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PRACTICE STANDARD

Nurse Practitioners: Advanced Procedures and Activities

Introduction

This practice standard sets the expectations that nurse practitioners meet when carrying out advanced procedures and activities that are within nurse practitioner scope of practice. Advanced procedures and activities encompass:

- The **restricted activities** for nurse practitioners,
- Activities that are not restricted, and/or
- Non-core procedures and activities[1] for nurse practitioners as defined by the British Columbia Medical Quality Initiative.

Standards

1. Before incorporating an advanced procedure or activity into their practice, nurse practitioners consider:
    a. Their foundational education in relation to the procedure or activity,
    b. Employer support that ensures the required organizational infrastructure is in place to support the nurse practitioner and the practice setting to incorporate the activity into practice,
    c. Inclusion and exclusion criteria for the **client** population,
    d. Risks to clients that are associated with performing the activity,
    e. Measures that would be taken to mitigate risks and make the activity as safe as possible,
    f. How nurse practitioners will manage outcomes both intended and unintended,
    g. How outcomes would be tracked and evaluated, and
    h. Availability of best practice guidelines or other evidence-based tools.
2. Nurse practitioners perform advanced procedures and activities within their level of **competence** having acquired the knowledge and skill through **additional education**.
3. Nurse practitioners perform advanced procedures and activities only when performance occurs with sufficient frequency to maintain competence.

NOT YET IN EFFECT

1 The British Columbia Medical Quality Initiative defines non-core procedures and activities as those which are outside of the core activities and that require further training or demonstration of skill. Core activities are defined as those procedures or activities that the majority of practitioners in the specialty perform and inherent activities/procedures requiring similar skill sets.

Limits & conditions

SETTING FRACTURES AND REDUCING DISLOCATIONS

1. Nurse practitioners:
    a. Are limited to setting a closed, simple fracture of a bone;
    b. Are limited to reducing dislocations of the fingers and toes (digits of the upper and lower extremities); and
    c. Have authority to reduce anterior shoulder dislocations on the condition that the NP has the competence to interpret the X-ray if clinically indicated.

ORDERING OR APPLYING HAZARDOUS FORMS OF ENERGY

1. Nurse practitioners:
    a. Do not give an order or apply laser for the purpose of destroying tissue.

MEDICAL AESTHETICS

1. Nurse practitioners order **medical aesthetic** procedures only when:
    a. The individual acting on the order is a nurse holding practising registration with BCCNM; and
    b. The ordering nurse practitioner, or another nurse practitioner or medical practitioner who has assumed responsibility for the care of the client, is or will be present within the facility when the procedure is being performed and immediately available for consultation.
2. Nurse practitioners complete additional education before providing or ordering medical aesthetic procedures.
3. Nurse practitioners only provide medical aesthetic procedures or order them to be performed in an appropriate clinical setting that is suitable to safely perform the procedure and includes the equipment and supplies necessary to manage emergency situations.
4. Nurse practitioners only use Health Canada-approved drugs, substances and medical devices when providing or ordering medical aesthetic procedures.
5. Nurse practitioners only provide or order medical aesthetic procedures for clients under the age of 19 for the treatment of acne or scarring.
6. Nurse practitioners do not provide or order any medical aesthetic procedures that require conscious/procedural sedation or general anesthesia.

Glossary

Additional education: structured education (e.g. workshop, course, program of study) designed so that nurse practitioners can attain the competencies required to carry out a specific activity as part of nurse practitioner practice. Additional education builds on the entry-level competencies of nurse practitioners, identifies the competencies expected of learners on completion of the education, includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The term does not refer to a course or program approved by BCCNM for BCCNM certified practice.

Client: individual receiving nursing care or services from a nurse.

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Competence: integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

Medical aesthetics: 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.

Restricted activities: higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that have been granted specific legislative authority to do so, based on their education and competencies.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication
2.0	Nov. 18, 2026	Jan. 30, 2027	Moved prescribing-related L&Cs to the new *Nurse Practitioners: Prescribing and Ordering Drugs and Substances* practice standard

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

Pub no.: 999

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