of medication alternatives

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<sup>1</sup> Registered nurses and registered psychiatric nurses certified in a BCCNM certification program may also make a diagnosis of a disease, disorder or condition that is within the autonomous scope of the nurse's BCCNM certification program and the nurse's individual competence.

<sup>2</sup> Nurse practitioners may also make a diagnosis of a disease, disorder or condition that is within their autonomous scope of practice and the nurse practitioner's individual competence.

- e. Manage, monitor, and evaluate the client's response to the medication (as applicable) including intended and unintended outcomes.
- f. Communicate and collaborate with the client (or the client's representative) and the health-care team and document the **nursing diagnosis**, decision, actions, and outcomes related to the medication administered or dispensed to the client.

### PREVENTING MEDICATION ERRORS

- 23. Nurses identify the human and system factors that may contribute to medication errors and/or near misses, and they act to prevent or minimize them.
- 24. Nurses take action, including following organizational/employer policies, processes, and restrictions, and when an error or near miss occurs at any point of a medication-related activity.

### MEDICATION INVENTORY MANAGEMENT

- 25. Nurses who have responsibility for the management of medication inventory follow organizational/employer policies and processes and, as needed, consult with, and seek guidance from expert resources and pharmacists regarding:
  - d. Handling,
  - e. Storage,
  - f. Organization of medication,
  - g. Security,
  - h. Transport,
  - i. Disposal, and
  - j. Recording of medications.

## Glossary

**Client:** person receiving health services.

**Client's Representative:** a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

- (a) a "committee of the patient" under the Patients Property Act,
- (b) the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,

## PRACTICE STANDARD: MEDICATION

- (c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,
- (d) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or
- (e) *a substitute decision maker chosen under section 22 of the Health Care (Consent) and Care Facility (Admission) Act.*

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Medication-related activities:** activities that include, but are not limited to, administering, dispensing, compounding, prescribing, preparing, handling, storing, securing, disposing of, and transporting medication.

**Nurses:** refers to licensed practical nurses, nurse practitioners, registered nurses, and registered psychiatric nurses licensed with BCCNM.

**Nursing diagnosis:** A clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that it is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

PRACTICE STANDARD

# Registered Nurses and Registered Psychiatric Nurses: Screening and Diagnostic Tests & Imaging

## Introduction

This practice standard outlines **nurses'** accountabilities for providing safe nursing care to **clients** when performing screening and diagnostic tests & imaging activities.

Under the *Nurses and Midwives Regulation*, nurses may:

- Act under a **client-specific order** from a health professional to perform certain screening and diagnostic tests & imaging activities; or
- Act within their autonomous scope of practice (without a client-specific order) to order or perform certain screening and diagnostic tests & imaging activities.

Nurses may give client-specific orders<sup>1</sup> for screening and diagnostic tests or imaging<sup>2</sup> to screen for conditions based on a **nursing diagnosis**. These tests or images may also support other health professionals to make a diagnosis of a disease or disorder.

Certified RNs and RPNs have an expanded scope of practice. In addition to their scope of practice as an RN/RPN, they may also order or perform screening and diagnostic tests & imaging autonomously in accordance with their BCCNM certification program<sup>3</sup> to support a diagnosis of a disease, disorder, or condition. They do so in accordance with their certification-specific practice standard, and as outlined in their certified practice **decision support tools**.

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<sup>1</sup> Giving a client-specific order may also refer to issuing an authorization.

<sup>2</sup> See *Nurses and Midwives Regulation* s. 18 (RN) and s. 48 (RPN), and limits and conditions in *Registered Nurses: Acting Within Autonomous Scope of Practice* and *Registered Psychiatric Nurses: Acting Within Autonomous Scope of Practice*.

<sup>3</sup> BCCNM General Bylaws, Part 7.

## MEDICAL SERVICE PLAN (MSP) PRACTITIONER NUMBERS

The *Laboratory Services Regulation* allows RNs and RPNs<sup>4</sup> to apply for and use an Medical Services Plan (MSP) practitioner number to order screening and diagnostic laboratory tests for the purpose of communicable disease prevention and management. Per BCCNM standards, applying for and using an MSP practitioner number requires organizational/employer approval and established organizational/employer policies and processes. MSP practitioner numbers will generally only be needed when nurses are ordering tests that are to be completed or processed in outpatient settings.

## Standards

1. Nurses order, perform, interpret, and/or manage screening and diagnostic tests & imaging according to:
  - a. relevant legislation and regulations,
  - b. BCCNM ethics standards and practice standards, including any applicable limits and conditions,
  - c. organizational/employer policies, processes, and restrictions,
  - d. current evidence, relevant guidelines, and other resources, and
  - e. their individual **competence**.
2. When nurses receive test or imaging results/reports ordered by another health professional, they communicate the results/reports to the ordering health professional and/or the health-care team in a timely manner.
3. Nurses take part in required and relevant reporting programs such as those related to communicable diseases listed in the *Public Health Act*

## ACTING UNDER A CLIENT-SPECIFIC ORDER

4. When nurses perform screening and diagnostic tests and/or imaging under a client-specific order, they:
  - a. consider the client's physical, mental, emotional, spiritual, social, and cultural needs relevant to the tests and/or imaging,
  - b. review the client's relevant health history, recent test and/or imaging result(s)/report(s), and other relevant factors,
  - c. perform and document appropriate clinical assessments,
  - d. provide the client with information about the test(s) and/or imaging, as appropriate, and
  - e. complete requisitions and labels completely and accurately and specify the health professional(s) who should receive the results/reports, as applicable.

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<sup>4</sup> The *Laboratory Services Regulation* also allow certified registered nurses or certified registered psychiatric nurses to apply for and use an MSP practitioner number.

**ACTING WITHIN AUTONOMOUS SCOPE OF PRACTICE (WITHOUT A CLIENT-SPECIFIC ORDER)**

5. Nurses are solely accountable and responsible for their clinical decision making when they order, perform, interpret, and/or manage screening and diagnostic tests & imaging within their autonomous scope of practice to:
  - a. screen for a condition based on a **nursing diagnosis**,
  - b. support other health professionals to make a diagnosis of a disease or disorder, or
  - c. screen for and diagnose a disease, disorder, or condition in accordance with their certification-specific practice standard.
  
6. When nurses order, perform, interpret, and/or manage screening and diagnostic tests & imaging within their autonomous scope of practice, they:
  - a. consider the client's physical, mental, emotional, spiritual, social, and cultural needs relevant to the test & imaging recommendations,
  - b. review the client's relevant health history, recent test and/or imaging result(s)/report(s), and other relevant factors,
  - c. perform and document appropriate clinical assessments and document clinical indication(s) for test(s)/imaging,
  - d. initiate consultation, referrals, and/or transfer care to other health professionals when:
    - i. client care would benefit from the expertise of other health professionals,
    - ii. required by organizational/employer policies, processes, restrictions, and/or
    - iii. client care needs exceed the scope of practice and/or individual competence of the nurse.
  - e. provide the client information about the test(s) and/or imaging, document the informed choice discussion and the client's choice, as applicable,
  - f. review and follow up on test or imaging result(s)/report(s) following organizational/employer policies, processes, and restrictions,
  - g. communicate and collaborate with the client and health-care team in a timely manner about the test(s) and/or imaging results/reports, proposed follow-up care, and/or treatment plan, as applicable, and
  - h. document:
    - i. client follow-up (and follow-up attempts),
    - ii. the test or imaging result(s)/report(s), follow-up care, and/or treatment plan, as applicable, and

**PRACTICE STANDARD: SCREENING AND DIAGNOSTIC TESTS & IMAGING**

- iii. consultations, referrals, and/or transfers of care to other health professionals, as applicable.
7. Nurses do not order screening and diagnostic tests or imaging for themselves, or anyone who is not their client.

**MEDICAL SERVICES PLAN (MSP) NUMBER FOR NON-CERTIFIED PRACTICE NURSES**

8. Nurses only apply for and use their Medical Service Plan (MSP) practitioner number to order tests for communicable disease prevention and management when:
  - a. they have the approval of their organization/employer, and
  - b. their organization/employer has policies and processes to review and follow up on test results, and processes for the nurse to refer or transfer care to another health professional, as applicable.

## Glossary

**Client:** person receiving health services.

**Client-specific order:** an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Decision support tools (DSTs):** evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

**Nurses:** refers to registered nurses and registered psychiatric nurses licensed with BCCNM.

**Nursing diagnosis:** a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

**Restricted Activity:** an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

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900 – 200 Granville St

Vancouver, BC V6C 1S4

Canada

[www.bccnm.ca](http://www.bccnm.ca)

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**PRACTICE STANDARD**

# Nurses: Use of Title

## Introduction

The *Nurses and Midwives Regulation* and the BCCNM General Bylaws establish the titles that may only be used by BCCNM licensees. These titles carry particular meaning and convey a level of knowledge and skill in managing the care of **clients**.

This practice standard sets expectations that **nurses** must meet when using the titles for which they hold a licence with BCCNM.

## Standards

1. Nurses use their title(s) in ways that comply with:
  - a. the *Health Professions and Occupations Act*;
  - b. the *Nurses and Midwives Regulation* and the *Regulated Health Practitioners Regulation*;
  - c. [BCCNM General Bylaws](#); and
  - d. BCCNM ethics standards and practice standards.
2. When nurses document care or services provided to a client, they identify their:
  - a. name;
  - b. title that most specifically reflects their class of licensure; and
  - c. certification if they are on BCCNM's certified practice register.
3. Nurses identify themselves by title to clients, members of the health-care team, and others.
4. Nurses use only the title(s) for which they are licensed, regardless of their role or job description in the work setting.
5. Nurses who hold multiple classes of licensure with BCCNM use the title associated with their job description and the role in which they are practising.
6. Licensed practical nurses who hold a practising or multijurisdictional licence with BCCNM use the titles licensed practical nurse, practical nurse, LPN, or nurse.

7. Nurse practitioners who hold a practising license with BCCNM use the titles nurse practitioner, NP, registered nurse practitioner, RN-NP, registered nurse, RN, or nurse.
8. Registered nurses who hold a practising or multijurisdictional licence with BCCNM use the titles registered nurse, RN, or nurse.
9. Registered nurses who hold current BCCNM certification and working in a certified practice role may use the titles certified registered nurse, registered nurse (certified), or RN(C). If a certified registered nurse wishes to note their specific certification program, they may append the following terms:
  - a. First Call Certified
  - b. Remote Practice Certified
  - c. Reproductive Health (STI and/or CM) Certified. These RNs may have Sexually Transmitted Infection (STI) and/or Contraceptive Management (CM) sub-certification.
  - d. Opioid Use Disorder Certified
10. Registered psychiatric nurses who hold current BCCNM certification and working in a certified practice role may use the titles certified registered psychiatric nurse, registered psychiatric nurse (certified), or RPN(C). If a certified registered psychiatric nurse wishes to note their specific certification program, they may append the following term:
  - a. Opioid Use Disorder Certified
11. Licensed graduate nurses who hold a practising licence with BCCNM use the titles licensed graduate nurse, LGN, or nurse.
12. Registered psychiatric nurses who hold a practising or multijurisdictional licence with BCCNM use the titles registered psychiatric nurse, psychiatric nurse, RPN, or nurse.
13. Nurses who hold a provisional license with BCCNM use (P) or (provisional) after their title, or "provisional" before their title.
14. Nurses who hold a temporary (emergency) licence with BCCNM use (T) after their title, or "temporary" before their title.
15. When providing regulatory supervision to students, nurses ensure that:
  - a. students who are enrolled in an entry-level practical nursing education program identify themselves as a practical nursing student, student practical nurse, or SPN when documenting or providing care or services to a client.
  - b. students who are enrolled in a nurse practitioner education program identify themselves as a student nurse practitioner, student nurse, or SNP when documenting or providing care or services to a client as a student nurse practitioner. Student nurse practitioners identify themselves as a registered nurse when they are working in a registered nurse role and are licensed with BCCNM.

- c. students who are enrolled in an entry-level nursing education program identify themselves as a student nurse, nursing student, or SN when documenting or providing care or services to a client.
  - d. students who are enrolled in an entry-level psychiatric nursing education program identify themselves as a psychiatric nursing student, student psychiatric nurse, or SPsycN when documenting or providing care or services to a client.
16. Employed student nurse licensees identify themselves as an employed student nurse or ESN only when they are working in an employed student role, and use student nurse, nursing student, or SN when documenting or providing care or services to a client in the context of their education program.
17. Employed student psychiatric nurse licensees identify themselves as an employed student psychiatric nurse or ESPN only when they are working in an employed student role, and use psychiatric nursing student, student psychiatric nurse, or SPsycN when documenting or providing care or services to a client in the context of their education program.
18. Nurses who use their title in an advertisement or marketing comply with the BCCNM General Bylaws.

## Glossary

**Clients:** person(s) receiving health services.

**Nurses:** refers to licensed practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners licensed with BCCNM.