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# Bylaws of the British Columbia College of Nurses and Midwives

Consolidation No. 20 (March 31, 2026)

# Bylaws

# of the

# British Columbia College of Nurses and Midwives

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## Definitions

1 In these bylaws:

**"2018 amalgamation date"** means September 4, 2018, as set in section 7(2) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"2020 amalgamation date"** means September 1, 2020, as set in section 9(2) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"Act"** means, unless the context requires otherwise, the *Health Professions Act*;

**"appointed board member"** means

(a) a person, other than a registrant, who is appointed to the first board under section 17(2)(a) of the Act, or

(b) a person who is appointed to the board under section 17(3)(b) of the Act;

**"board"** means the board for the college under section 17(1) of the Act;

**"board chair"** means the board chair who is elected under section 12 *[Board chair and board vice-chair]*;

**"board election"** means an election of registrants to the board under section 17(3)(a) of the Act;

"**board member"** means an appointed board member or an elected board member;

**"board vice-chair"** means the board vice-chair who is elected under section 12 *[Board chair and board vice-chair]*;

**"British Columbia College of Nursing Professionals"** or **"BCCNP"** means the former amalgamated college for the designated health professions of nursing, practical nursing and psychiatric nursing, that resulted from the amalgamation of CRNBC, CLPNBC and CRNBC under section 7(1)(a) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008, and specified in section 8(1)(b) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"certified practice designation**" means a designation entered into the public register under section 151(4) *[Certified practice designations]* for a certified practice set out in column one of Table A or Table B of Schedule H;

**"class"** means a class of registrants established in these bylaws;

**"college"** means the amalgamated college named "British Columbia College of Nurses and Midwives";

**"College of Licensed Practical Nurses of British Columbia"** or **"CLPNBC"** means the former college established under section 15(1) of the Act for the designated health profession of practical nursing and specified in section 7(1)(a) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"College of Midwives of British Columbia"** or **"CMBC"** means the former college established under section 15(1) of the Act for the designated health profession of midwifery and specified in section 8(1)(a) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"College of Registered Nurses of British Columbia"** or **"CRNBC"** means the former college established under section 15(1) of the Act for the designated health profession of nursing and specified in section 7(1)(b) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"College of Registered Psychiatric Nurses of British Columbia"** or **"CRPNBC"** means the former college established under section 15(1) of the Act for the designated health profession of psychiatric nursing and specified in section 7(1)(c) of the Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008;

**"college website"** means the website established and maintained by or on behalf of the college under section 18(3) of the Act;

**"committee"** means a committee established in section 25 *[Committees established]*;

**"continuity of care"** means the provision of midwifery services during the antepartum, intrapartum and postpartum periods, to a client by a registrant or small group of registrants known to the client, and includes twenty-four hour on-call availability of care from a midwife known to the woman;

**"deliver"**, with reference to a notice or other thing, includes

(a) mail to or leave with a person,

(b) deposit in a person's mailbox or receptacle at the person's residence or place of business or practice,

(c) transmit to a person's electronic mail address, or

(d) otherwise send or make available to a person in electronic form;

**"deputy registrar"** means a deputy registrar who is appointed under section 21(1) of the Act for the college;

**"designated health profession"** means, unless the context requires otherwise, any of the following health professions designated under section 12(1) of the Act:

(a) practical nursing;

(b) psychiatric nursing;

(c) nursing;

(d) midwifery;

**"discipline committee"** means, unless the context requires otherwise, the discipline committee established in section 25(c) [*Committees established*];

**"education programs"** means programs or courses of academic or technical education offered as qualifying their graduates to meet a condition or requirement established in Part 5 *[Registration]* for

(a) registration with the college to practice one or more of the designated health professions of practical nursing, psychiatric nursing, nursing or midwifery, or

(b) in respect of the designated health professions of nursing and psychiatric nursing, having a certified practice designation entered in the public register in relation to a registrant's name;

**"education program review committee"** means the education program review committee established in section 25(e) *[Committees established]*;

**"elected board member"** means

(a) an interim board member, except in sections 2 *[Board composition]*, 3(9) *[Eligibility for election to the board]*, 9 *[Elected board member terms of office]*, 10 *[Removal from elected board member office]* and 11 *[Vacancy in elected board member office]*, or

(b) a registrant who is elected to the board in a board election or appointed to the board under section 11 *[Vacancy in elected board member office]*;

**"examination"** means a theoretical or practical examination or assessment or any combination of them, given by any method, for the purposes of assessing or measuring a person's professional knowledge, skills or abilities or any aspect thereof;

**"former BCCNP bylaws"** means the former bylaws of the British Columbia College of Nursing Professionals, as they were in effect at any applicable time before the 2020 amalgamation date;

**"former CLPNBC bylaws"** means the former bylaws of the College of Licensed Practical Nurses of British Columbia, as they were in effect at any applicable time before the 2018 amalgamation date;

**"former CMBC bylaws"** means the former bylaws of the College of Midwives of British Columbia, as they were in effect at any applicable time before the 2020 amalgamation date;

**"former CRNBC bylaws"** means the former bylaws of the College of Registered Nurses of British Columbia, as they were in effect at any applicable time before the 2018 amalgamation date;

**"former CRPNBC bylaws"** means the former bylaws of the College of Registered Psychiatric Nurses of British Columbia, as they were in effect at any applicable time before the 2018 amalgamation date;

**"former registrant"** includes a person who is deemed to be a former registrant of the college under section 25.07(1)(a) of the Act;

**"general meeting"** means a general meeting of registrants;

**"governance committee"** means the governance committee established in section 25(i) *[Committees established]*;

**"hospital"** has the same meaning as in section 1 of the *Hospital Act*;

**"Indigenous"** has the same meaning as in section 1 of the Midwives Regulation, B.C. Reg. 281/2008;

**"Indigenous midwifery"** has the same meaning as in section 1 of the Midwives Regulation, B.C. Reg. 281/2008;

**"in good standing"** means, in respect of a registrant, that

(a) the registrant's registration in any class is not suspended under the Act, and

(b) no limits or conditions are imposed on the registrant's practice as a registrant of the college in any class under section 20(2.1) or (3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act;

**"inquiry committee"** means, unless the context requires otherwise, the inquiry committee established in section 25(b) *[Committees established]*;

**"inspector"** means an inspector for the college under section 27 of the Act;

**"interim board member"** means a registrant who is appointed to the first board under section 17(2)(a) of the Act;

**"LGN"** means licensed graduate nurse;

**"LPN"** means licensed practical nurse;

**"midwifery services"** means services of midwifery as contemplated by the Midwives Regulation, B.C. Reg. 281/2008;

**"multijurisdictional registration"** means registration in one of the following classes, and **"multijurisdictional registrant"** has a corresponding meaning:

(a) multijurisdictional LPN registrants;
(b) multijurisdictional RPN registrants;
(c) multijurisdictional RN registrants;

**"NP"** means nurse practitioner;

**"nurses' union"** means

(a) a trade union as defined in section 1 of the *Labour Relations Code* (British Columbia),

(b) a union as defined in section 1 of the *Public Service Labour Relations Act* (British Columbia),

(c) a trade union as defined in section 3(1) of the *Canada Labour Code* (Canada),

(d) an employee organization as defined in section 2(1) of the *Public Service Labour Relations Act* (Canada), or

(e) a similar organization in another province of Canada or a foreign jurisdiction

that bargains collectively on behalf of a unit that includes registrants, or persons registered or licensed in another province of Canada or a foreign jurisdiction for the practice of a health profession corresponding to nursing, practical nursing or psychiatric nursing, employed in their professional capacity as nurses or the equivalent of nurses, and includes a nurses' union's national union and a national or international federation or association of nurses' unions;

**"nursing services"** means services of nursing as contemplated by the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008;

**"ordinary resolution"** means a resolution passed at a meeting by a majority of the votes cast by persons in attendance and eligible to vote at the meeting;

**"personal information"** has the same meaning as in Schedule 1 of *the Freedom of Information and Protection of Privacy Act*;

**"practical nursing services"** means services of practical nursing as contemplated by the Nurses (Licensed Practical) Regulation, B.C. Reg. 224/2015;

**"principal midwife"** means a midwife who, in her or his practice or as part of her or his midwifery education program, takes responsibility for and provides midwifery services as the primary care provider during the intrapartum period, in a hospital or out-of-hospital setting;

**"professional association"** means

(a) a health profession association as defined in section 1 of the Act, or

(b) a similar organization in Canada or a foreign jurisdiction, other than a nurses' union,

(i) whose members include

(A) registrants, or

(B) persons registered or licensed in another province of Canada or a foreign jurisdiction for the practice of a health profession corresponding to practical nursing, psychiatric nursing, nursing or midwifery, and

(ii) whose purposes or objects include the promotion of the interests of its members,

and includes a national or international federation or association of professional associations;

**"professional practice and standards committee"** means the professional practice and standards committee established in section 25(f) *[Committees established]*;

**"psychiatric nursing services"** means services of psychiatric nursing as contemplated by the Nurses (Registered Psychiatric) Regulation, B.C. Reg. 227/2015;

**"public register"** means the register maintained by the registrar under section 21(2) of the Act;

**"public representative"** means a person who is not a registrant or former registrant, and for greater certainty includes an appointed board member who is not a registrant or former registrant;

**"quality assurance committee"** means, unless the context requires otherwise, the quality assurance committee established in section 25(d) *[Committees established];*

**"record"** has the same meaning as in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

**"registrant"** means a person who is

(a) granted registration in accordance with section 20 of the Act, or

(b) deemed to be a registrant of the college under section 25.07(1)(a) of the Act;

**"registrar"** means the registrar who is appointed under section 21(1) of the Act for the college;

**"registration"** means registration as a member of the college;

**"registration committee"** means, unless the context requires otherwise, the registration committee established in section 25(a) *[Committees established]*;

**"regulations"** means the regulations under the Act;

**"respondent"** means a registrant or former registrant who is named in a citation issued under section 37 of the Act;

**"RN"** means registered nurse;

**"RPN"** means registered psychiatric nurse;

**"second midwife"** means a midwife who, in her or his practice or as a part of her or his midwifery education program, takes responsibility for assisting the principal midwife during the intrapartum period in an out-of-hospital setting;

**"service provider"** has the same meaning as in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

**"special resolution"** means a resolution passed at a meeting by not less than two-thirds of the votes cast by persons in attendance and eligible to vote at the meeting;

**"standards of practice"** means standards, limits or conditions for the practice of a designated health profession by registrants, established in accordance with section 19(1)(k) or (1.1) of the Act;

**"standards of professional ethics"** means standards of professional ethics for registrants of a designated health profession, established in accordance with section 19(1)(l) or (1.1) of the Act;

**"Vancouver local time"** means Pacific Time, Pacific Standard time or Pacific Daylight Saving time, whichever is in effect in British Columbia.

# PART 1 – THE BOARD

## Board composition

**2** (1) The board consists of five elected board members and the appointed board members.

(2) Of the five elected board members referred to in subsection (1),

(a) one must be a registrant in the class of practising LPN registrants, provisional LPN registrants or non-practising LPN registrants,

(b) one must be a registrant in the class of practising RPN registrants, provisional RPN registrants or non-practising RPN registrants,

(c) one must be a registrant in the class of practising RN registrants, provisional RN registrants or non-practising RN registrants,

(d) one must be a registrant in the class of practising NP registrants, provisional NP registrants or non-practising NP registrants, and

(e) one must be a registrant in the class of practising midwife registrants, provisional midwife registrants or non-practising midwife registrants.

(3) Despite subsections (1) and (2),

(a) on and from the 2020 amalgamation date until January 1, 2023, the board consists of the interim board members and the appointed board members,

(b) on and from January 1, 2023, until January 1, 2024, the board consists of two elected board members, the interim board members and the appointed board members.

(4) A board election will not be held in 2020 or 2021.

(5) A board election must be held in 2022 to elect the following:

(a) one registrant in the class of practising RN registrants, provisional RN registrants or non-practising RN registrants;

(b) one registrant in the class of practising midwife registrants, provisional midwife registrants or non-practising midwife registrants.

(6) A board election must be held in 2023 to elect the following:

(a) one registrant in the class of practising LPN registrants, provisional LPN registrants or non-practising LPN registrants;

(b) one registrant in the class of practising RPN registrants, provisional RPN registrants or non-practising RPN registrants;

(c) one registrant in the class of practising NP registrants, provisional NP registrants or non-practising NP registrants.

(7) A board election will not be held in 2025.

## Eligibility for election to the board

3 (1) Subject to subsections (2) to (13), only registrants in the following classes of registrants are eligible to be elected in a board election:

(a) practising LPN registrants;

(b) provisional LPN registrants;

(c) non-practising LPN registrants;

(d) practising RPN registrants;

(e) provisional RPN registrants;

(f) non-practising RPN registrants;

(g) practising RN registrants;

(h) provisional RN registrants

(i) non-practising RN registrants;

(j) practising NP registrants;

(k) provisional NP registrants;

(l) non-practising NP registrants;

(m) practising midwife registrants;

(n) provisional midwife registrants;

(o) non-practising midwife registrants.

(2) A registrant is not eligible to be elected in a board election if any of the following apply on the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election:

(a) the registrant is not registered in a class of registrants specified in subsection (1) that corresponds to the vacant or impending vacant elected board member office for which the registrant is seeking to be a candidate;

(b) the registrant is not in good standing;

(c) the registrant is not ordinarily resident in British Columbia;

(d) the registrant is in default of payment of any fine, fee, debt or levy owing to the college under the Act;

(e) the registrant is

(i) a respondent and the citation is unresolved, or

(ii) the subject, in British Columbia, another province or a foreign jurisdiction, of a pending hearing, or hearing underway, that could result in the registrant's entitlement to practise a profession in British Columbia or that other province or foreign jurisdiction being cancelled, revoked or suspended for any reason other than late payment or non-payment of fees;

(f) the registrant is found by any court, in Canada or a foreign jurisdiction, to be incapable of managing the registrant’s own affairs;

(g) the registrant is an undischarged bankrupt.

(3) A registrant is not eligible to be elected in a board election if, at any time within the three-year period immediately preceding the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election, the registrant

(a) has been the subject of

(i) a determination under section 39(1)(a) to (e) of the Act, by the discipline committee established in section 25(c) *[Committees established]* or the discipline committee of another college under the Act, or

(ii) a finding, by a body in another province of Canada or a foreign jurisdiction that is the equivalent in that other province or foreign jurisdiction of a discipline committee referred to in subparagraph (i), that the registrant committed an act that, in the opinion of the governance committee, would likely constitute unprofessional conduct under the Act, or

(b) has been suspended or removed from office as

(i) an elected board member, or the equivalent of an elected board member of another college under the Act, or

(ii) a director or other similar governance position of

(A) any other body, in British Columbia, another province or a foreign jurisdiction, that regulates a profession in British Columbia or that other province or foreign jurisdiction, or

(B) any other public body in British Columbia, another province or a foreign jurisdiction,

for a reason that, in the opinion of the governance committee, would likely constitute grounds for suspension or removal from office as an elected board member.

(4) A registrant is not eligible to be elected in a board election if, at any time within the six-year period immediately preceding the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election,

(a) the registrant's entitlement to practise a profession has been cancelled, revoked or suspended in British Columbia, another province or a foreign jurisdiction, for any reason other than late payment or non-payment of fees,

(b) the registrant's entitlement to practise a profession has been voluntarily relinquished in British Columbia, another province or a foreign jurisdiction, with the effect of preventing the commencement or completion of an investigation, review or other proceeding that could have resulted in the registrant's entitlement to practise the profession in British

Columbia or that other province or foreign jurisdiction being cancelled, revoked or suspended for any reason other than late payment or non-payment of fees, or

(c) the registrant has been convicted of an offence in British Columbia, another province or a foreign jurisdiction and the governance committee is satisfied that the nature of the offence or the circumstances under which it was committed give rise to reasonable concerns about the registrant's competence or fitness to serve as an elected board member such that the registrant's disqualification is justified.

(5) Despite subsection (2)(b) and (e), (3) and (4), a registrant must not be disqualified under any of those provisions if

(a) the registrant delivers a request in accordance with section 6(4) *[Nomination procedure]*, and

(b) the governance committee is satisfied, after giving the registrant an opportunity to be heard, that such disqualification would be a breach of the registrant's rights under section 14 of the *Human Rights Code*.

(6) The governance committee must conclude its deliberations in respect of a request under section 6(4) *[Nomination procedure]* not later than the date that election ballots must be delivered or made available under section 7(4) *[Election procedure]*.

(7) A registrant is not eligible to be elected in a board election if the registrant

(a) is a director or officer of a professional association,

(b) is a director or officer of a nurses' union, or a member of a bargaining committee or similar group of individuals that conducts collective bargaining on behalf of a nurses' union,

(c) is a director or officer of a corporation or other entity that provides professional liability protection or insurance coverage against liability for negligence in the provision of services that constitute the practice of practical nursing, psychiatric nursing, nursing or midwifery, or a corresponding health profession in another province of Canada or a foreign jurisdiction,

(d) holds a position which would, in the opinion of the governance committee, cause the registrant, if elected, to have a conflict of interest by virtue of having competing fiduciary obligations to both the college and another organization, or

(e) has held a disqualifying position described in paragraph (a) to (d) at any time within the one-year period immediately preceding the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election.

(8) An elected board member is not eligible to be elected to another office as an elected board member with an overlapping term of office unless they resign from their existing office as an elected board member at the time their nomination for the other office is submitted, with such

resignation to be effective on or before the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election.

(9) A registrant is not eligible to be elected to more than one vacant or impending vacant elected board member office to be filled in a board election.

(10) A registrant is not eligible to be elected in a board election if they are employed by the college, unless the registrar receives, on or before the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election, the registrant's binding and irrevocable written agreement to resign their employment with the college if elected as an elected board member.

(11) A registrant who has held office as an elected board member for a consecutive period of six years or more is not again eligible to be elected in a board election until not fewer than three years have elapsed since the end of the member's most recent term of office as an elected board member.

(12) Time served in office as an elected board member by appointment under section 11 *[Vacancy in elected board member office]* must be excluded when calculating whether subsection (11) applies in respect of a registrant.

(13) A former elected board member who resigned from the board under section 10(2) *[Removal from elected board member office]* is not again eligible to be elected in a board election unless not fewer than three years have elapsed since the date that such resignation was effective.

## Eligibility to vote in elections

**4** Only registrants in good standing in the following classes are eligible to vote in a board election:

(a) practising LPN registrants;

(b) provisional LPN registrants;

(c) non-practising LPN registrants;

(d) practising RPN registrants;

(e) provisional RPN registrants;

(f) non-practising RPN registrants;

(g) practising RN registrants;

(h) provisional RN registrants;

(i) non-practising RN registrants;

(j) practising LGN registrants;

(k) provisional LGN registrants;

(l) non-practising LGN registrants;

(m) practising NP registrants;

(n) provisional NP registrants;

(o) non-practising NP registrants;

(p) practising midwife registrants;

(q) provisional midwife registrants;

(r) non-practising midwife registrants.

## Notice of election

5 (1) Not later than September 1 in each year in which a board election is to be held, the registrar must deliver notice of a board election to every registrant registered in a class specified in section 4 *[Eligibility to vote in elections]*.

(2) A notice under subsection (1) must contain information about the nomination procedure and the election procedure.

(3) The unintentional omission to deliver notice of a board election to, or the non-receipt of such a notice by, any person entitled to receive notice does not invalidate the board election, any proceedings in relation thereto, or the results thereof.

## Nomination procedure

6 (1) Subject to section 41 *[Powers and duties – governance committee]*, the registrar must supervise and administer all nominations for election to vacant or impending vacant elected board member offices to be filled in board elections, and may establish additional nomination procedures, consistent with these bylaws, for that purpose.

(2) A registrant seeking election to a vacant or impending vacant elected board member office to be filled in a board election must deliver a nomination application in a form and manner satisfactory to the registrar, which must be received by the registrar not later than October 1 in the year in which the board election is to be held and must be accompanied by

(a) a declaration in writing by the registrant that the registrant will observe the provisions of the Act, the regulations and these bylaws, and the procedures related to the board election and the conduct of the board election, and

(b) a declaration in writing by the registrant certifying that the registrant seeks to stand for office as a practising LPN registrant, provisional LPN registrant, non-practising LPN registrant, practising RPN registrant, provisional RPN registrant, non-practising RPN registrant, practising RN registrant, provisional RN registrant, non-practising RN registrant, practising NP registrant, provisional NP registrant, non-practising NP registrant, practising midwife registrant, provisional midwife registrant, or non-practising midwife registrant, as the case may be.

(3) A nomination is not valid if the registrant is not eligible under section 3 *[Eligibility for election to the board]* for election to the applicable office.

(4) Despite subsection (3), a registrant may deliver with the registrant's nomination application under subsection (2) a written request to the governance committee that the registrant not be disqualified under section 3(2)(b) or (e), (3) or (4) *[Eligibility for election to the board]*, as applicable, on the basis that such disqualification would be a breach of the registrant's rights under section 14 of the *Human Rights Code*.

(5) A registrant must not concurrently be nominated for election to more than one vacant or impending vacant elected board member office to be filled in a board election.

## Election procedure

**7** (1) The registrar

(a) must supervise and administer all board elections, and for that purpose may establish additional board election procedures consistent with these bylaws, and

(b) may retain a professional accounting firm or other person as election trustee for the purposes of a board election.

(2) The registrar must establish additional procedures under subsection (1) enabling registrants to deliver completed election ballots to the registrar, or the person designated by the registrar, in a manner that ensures

(a) each ballot is submitted by a registrant eligible to vote in the board election,

(b) no registrant casts more than one ballot, and

(c) the anonymity of each registrant is preserved in the counting of the votes.

(3) The registrar must determine any dispute or irregularity with respect to a board election or ballot.

(4) Not later than November 1 in each year in which a board election is to be held, the registrar must deliver election ballots, or make such ballots available, to all registrants who are eligible to vote in the board election.

(5) Each registrant eligible to vote in a board election is entitled to one ballot for each vacant or impending vacant elected board member office to be filled by the board election and may vote in favour of one candidate to be elected on each ballot.

(6) A vote must not be counted unless the completed ballot is

(a) received by the registrar, or the person designated by the registrar, not later than the date and time determined by the registrar under subsection (1), and

(b) delivered to the registrar, or the person designated by the registrar, in accordance with the procedures referred to in subsection (2).

(7) The candidate for election to a vacant or impending vacant elected board member office who receives the most votes on the return of the ballots is elected to that office.

(8) In the case of a tie vote for a vacant or impending vacant elected board member office, the registrar must select the successful candidate for that office by random draw.

(9) If, as of the date that nominations must be received by the registrar under section 6 *[Nomination procedure]* in respect of the board election, only one candidate is nominated under that section for election to a vacant or impending vacant elected board member office, the candidate is elected to that office by acclamation and for greater certainty subsections (4) to (8) no longer apply in respect of the board election.

## Election results

8 (1) Unless all the candidates in the board election are elected to office by acclamation or no recounts in respect of the board election are permitted under this section, the registrar must deliver to all the candidates, as soon as practicable following the initial counting of the votes in a board election, a notice of the preliminary results of the board election and the procedures for a recount.

(2) Subject to subsections (3) to (5), a recount in respect of an office to be filled in a board election may be requested by any candidate for election to the office, not more than three days after the date that notice under subsection (1), if any, is delivered to the candidates, and the registrar must conduct, or cause to be conducted, such a recount upon receiving the request.

(3) A recount referred to in subsection (2)must not be conducted in respect of an office to be filled in the board election unless, following the initial counting of the votes in the board election, the difference between the votes received by the top two leading candidates for election to the office is less than five percent of the total number of votes cast in respect of the office.

(4) Only one recount referred to in subsection (2) may be conducted in respect of an office to be filled in the board election, unless the registrar determines a further recount is necessary or appropriate in the interests of board election fairness and integrity.

(5)If, within the period specified in subsection (2), every recount permitted under subsection (2) in relation to the board election is declined in writing by each of the candidates entitled to request such recount, the registrar may act immediately under subsection (6).

(6) If all the candidates are elected to office by acclamation or no recount is to be conducted in respect of a board election, or following any recounts, the registrar must

(a) use the form set out in Schedule A to certify under section 17.1(1) of the Act each person who is elected as a member of the board, and

(b) deliver to each candidate, as soon as practicable, a notice of the final results of the board election and copies of the certificates of election completed under paragraph (a) in respect of the board election.

(7) As soon as practicable after each board election, the registrar must publish on the college website the following information:

(a) the results of the board election, including any recounts conducted;

(b) copies of the certificates of election completed under subsection (6)(a) respecting the board election;

(c) biographies of the newly elected members of the board.

(8) The registrar must not authorize destruction of the ballots cast in a board election until not fewer than 30 days have elapsed since the date the candidates were notified under subsection (6)(b) of the final results of the board election.

## Elected board member terms of office

9 The term of office for an elected board member is three years, commencing on January 1 in the year immediately following the year in which they are elected.

9.1 Despite section 9, the terms of office for the two board members elected in 2022 under section 2(5) of these bylaws, who are still in office when this subsection takes effect, are extended until the earlier of December 31, 2026, or the effective date of the *Health Professions and Occupations Act*, SBC 2022, c. 43.

## Removal from elected board member office

10 (1) An elected board member ceases to hold office as an elected board member if, before the expiry of their term of office, they

(a) cease to be registered in a class specified in section 3(1) *[Eligibility for election to the board]* that corresponds to the elected board member office to which they were elected or appointed,

(b) cease to be in good standing,

(c) cease to be ordinarily resident in British Columbia,

(d) become

(i) a respondent, or

(ii) the subject, in British Columbia, another province or a foreign jurisdiction, of a pending hearing, or hearing underway, that could result in their entitlement to practise a profession in British Columbia or that other province or foreign jurisdiction being cancelled, revoked or suspended for any reason other than late payment or non-payment of fees,

(e) become the subject of a finding by any court, in Canada or a foreign jurisdiction, that they are incapable of managing their own affairs,

(f) become a bankrupt,

(g) become elected or appointed to, or become employed in, a disqualifying position described in section 3(7)(a) to (d) *[Eligibility for election to the board]*, or

(h) become an employee of the college,

(i) resign from office under subsection (2),

(j) are removed from office under section 17.11(5) of the Act or subsection (3), or

(k) die.

(2) An elected board member may resign from office as an elected board member at any time before the expiry of their term of office by delivering a notice in writing to the registrar, and the resignation is effective

(a) on the effective date specified in the notice, unless withdrawn in writing by the elected board member before that date, or

(b) if no effective date is specified, on receipt by the registrar of the notice.

(3) In addition to the board's powers and duties under section 17.11(5) of the Act, the board may, by special resolution, remove an elected board member from office as an elected board member before the expiry of their term of office, after reasonable notice to the elected board member and giving him or her an opportunity to be heard, if the board is satisfied that the elected board member has contravened a term of the code of conduct approved by special resolution of the board for the purpose of this subsection.

(4) The operation of subsection (1)(b) or (d) is stayed pending a decision by the governance committee under subsection (5) if the registrar receives, not later than seven days after the date

that the elected board member has notice of the precipitating event under subsection (1)(b) or (d), as applicable, and in any event not more than 14 days after the college has notice of such event, a written request from the elected board member that the elected board member not be removed from office under subsection (1)(b) or (d), as applicable, on the basis that such removal would be a breach of the elected board member's rights under section 14 of the *Human Rights Code*.

(5) Despite subsection (1)(b) and (d), an elected board member does not cease to hold office under either of those provisions if

(a) the elected board member delivers a request in accordance with subsection (4), and

(b) the governance committee is satisfied, after giving the elected board member an opportunity to be heard, that such removal would be a breach of the elected board member's rights under section 14 of the *Human Rights Code*.

## Vacancy in elected board member office

11 (1) If an elected board member ceases to hold office under section 10 *[Removal from elected board member office]*, the board may, by special resolution, fill the resulting vacancy on the board by appointing to that vacant office a registrant who is eligible to be elected to the office.

(2) Subject to section 17.11(1) to (4) of the Act, a registrant appointed under subsection (1) assumes the former board member's vacant office and, subject to these bylaws, holds that office as an elected board member for the remainder of the former board member's term of office.

(3) If an elected board member office becomes vacant for any reason other than as described in subsection (1), the board may, by special resolution, fill the vacancy on the board by

(a) appointing to that vacant office a registrant who is eligible to be elected to the office, and

(b) specifying the appointed registrant's term of office, which must preserve the staggering of elections and elected board member terms of office that is established by these bylaws.

(4) Subject to section 17.11(1) to (4) of the Act, a registrant appointed under subsection (3)(a) assumes the vacant office and, subject to these bylaws, holds that office as an elected board member for the term of office specified under subsection (3)(b).

## Board chair and board vice-chair

12 (1) At the first board meeting in each year, the board members must elect a board chair and a board vice-chair from among the board members, by a majority vote of the board members in attendance.

(2) The board chair or board vice-chair ceases to hold office as board chair or board vice-chair

(a) upon the election of a new board chair or board vice-chair, as the case may be, under this section, or

(b) if the board chair or board vice-chair, as the case may be,

(i) ceases to hold office as a board member,

(ii) resigns from the office of board chair or board vice-chair, as the case may be, in writing delivered to the registrar, or

(iii) is removed from the office of board chair or board vice-chair, as the case may be, by a majority vote of the board members in attendance at a board meeting.

(3) If the board chair or board vice-chair ceases to hold office under subsection (2)(b), the board members must elect, as soon as is convenient, another board chair or board vice-chair from among the board members, by a majority vote of the board members in attendance at a board meeting, to fill the vacancy in the applicable office.

(4) Despite subsections (1) to (3), a majority vote described in any of those subsections has no effect unless the number of votes constituting that majority vote is equal to or greater than the number of board members constituting a quorum under section 21(1) *[Quorum at board meetings]*.

## Duties of board chair

**13** The board chair must

(a) preside at all general meetings of the college and all board meetings, and

(b) act generally in accordance with the requirements of the office of board chair, for the proper carrying out of the duties of the board.

## Absence of board chair or board vice-chair

**14** (1) If the board chair is absent or unable to act for any reason, the board vice-chair may exercise the powers and must perform the duties of the board chair.

(2) If both the board chair and board vice-chair are absent or unable to act for any reason, the board may authorize another board member to exercise the powers and perform the duties of the board chair.

(3) The board may impose on an authorization under subsection (2) any terms, limits or conditions that the board considers necessary or appropriate in the circumstances.

## Frequency of board meetings

15 The board must meet not fewer than four times in each calendar year.

## How board may meet

16 The board may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent method of telecommunication that allows all board members in attendance to hear and interact with each other.

## Calling board meetings

17 A board meeting must be called by the registrar

(a) at the request of the board chair, or

(b) on receipt of a written request for a board meeting from a majority of the board members, setting out the matter or matters to be discussed or on which a decision will be sought at the board meeting.

## Notice of board meetings

18 (1) In calling a board meeting under section 17 *[Calling board meetings]*, the registrar must provide reasonable notice of the board meeting to each board member and to registrants and the public.

(2) Notice under subsection (1) may be provided to registrants and the public by posting a notice on the college website.

(3) Despite subsection (1), the registrar may call a board meeting under section 17 *[Calling board meetings]* without providing notice to registrants or the public, if the purpose of the meeting is to conduct urgent business or business for which excluding registrants or members of the public from a board meeting is permitted under section 19(2) *[Openness of board meetings]*.

(4) The unintentional omission to deliver notice of a board meeting to, or the non-receipt of such a notice by, any person entitled to receive notice does not invalidate proceedings of that board meeting.

(5) Subject to subsection (6), the registrar must provide the following to any person, on request:

(a) details of the date, time and place of a board meeting;

(b) a copy of the agenda for the board meeting;

(c) a copy of the minutes of any previous board meeting.

(6) A copy of an agenda provided under subsection (5)(b) or minutes provided under subsection (5)(c) may be edited to remove information about any matter referred to in section 19(2) *[Openness of board meetings]*, if the reasons for removing that information are noted in the edited agenda or minutes.

## Openness of board meetings

**19** (1) Subject to subsection (2), board meetings must be open to registrants and to the public.

(2) The board may exclude any person who is not a board member from any board meeting or part of a board meeting if the person's attendance at the board meeting is disruptive or if the board is satisfied that one or more of the following matters will be discussed:

(a) financial or personal or other matters of such a nature that the interest of any affected person, or the public interest in avoiding disclosure of those matters, outweighs the public interest in board meetings being open to the public;

(b) information concerning an application by any individual for registration under section 20 of the Act or a certified practice designation under section 151 *[Certified practice designations]*, or reinstatement or renewal thereof, the disclosure of which would be an unreasonable invasion of the applicant's personal privacy;

(c) information concerning a complaint against, or investigation of, any individual under Part 3 of the Act, the disclosure of which would be an unreasonable invasion of the individual's personal privacy;

(d) information concerning an assessment of the professional performance of a registrant under section 26.1 of the Act or the registrant's compliance with competency or quality assurance requirements established under Part 6 *[Quality Assurance and Professional Responsibilities]*, the disclosure of which would be an unreasonable invasion of the individual's personal privacy;

(e) information the disclosure of which may prejudice the interests of any person involved in

(i) a proceeding under the Act, including a disciplinary proceeding under Part 3 of the Act or a review under Part 4.2 of the Act, or

(ii) any other criminal, civil or administrative proceeding;

(f) information described in section 75 *[Disclosure of education program review information]*;

(g) personnel matters;

(h) property acquisitions;

(i) the contents of examinations;

(j) information concerning the scoring or results of examinations, a report of the registrar under section 87(6) *[Examinations]* or a request for approval to take an examination again under section 87(11) or (12)*[Examinations]*, the disclosure of which would be an unreasonable invasion of any individual's personal privacy;

(k) communications with the Office of the Ombudsperson;

(l) instructions given to or opinions received from legal counsel, or any other matter which is subject to solicitor-client privilege;

(m) information that the college would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of *the Freedom of Information and Protection of Privacy Act*;

(n) information that the college is otherwise required by law to keep confidential.

## Minutes of board meetings

20 (1) The registrar must ensure that minutes are taken at each board meeting.

(2) If the board excludes any person from a board meeting or any part of a board meeting, it must have its reasons for doing so noted in the minutes of the board meeting.

(3) Subject to subsection (4), the registrar must publish the minutes of each board meeting on the college website.

(4) The registrar may edit minutes to be published on the college website under subsection (3) to remove information about any matter referred to in section 19(2) *[Openness of board meetings]*, if the reasons for removing that information are noted in the edited minutes.

## Quorum at board meetings

21 (1) Subject to subsections (2) and (3), a majority of the board members constitutes a quorum at a board meeting, as long as not less than one appointed board member is in attendance.

(2) For the purposes of considering or voting on a proposed special resolution, not less than three-quarters of the board members constitutes a quorum at a board meeting, as long as not less than one appointed board member is in attendance.

(3) For the purposes of conducting a review under section 154 *[Review of certified practice designation decisions]*, three board members constitute a quorum at a board meeting, provided that a majority of the board members in attendance are elected board members and not less than one-third of the board members in attendance are appointed board members.

### Voting at board meetings

22 (1) No resolution proposed at a board meeting need be seconded.

(2) The chair of a board meeting may move or propose a resolution.

(3) The chair of a board meeting is not required to vote, whether or not that vote would affect the outcome.

(4) In case of a tie vote, the chair of a board meeting does not have a second vote in addition to the vote they may cast as a board member, and the proposed resolution does not pass.

### Other board meeting procedures

23 The board may, by special resolution, adopt or establish additional policies, procedures or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of board meetings.

### Resolutions in writing

24 (1) If necessary to conduct urgent business or business for which excluding registrants or members of the public from a board meeting would be permitted under section 19(2) *[Openness of board meetings]*,

(a) a resolution approved by a majority of the board members in writing, including without limitation by mail, facsimile or e-mail, is valid and binding and of the same effect as if it were an ordinary resolution, and

(b) a resolution approved by not less than two-thirds of the board members in writing, including without limitation by mail, facsimile or e-mail, is valid and binding and of the same effect as if it were a special resolution.

(2) A report of any resolution approved under subsection (1) must be verified and made a part of the minutes of the next board meeting.

# PART 2 – COMMITTEES

### Committees established

25 The following committees are established:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee;

(e) the education program review committee;

(f) the professional practice and standards committee;

(g) *Repealed;*

(h) the finance and audit committee;

(i) the governance committee;

(j) the registrar oversight committee.

## Committee composition

**26** (1) Each of the following committees consists of not fewer than 15 members:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee;

(e) the professional practice and standards committee.

(2) For each committee specified in subsection (1),

(a) not fewer than 10 of the members must be registrants, of whom

(i) not fewer than two must be registrants in the class of practising LPN registrants or non-practising LPN registrants,

(ii) not fewer than two must be registrants in the class of practising RPN registrants or non-practising RPN registrants,

(iii) not fewer than two must be registrants in the class of practising RN registrants or non-practising RN registrants,

(iv) not fewer than two must be registrants in the class of practising NP registrants or non-practising NP registrants, and

(v) not fewer than two must be registrants in the class of practising midwife registrants or non-practising midwife registrants,

(b) not less than one-half of the members must be registrants in one or more of the classes referred to in paragraph (a), and

(c) not less than one-third of the members must be public representatives.

(3) Members of the professional practice and standards committee must be appointed as necessary to ensure that the requirement under section 31(8) *[Panels]* may be met.

(4) The education program review committee consists of not fewer than nine members, of whom not less than one-third must be public representatives.

(5) *Repealed.*

(6) The finance and audit committee consists of not fewer than three members, of whom

(a) not less than one must be an appointed board member, and

(b) not less than one must be an elected board member.

(7) The governance committee consists of not fewer than three members, of whom not less than one must be an appointed board member.

(8) The registrar oversight committee consists of three members, of whom

(a) not less than one must be the board chair or board vice-chair,

(b) not less than one must be an appointed board member, and

(c) not less than one must be an elected board member.

## Committee appointment and removal

27 (1) All members of a committee must be appointed by the board.

(2) Every member of a committee must be appointed for a term of office specified by the board not exceeding three years.

(3) A person may be appointed concurrently to more than one committee, if otherwise eligible to be a member of each committee to which the person is appointed.

(4) A person cannot be a member of the inquiry committee while the person

(a) is a member of the discipline committee, or

(b) continues to serve as a member of a panel of the discipline committee to complete work of the panel that began before the person ceased to hold office as a member of the discipline committee.

(5) A person cannot be a member of the discipline committee while the person

(a) is a board member or member of the inquiry committee, or

(b) continues to serve as a member of a panel of the inquiry committee to complete work of the panel that began before the person ceased to hold office as a member of the inquiry committee.

(6) Subject to subsections (7) and (9), the members and former members of a committee are eligible for reappointment to the committee at any time.

(7) For each committee, a person who

(a) completes six consecutive years of serving as a member of the committee, or

(b) ceases to hold office as a member of the committee under subsection (10)(a) or (b),

is not eligible to be reappointed to the committee until one year has elapsed since the date of the event referred to in paragraph (a) or (b).

(8) Time served in office as a member of the committee between the 2020 amalgamation date and January 31, 2021 must be excluded when calculating whether subsection (7)(a) applies in respect of a person.

(9) A registrant in the class of non-practising midwife registrants is not eligible to be appointed, or reappointed, to a committee specified in section 26 (1) *[Committee composition]* unless

(a) the registrant, at any time within the three-year period immediately preceding the date of such appointment or reappointment,

(i) was registered in

(A) the class of practising midwife registrants under these bylaws, or

(B) the general class of registrants under the former CMBC bylaws, or

(ii) held registration or licensure in another province of Canada as the equivalent of a practising midwife registrant, or

(b) the registrant holds registration or licensure in another province of Canada as the equivalent of a practising midwife registrant.

(10) A person ceases to hold office as a member of a committee if, before the expiry of their term of office as a member of the committee, the person

(a) resigns from office as a member of the committee under subsection (11),

(b) is removed from office as a member of the committee under subsection (12),

(c) dies,

(d) *Repealed*, or

(e) in the case of a member of the registrar oversight committee, ceases to be a board member.

(11) A person may resign from office as a member of a committee, a member of a panel of the committee, or both, at any time before the expiry of their term or terms of office, as applicable, by delivering a notice in writing to the registrar, and the resignation is effective

(a) on the effective date specified in the notice, unless withdrawn in writing by the person before that date, or

(b) if no effective date is specified, on receipt by the registrar of the notice.

(12) Subject to subsection (13), the board may, by ordinary resolution, remove a person from office as a member of a committee.

(13) The board may remove a person from office as a member of the discipline committee only if the board is satisfied that, in all the circumstances, such removal would not be unduly prejudicial to the interests of any person affected by a hearing under section 38 or 39.1(2)(c) of the Act that has commenced, or that has been completed and for which an order under section 39 of the Act has not yet been made.

(14) Despite subsections (1) to (12), a person who ceases to hold office as a member of a committee or, as applicable, a member of a panel of the committee, may continue to serve as a member of the committee and, and as applicable, a member of the panel to complete work of the committee or panel that began before the person ceased to hold office as a member of the committee or panel.

## Committee chairs and vice-chairs

28 (1) Each committee must have one chair of the committee and not less than one vice-chair of the committee, all of whom must be designated by the board from among the members of the committee.

(2) A person may be designated concurrently as chair or vice-chair of more than one committee, if otherwise eligible to hold each office in respect of which the person is designated.

(3) For each committee, the chair of the committee must

(a) preside at all meetings of the committee, and

(b) act generally in accordance with the requirements of the office of chair of the committee, for the proper exercise and performance of the powers and duties of the committee.

(4) If the chair of a committee is absent or unable to act, a vice-chair of the committee may exercise the powers and must perform the duties of the chair of the committee.

## Committee meetings

29 (1) For each of the following committees, a majority of the members of the committee constitutes a quorum at meetings of the committee as long as not less than one-third of the members of the committee in attendance are public representatives:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee.

(2) For each of the following committees, a majority of the members of the committee constitutes a quorum at meetings of the committee as long as not less than one of the members of the committee in attendance is a public representative:

(a) the education program review committee;

(b) the professional practice and standards committee;

(c) *Repealed*.

(d) the finance and audit committee;

(e) the governance committee.

(3) All members of the registrar oversight committee constitute a quorum at meetings of the committee.

(4) Subject to section 69 *[Confidentiality of QA activities and records]*,

(a) sections 16 *[How board may meet]*, 20(1) *[Minutes of board meetings]* and 22 *[Voting at board meetings]* apply to each committee as if the committee were the board, with any necessary changes, and

(b) the chair of a committee may exclude any person who is not a member of the committee from any meeting of the committee if the person's attendance at the meeting is disruptive or if the chair of the committee is satisfied that one or more of the matters set out in section 19(2)(a) to (n) *[Openness of board meetings]* will be discussed.

(5) If necessary to conduct urgent business or business for which a meeting of the committee would be held in private under subsection (4)(b), a resolution approved by a majority of the members of the committee in writing, including without limitation by mail, facsimile or e-mail, is valid and binding and of the same effect as if it were an ordinary resolution.

(6) For greater certainty, this section does not apply in respect of a pre-hearing conference under section 208 *[Pre-hearing conferences]*, a hearing under section 38 or 39.1(2)(c) of the Act, or any confidential deliberations in relation to such a pre-hearing conference or hearing.

## Committee annual reports

30 Each committee must submit annually to the board, in a form satisfactory to the board, a report of the committee's activities including without limitation the activities of its panels if any.

## Panels

31 (1) This section and sections 32 *[Panel chairs]* and 33 *[Panel meetings]* apply to the following committees only, as applicable:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee;

(e) the education program review committee;

(f) the professional practice and standards committee;

(g) *Repealed*.

(2) Subject to any relevant policies of general application established by the board and any applicable policies and procedures established by the committee under section 34(1) *[Powers and duties – all committees and panels]*, the chair of a committee may

(a) establish panels of the committee and may disestablish such panels, and

(b) issue terms of reference for each panel of the committee and may amend or rescind such terms of reference.

(3) Each panel of a committee must consist of not fewer than three members, all of whom must be appointed by the chair of the committee from among the members of the committee.

(4) For each of the following committees, not less than one-third of the members of a panel of the committee must be public representatives:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee.

(5) For each of the following committees, not less than one of the members of a panel of the committee must be a public representative:

(a) the education program review committee;

(b) the professional practice and standards committee;

(c) *Repealed*.

(6) A member of a committee may be appointed concurrently to more than one panel of the committee, if otherwise eligible to be a member of each panel of the committee to which the member of the committee is appointed.

(7) Despite subsection (2), the chair of the professional practice and standards committee must

(a) establish and maintain, under subsection (2)(a), a panel of that committee to be known as the Indigenous midwifery panel, and

(b) issue and maintain, under subsection (2)(b), terms of reference for the Indigenous midwifery panel as necessary to authorize and enable that panel to exercise any power or perform any duty of that committee

(i) under section 34(1) or (2) *[Powers and duties – all committees and panels]* in relation to the powers and duties referred to in subparagraph (ii), or

(ii) section 38(1)(d) *[Powers and duties – professional practice and standards committee]*.

(8) Not fewer than three members of the Indigenous midwifery panel must be Indigenous persons.

(9) If a panel of one of the following committees is to consider an issue or make a decision in the course of exercising or performing a power or duty of the committee under the Act in respect of a

particular registrant, not less than one of the members of the panel must be a registrant in a class that is in the same registrant group as a class in which the particular registrant is registered:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee.

(10) If a panel of the professional practice and standards committee is to consider a matter that requires the profession-specific expertise of a registrant in a class in a particular registrant group, not less than one of the members of the panel must be a registrant in a class in the particular registrant group.

(11) In subsections (9) and (10), "**registrant group**" means, as the case may be, the group of classes established in

(a) section 90 *[Classes of LPN registrants]*,

(b) section 99 *[Classes of RPN registrants]*,

(c) section 109 *[Classes of RN registrants and LGN registrants]*,

(d) section 124 *[Classes of NP registrants]*, or

(e) section 134 *[Classes of midwife registrants]*;

## Panel chairs

**32** (1) Each panel of a committee must have one chair of the panel, who must be designated by the chair of the committee from among the members of the panel.

(2) For each committee, a member of the committee may be designated concurrently as chair or vice-chair of the committee and chair of a panel of the committee, or as chair of more than one panel of the committee, or a combination thereof, if otherwise eligible to hold each office in respect of which the member of the committee is designated.

(3) For each panel of a committee, the chair of the panel must

(a) preside at all meetings of the panel, and

(b) act generally in accordance with the requirements of the office of chair of the panel, for the proper exercise and performance of the powers and duties of the panel.

## Panel meetings

33 (1) If a panel of a committee consists of three members, all members of the panel constitute a quorum at meetings of the panel.

(2) If a panel of one of the following committees consists of more than three members, a majority of the members of the panel constitutes a quorum at meetings of the panel as long as not less than one-third of the members of the panel in attendance are public representatives:

(a) the registration committee;

(b) the inquiry committee;

(c) the discipline committee;

(d) the quality assurance committee.

(3) If a panel of one of the following committees consists of more than three members, a majority of the members of the panel constitutes a quorum at meetings of the panel as long as not less than one of the members of the panel in attendance is a public representative:

(a) the education program review committee;

(b) the professional practice and standards committee;

(c) *Repealed*.

(4) Section 29(5) and (6) *[Committee meetings]* applies to each panel of a committee as if the panel were the committee, with any necessary changes.

(5) For greater certainty, this section does not apply in respect of a pre-hearing conference under section 208 *[Pre-hearing conferences]*, a hearing under section 38 or 39.1(2)(c) of the Act, or any confidential deliberations in relation to such a pre-hearing conference or hearing.

## Powers and duties – all committees and panels

34 (1) Subject to the Act, this Part and any relevant policies of general application established by the board, each committee may establish policies to govern the activities of, and procedures to be followed by, the committee and may amend such policies and procedures.

(2) Subject to section 69 *[Confidentiality of QA activities and records]*, each committee may consult as it considers necessary or appropriate with registrants or other persons who have expertise relevant to a particular aspect of practice or any other matter considered by the committee.

(3) Subject to any applicable policies and procedures established by the committee under subsection (1) and any terms of reference issued by the chair of the committee under section 31(1)(b) *[Panels]*, a panel of a committee may exercise any power and perform any duty of the committee under the Act.

## Powers and duties – registration committee

35 (1) In addition to its powers and duties set out in the Act and Part 5 *[Registration]*, the registration committee must approve as it considers necessary or appropriate, the examinations that may be required to be taken under section 20(4.3)(b) of the Act or Part 5 *[Registration]*.

(2) The registration committee, when exercising its powers or performing its duties under section 20(4.3) of the Act in respect of a specific individual, may

(a) grant registration in a class of provisional registrants for a limited period specified for the registrant by the registration committee,

(b) require the registrant to complete, within the period specified under paragraph (a), any examinations or upgrading of knowledge, skills or abilities the registration committee considers necessary for the registrant, and

(c) impose limits or conditions on the practice of the designated health profession by the registrant, including without limitation conditions respecting the level of supervision required.

## Powers and duties – quality assurance committee

36 (1) In addition to its powers and duties set out in the Act, the quality assurance committee

(a) must administer and maintain the college's continuing competence and quality assurance program in accordance with this Division and Part 6 *[Quality Assurance and Professional Responsibilities]*,

(b) may recommend new or revised continuing competency and quality assurance program requirements to the board,

(c) may, in respect of RPN registrants, RN registrants, NP registrants and midwife registrants,

(i) monitor and review the prescribing of selected drugs or drug classes,

(ii) identify concerns, trends or issues related to selected drug or drug class prescribing practices, and

(iii) provide information on selected drug or drug class prescribing practices to

(A) the professional practice and standards committee for consideration in the development of standards of practice and standards of professional ethics for the practice of psychiatric nursing by RPN registrants, the practice of nursing by RN registrants or NP registrants, or the practice of midwifery by midwife registrants,

(B) the registrar for the purpose of commencing or conducting audits under section 156(1) *[Verification of QA activities]*, or

(C) all, or selected groups of, RPN registrants, RN registrants, NP registrants and midwife registrants, for the purpose of promoting safe client care and high practice standards in relation to the prescribing of drugs, and

(d) may establish remedial procedures to assist midwife registrants in identifying and correcting deficiencies in their clinical abilities or places of practice.

(2) In this section, **"RPN registrants"** means registrants in classes established in section 99(1) *[Classes of RPN registrants]*, **"RN registrants"** means registrants in classes established in section 109(1) *[Classes of RN registrants and LGN registrants]*, **"NP registrants"** means registrants in classes established in section 124(1) *[Classes of NP registrants]*, and **"midwife registrants"** means registrants in classes established in section 134(1) *[Classes of midwife registrants]*.

## Powers and duties – education program review committee

37 The education program review committee, subject to any directions given by the board, must do the following in accordance with this Division:

(a) conduct reviews of education programs that are not yet recognized by the college for the purpose of registration or certified practice designation, in accordance with any applicable policies established by the board respecting such reviews;

(b) conduct reviews of education programs that are recognized by the college for the purpose of registration or certified practice designation, as the committee considers necessary or appropriate but in accordance with any applicable policies established by the board respecting such reviews;

(c) report to the board and make recommendations respecting

(i) education programs that are not yet, or are, recognized by the college for the purpose of registration or certified practice designation,

(ii) any terms and conditions of such recognition that the committee considers necessary or appropriate, including without limitation the length of time for which recognition or preliminary recognition, or any extension thereof, should be granted, and

(iii) any corresponding amendments to Schedules B, C, D, E or F of these bylaws;

(d) review and recommend to the board policies, or changes thereto, respecting the review and recognition by the college of education programs, as the committee considers necessary or appropriate,

(e) review the criteria, policies and procedures pertaining to certification programs for the performance of activities described in section 6(2) of the Midwives Regulation, B.C. Reg. 281/2008, and the competencies required for certification, and make recommendations to the board for approval, and

(f) review certification programs for the performance of activities described in section 6(2) of the Midwives Regulation B.C. Reg. 281/2008, in accordance with applicable criteria or policies established by the board and make recommendations to the board for approval.

## Powers and duties – professional practice and standards committee

38 (1) The professional practice and standards committee, subject to any directions given by the board, and in accordance with this Division,

(a) may review the standards of practice or standards of professional ethics for one or more of the designated health professions and may recommend, for the approval of the board, any changes thereto that the committee considers necessary or appropriate,

(b) must review and recommend to the board standards of practice and standards of professional ethics for the practice of the designated health profession of nursing by NP registrants in accordance with section 9(3) of the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008, and

(c) may, as necessary or appropriate, review and recommend to the board additional standards of practice or standards of professional ethics for the practice of nursing by NP registrants under any enactment of British Columbia or Canada,

(d) may make presentations or recommendations to the board respecting the regulation of Indigenous midwifery including, without limitation, presentations or recommendations on

(i) the establishment of one or more classes of Indigenous midwives, and the associated registration requirements and requirements for recognition of Indigenous midwifery education programs,

(ii) the standards of practice, standards of professional ethics, continuing competency and quality assurance requirements, or inquiry and discipline policies and procedures, that are or should be applicable to registrants who are Indigenous persons or who practise Indigenous midwifery,

(iii) goals, objectives and processes for consultation or relationship development with Indigenous peoples or Indigenous organizations, or

(iv) other measures the college could or should take to better align its regulation of Indigenous midwives and Indigenous midwifery with the purposes of the *Declaration on the Rights of Indigenous Peoples Act*, S.B.C. 2019, c. 44, as set out in section 2 of that Act,

(e) is responsible for advising the board or registrar, as and when requested by the board or registrar, on the development and administration of the college's client relations program in accordance with section 165 *[Client relations program]*, and

(f) is responsible for

(i) reviewing and recommending to the board the drugs and substances that midwife registrants may prescribe, order, compound, dispense or administer consistent with the midwife registrant's scope of practice and Schedules A and B of the Midwives Regulation B.C. Reg. 281/2008,

(ii) reviewing and recommending to the board the standards of practice for midwife registrants' prescribing, ordering, compounding, dispensing or administering drugs,

(iii) reviewing and recommending to the board the screening and diagnostic tests that midwife registrants may order or interpret, and

(iv) reviewing and recommending to the board the standards of practice for midwife registrants' ordering or interpreting screening and diagnostic tests.

(2) In this section, **"NP registrants"** means registrants in classes established in section 124(1) *[Classes of NP registrants]*, and **"midwife registrants"** means registrants in classes established in section 135(1) *[Classes of midwife registrants]*.

## Powers and duties – nurse practitioner examination committee

39 *Repealed*.

## Powers and duties – finance and audit committee

40 The finance and audit committee must

(a) advise the board on the needs of the college in regard to financial administration and the financial implications of board decisions,

(b) advise the board on the application of legislative, regulatory and other financial requirements to the college,

(c) recommend, for the approval of the board, financial policies essential to the financial administration of the college,

(d) advise the board on financial risk management and audit issues related to the administration of the college,

(e) review and report to the board on any financial administration, financial risk management or audit matter referred to it by the board, and

(f) serve as a resource to the board in matters pertaining to college financial administration, financial risk management and audit.

## Powers and duties – governance committee

**41** The governance committee must

(a) subject to any applicable directions given by the board,

(i) review and recommend to the board the competencies expected of persons who wish to be

(A) elected to the board,

(B) elected as board chair or board vice-chair, or

(C) appointed to each committee or designated as the chair or a vice-chair of each committee or its panels, as applicable,

(ii) oversee and report to the board on board, board member, committee and committee member evaluations,

(iii) oversee and report to the board on board member orientation and education,

(iv) ensure that board policies are reviewed, and appropriate revisions recommended to the board regularly and as required,

(v) review and report to the board on any college governance matter referred to it by the board, and

(vi) serve as a resource to the board in matters pertaining to college governance,

(b) for each board election, and having regard to the board-approved competencies expected of persons who wish to be elected to the board,

(i) identify the competencies needed in prospective candidates in the board election and, in collaboration with the registrar, ensure information about those needed competencies is disseminated to registrants during the board election process,

(ii) use reasonable efforts to identify and recruit prospective candidates who have the needed competencies and to obtain not less than one qualified nominee for each elected board member office to be filled in the board election,

(iii) review all nominations received under section 6 *[Nomination procedure]*,

(iv) determine whether nominations received under section 6 *[Nomination procedure]* comply with all applicable eligibility requirements under section 3 *[Eligibility for election to the board]*, and

(v) present to the board chair and the registrar a ticket of qualified nominees, and

(c) for each committee, and having regard to the board-approved competencies expected of persons who wish to be appointed as members of each committee,

(i) in consultation with each other committee as the governance committee considers necessary or appropriate, identify the competencies needed from time to time in prospective candidates for membership of each committee and, in collaboration with the registrar, ensure information about those needed competencies is disseminated to registrants, non-registrants and the public during committee membership recruitment processes,

(ii) use reasonable efforts to identify and recruit prospective candidates for membership on each committee who have the needed competencies,

(iii) determine whether expressions of interest received comply with all applicable eligibility requirements under these bylaws, and

(iv) to the extent the governance committee determines is possible, recommend to the board and registrar at least one candidate for each committee member office to be filled from time to time.

## Powers and duties – registrar oversight committee

42 The registrar oversight committee, subject to any directions given by the board, must

(a) oversee, facilitate and report to the board on registrar and CEO performance reviews,

(b) oversee, facilitate and report to the board on registrar and CEO compensation reviews,

(c) consider and make recommendations to the board on emergency and long-term registrar and CEO succession planning,

(d) review and report to the board on any registrar and CEO performance and oversight matter referred to it by the board, and

(e) serve as a resource to the board in matters pertaining to registrar and CEO performance and oversight.

## Powers and duties in progress on amalgamation

43 (1) In this section, **"committee"** and **"officer"** have the same meanings as in Part 2.01 of the Act.

(2) For the purposes of section 25.06(4) of the Act, the following officers and committees are authorized to continue to exercise a power or to perform a duty that the officer or committee began to exercise or to perform, but did not complete, before the 2020 amalgamation date:

(a) the registration committee for CLPNBC;

(b) the registration committee for CRPNBC;

(c) the registration committee for CLPNBC;

(d) the registration committee for BCCNP;

(e) the registration committee for CMBC;

(f) an inspector for CLPNBC;

(g) an inspector for CRPNBC;

(h) an inspector for CRNBC;

(i) an inspector for BCCNP;

(j) an inspector for CMBC;

(k) the inquiry committee for CLPNBC;

(l) the inquiry committee for CRPNBC;

(m) the inquiry committee for CRNBC;

(n) the inquiry committee for BCCNP;

(o) the inquiry committee for CMBC;

(p) the discipline committee for CLPNBC;

(q) the discipline committee for CRPNBC;

(r) the discipline committee for CRNBC;

(s) the discipline committee for BCCNP;

(t) the discipline committee for CMBC;

(u) an assessor appointed under section 26.1 of the Act for CLPNBC;

(v) an assessor appointed under section 26.1 of the Act for CRPNBC;

(w) an assessor appointed under section 26.1 of the Act for CRNBC;

(x) an assessor appointed under section 26.1 of the Act for CMBC;

(y) the quality assurance committee for CLPNBC;

(z) the quality assurance committee for CRPNBC;

(aa) the quality assurance committee for CRNBC;

(ab) the quality assurance committee for BCCNP;

(ac) the quality assurance committee for CMBC.

(3) The exercise of a power or performance of a duty by a committee referred to in subsection (2)(a) to (e) is subject to any limits or conditions imposed or directions given, by the registration committee for the college established under section 25(a) *[Committees established]* or a panel of that committee, for the purpose of facilitating completion of the exercise of the power or performance of the duty on or after the amalgamation date.

(4) The exercise of a power or performance of a duty by an officer or committee referred to in subsection (2)(f) to (o) is subject to any limits or conditions imposed or directions given, by the inquiry committee for the college established under section 25(b) *[Committees established]* or a panel of that committee, for the purpose of facilitating completion of the exercise of the power or performance of the duty after the amalgamation date.

(5) The exercise of a power or performance of a duty by an officer or committee referred to in subsection (2)(u) to (ac) is subject to any limits or conditions imposed or directions given, by the quality assurance committee for the college established under section 25(d) *[Committees established]* or a panel of that committee, for the purpose of facilitating completion of the exercise of the power or performance of the duty on or after the amalgamation date.

# PART 3 – COLLEGE ADMINISTRATION

## Registrar and chief executive officer

**44** (1) In addition to the registrar's powers and duties under the Act, the registrar is the chief executive officer of the college and holds final responsibility for all administrative and operational matters for the college.

(2) The registrar is authorized to establish, by bylaw, forms for the purposes of these bylaws, and to require the use of such forms by registrants.

(3) The registrar may designate an officer, employee or agent of the college to exercise any power or perform any duty of the registrar assigned by the registrar.

(4) An officer, employee or agent of the college referred to in subsection (3) has the same authority as the registrar when the officer, employee or agent is acting on behalf of the registrar.

(5) For the purposes of section 98 *[Temporary LPN (emergency) registration]*, section 107 *[Temporary RPN (emergency) registration]*, section 122 *[Temporary RN (emergency) registration]*, section 132 *[Temporary NP (emergency) registration]* and section 142 *[Temporary midwife (emergency) registration]*, the registrar may do any of the following:

(a) declare an emergency situation;

(b) set the period for which such declaration is to be in effect;

(c) extend the effective period of the declaration any number of times;

(d) rescind the declaration at any time.

## Deputy registrars

**45** A deputy registrar

(a) is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and

(b) is authorized to perform all duties and exercise all powers of the registrar, if the registrar is absent or unable to act for any reason.

## Fiscal year

**46** The fiscal year of the college ends on December 31 in each year.

## Budgets and commitments

**47** The board must do the following, no less frequently than once for each fiscal year:

(a) approve an operating budget and a capital budget for the college for the fiscal year;

(b) set any limits or conditions the board considers necessary or appropriate on the registrar's authority to make financial commitments on behalf of the college during the fiscal year.

## Board and committee member compensation

**48** (1) All board members and all members of committees are equally entitled to be

(a) remunerated for time spent on business of the college, in the amount approved by the board, and

(b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

## Collection of funds as agent

**49** (1) In this section, **"association"** means a health profession association defined in section 1 of the Act or similar organization, whose members are registrants or persons registered or licensed for the practice of practical nursing, psychiatric nursing or nursing in another province of Canada.

(2) In each fiscal year, the college may collect from registrants an amount equivalent to the annual fees of an association, whether or not the registrant is a member of the association, provided that the board and the association execute a written agreement to this effect.

(3) Funds received by the registrar under subsection (2) are collected by the college as agent for the association and are held by the college on trust for the association.

(4) This section is repealed on January 1, 2022.

## Borrowing powers

**50** The board may raise money or guarantee or secure the payment of money in the name of the college, in any manner determined by the board, in order to carry out the purposes of the college.

## Administrative fees

**51** In addition to the fees required elsewhere in these bylaws and specified in Schedule G, a person must in any other circumstance specified in Schedule G pay the corresponding specified administrative fee.

## Advance payment of renewal fees

**52** The registrar may allow registrants in the following classes to pay in advance installments any applicable fees required for renewal of registration or renewal of a certified practice designation:

(a) practising LPN registrants;

(b) provisional LPN registrants;

(b.1) multijurisdictional LPN registrants;

(c) practising RPN registrants;

(d) provisional RPN registrants;

(d.1) multijurisdictional RPN registrants;

(e) employed student psychiatric nurse registrants;

(f) practising RN registrants;

(g) provisional RN registrants;

(g.1) multijurisdictional RN registrants;

(h) practising LGN registrants;

(i) provisional LGN registrants;

(j) employed student nurse registrants;

(k) practising NP registrants;

(l) provisional NP registrants;

(m) practising midwife registrants;

(n) provisional midwife registrants;

(o) student midwife registrants.

## Investments

53 The board may invest funds of the college in accordance with the board's investment policy, which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

## Auditor

54 (1) The board must appoint a chartered professional accountant to be the auditor for the college.

(2) For each fiscal year, an annual audit of the college's financial statements must be conducted by the auditor appointed under subsection (1).

(3) The registrar must submit the college's financial statements to the auditor not later than 60 days after the end of each fiscal year.

(4) A copy of the auditor's report must be included in the college's annual report under section 18(2) of the Act.

## Legal counsel

55 The registrar, the board, or a committee or panel of a committee, may retain legal counsel for the purposes of advising the college, committee or panel on any matter or assisting the board, committee, panel, registrar, or any officer, employee or agent of the college, in exercising any power or performing any duty under the Act.

## General meetings

56 (1) All general meetings must be held in British Columbia at a time and place determined by the board.

(2) Every general meeting, other than an annual general meeting, is a special general meeting.

(3) The first annual general meeting must be held in 2021, and thereafter an annual general meeting must be held once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

(3.1) Despite subsection (3), no annual general meeting will be held in 2025.

(4) The following matters must be considered at an annual general meeting:

(a) the financial statements of the college;

(b) the report of the board;

(c) the auditor's report.

(5) The board may, by special resolution, call a special general meeting.

## Notice of general meetings

57 (1) The board must

(a) deliver notice of a general meeting to registrants referred to in section 4 *[Eligibility to vote in elections]* and every board member and committee member, not fewer than 60 days before the date of the general meeting, and

(b) provide reasonable notice of the general meeting to the public.

(2) Notice of a general meeting must include

(a) the date, time and place of the general meeting,

(b) the general nature of the business to be considered at the general meeting,

(c) any resolutions proposed by the board for consideration at the general meeting, and

(d) any resolutions proposed by registrants under section 58 *[Resolutions proposed by registrants]* and delivered to the registrar before the notice of the general meeting is issued.

(3) At the discretion of the board, notice of a general meeting may specify that registrants, board members and committee members will be permitted to attend the general meeting by video, teleconference, web casting, or an equivalent medium, in accordance with instructions specified in the notice.

(4) Notice of a general meeting may be delivered to registrants under subsection (1)(a) by

(a) transmitting notice of the general meeting to every registrant referred to in section 4 *[Eligibility to vote in elections]* at the email address provided to the college by the registrant under section 79(2)(q) *[General conditions and requirements]* or section 135(2)(n ) *[General conditions and requirements for midwife registrants]*, and

(b) posting a notice on the college website.

(5) Notice of a general meeting may be provided to the public under subsection (1)(b) by posting a notice on the college website.

(6) The unintentional omission to deliver notice of a general meeting or resolution to, or the non-receipt of such a notice or resolution by, any person entitled to receive such notice or resolution does not invalidate proceedings at that general meeting.

## Resolutions proposed by registrants

58 (1) Any 10 registrants referred to in section 4 *[Eligibility to vote in elections]* may deliver a written notice to the registrar not fewer than 30 days before the date of a general meeting requesting the consideration of a resolution at the general meeting.

(2) On receipt of a notice specified in subsection (1) and not fewer than 14 days before the date of the general meeting, the registrar must deliver a notice and a copy of the resolution to registrants referred to in section 4 *[Eligibility to vote in elections]*.

(3) Notice of a resolution may be delivered to registrants under subsection (2) by

(a) transmitting notice of the resolution to every registrant referred to in section 4 *[Eligibility to vote in elections]* at the email address provided to the college by the registrant under section 79(2)(q) *[General conditions and requirements]* or section 135(2)(n ) *[General conditions and requirements for midwife registrants]*, and

(b) posting a notice on the college website.

## Proceedings at general meetings

59 (1) Any 45 registrants referred to in section 4 *[Eligibility to vote in elections]* attending in person or in accordance with subsection (2) constitute a quorum at a general meeting.

(2) If the notice of a general meeting specifies that registrants may attend the general meeting by video, teleconference, web casting, or an equivalent medium, registrants referred to in section 4 *[Eligibility to vote in elections]* may attend and participate in the general meeting by such medium, in accordance with the instructions specified in the notice, and any registrants so attending must be included in calculating whether there is a quorum in attendance.

(3) No business, other than the adjournment or termination of the general meeting, may be conducted at a general meeting at a time when a quorum is not in attendance.

(4) If at any time during a general meeting there ceases to be a quorum in attendance, business then in progress must be suspended until there is a quorum in attendance.

(5) If a quorum is not in attendance within 30 minutes from the time appointed for the commencement of a general meeting or from any time during a general meeting when there ceases to be a quorum in attendance, the general meeting must be adjourned.

(6) In the absence of both the board chair and the board vice-chair, an acting chair for a general meeting must be elected from among the board members attending in person, by a majority vote of the registrants referred to in section 4 *[Eligibility to vote in elections]* and board members in attendance.

(7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned general meeting other than the business left unfinished at the general meeting from which the adjournment took place.

(8) When a general meeting is adjourned in accordance with subsection (5) or by motion, notice of the rescheduled general meeting must be delivered in the same manner as notice of the original general meeting was delivered.

(9) Each registrant referred to in section 4 *[Eligibility to vote in election]* in attendance at a general meeting is entitled to cast one vote on every resolution considered at the meeting.

(10) In case of a tie vote, the proposed resolution does not pass.

(11) The board may, by special resolution, adopt or establish additional policies, procedures or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of general meetings.

(12) A resolution considered at a general meeting, whether passed or defeated, does not and must not purport to

(a) invalidate any prior act of the board, any committee of the college, the registrar or any officer, employee or agent of the college, or

(b) bind the board, any committee of the college, the registrar or any officer, employee or agent of the college in the exercise of its or their powers or in the performance of its or their duties under the Act or any other enactment.

### Notice to public representatives

60 Every notice or mailing provided to registrants generally, except a notice or mailing relating solely to renewal of registration under Part 5 *[Registration]*, must also be provided to each public representative serving on the board or a committee.

# PART 4 – COLLEGE RECORDS

### Administration of *FIPPA*

61 (1) The registrar is the "head" of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.

(2) The registrar may authorize a deputy registrar or another officer, employee, agent or contractor of the college to exercise any power or perform any duty of the registrar under the *Freedom of Information and Protection of Privacy Act*.

(3) The board must ensure that the registrar performs the registrar's duties under the *Freedom of Information and Protection of Privacy Act*.

(4) The registrar must report annually to the board regarding the steps that the registrar has taken to perform the registrar's duties under the *Freedom of Information and Protection of Privacy Act*.

### Access request fees

62 Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the applicable fees set out in the "Schedule of Maximum Fees" established in the Freedom of Information and Protection of Privacy Regulation, B.C. Reg. 155/2012.

### Protection of personal information

63 (1) The registrar must take reasonable measures to ensure that the collection, use, and disclosure of personal information by the college complies with the *Freedom of Information and Protection of Privacy Act*.

(2) The registrar must take reasonable measures to ensure that, if personal information is sent to any person or service provider for processing, storage or destruction, a contract is made with that person or service provider which includes an undertaking by the person or service provider that the confidentiality of that personal information will be maintained.

## Disposal of records containing personal information

64 The registrar must ensure that a college record containing personal information is disposed of only by

(a) effectively destroying a physical record by utilizing a shredder or by complete burning,

(b) erasing information recorded or stored by any electronic method including without limitation on tapes, cassettes, floppy or hard disk drives, USB flash drives, optical discs, or equipment that includes an electronic system in which data is maintained, managed and backed up remotely and made available to users over a network, in a manner that ensures that the information cannot be reconstructed,

(c) transferring the record to the person to whom the information pertains, or

(d) transferring the record to the registrant who compiled the information.

## Additional information required in public register

65 (1) For every person granted registration under the Act, the following information must be entered and maintained on the public register for the purpose of section 21(2)(f) of the Act:

(a) a statement that the person is or is not authorized to practise as a nurse or midwife in British Columbia, as the case may be;

(a.1) if the person is a registrant in one or more of the classes of multijurisdictional LPN registrants, multijurisdictional RPN registrants or multijurisdictional RN registrants, a notation specifying

(i) each other province of Canada in which the person is registered or licensed as the equivalent of a practising LPN registrant, practising RPN registrant or practising RN registrant,

(ii) each governing body with or by which the person is registered or licensed as described in subparagraph (i), and

(iii) the name or description of the class or type of registration or licensure held by the person with each governing body referred to in subparagraph (ii);

(b) if the person is a registrant and the person's business address and business telephone number are that of an employer of the person, the name of the employer;

(c) effective on and after the date specified by ordinary resolution of the board for the purpose of this paragraph, a unique identification number assigned to the person by the college;

(d) the date on which the person was first granted registration, regardless of whether it occurred before, on or after the amalgamation date;

(e) a notation of each certified practice designation granted or cancelled under section 151 *[Certified practice designations]*, section 289 of the former BCCNP bylaws or section 4.18 of the former CRNBC bylaws, and the periods for which it is or was valid;

(f) if the person is a registrant in the class of practising NP registrants or provisional NP registrants, a notation of the person's NP category, which must be stated as being family, adult or pediatric, as applicable;

(f.1) if the person is a registrant in the class of practising RPN registrants, multijurisdictional RPN registrants, practising RN registrants, multijurisdictional RN registrants, practising NP registrants or provisional NP registrants, a notation indicating whether or not the person is

(i) assigned a Medical Services Plan practitioner number and is authorized to independently make referrals for medical or diagnostic services in accordance with the applicable standards of practice for nursing or psychiatric nursing, and

(ii) authorized to independently prescribe drugs specified in Schedule I or IA of the Drug Schedules Regulation, B.C.Reg.9/98,

(A) in the case of a practising RPN registrant or multijurisdictional RPN registrant, as contemplated by section 7.1(1)(b)(i) of the Nurses (Registered Psychiatric) Regulation, B.C. Reg. 227/2015,

(B) in the case of a practising RN registrant or multijurisdictional RN registrant, as contemplated by section 8(1) (a.1) (i) and (a.2)(i) of the Nurses (Registered) and Nurse Practitioners Regulation, B.C.Reg. 284/2008, or

(C) in the case of a practising NP registrant or provisional NP registrant, as contemplated by section 9(1)(g) of the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008;

(g) if the person is a registrant in the class of practising midwife registrants or provisional midwife registrants, a notation of each hospital for which the person holds a valid permit, issued by the hospital's board, to practice in the hospital;

(g.1) if the person is a registrant in the class of provisional NP registrants and

(i) is granted such registration under section 129 *[Provisional NP registration]* through meeting the requirements established in section 129(1.1) *[Provisional NP registration],*

(ii) was granted such registration under section 275(1) of the former BCCNP bylaws through meeting the requirements established in section 275(1)(b) of those former bylaws, or

(iii) was granted such registration under section 4.11(4) of the former CRNBC bylaws through meeting the requirements established in section 4.11(4)(b)(ii) of those former bylaws,

a notation indicating that the registrant is a provisional neonatal NP;

(h) if the person is a registrant, the start date and expiry date of the person's registration in each class in which the person is registered, including registration that is effective on a future start date;

(i) if the person is a registrant, any limit or condition on, or suspension of, the registrant's practice of a designated health profession resulting from an undertaking described in section 72(2)(d) *[Disclosure of complaints and investigations]*;

(j) a notation of any unresolved citation under section 37 of the Act that names the person as a respondent, and information about the matter that is included in a notice under section 73 *[Disclosure of citations]*;

(k) a notation of any review or appeal underway under section 20(4.1), 33(3), 35(5) or 40 of the Act respecting the person, until the final disposition of the matter.

(1.1) On January 1, 2025, subsection (1)(g.1) and this subsection are repealed.

## Retention of board records

66 (1) The minutes of each board meeting, along with all supporting records submitted to the board for each board meeting, must be retained permanently in the college records.

(2) A copy of each annual report under section 18(2) of the Act must be retained permanently in the college records.

## Retention of inquiry and discipline records

67 (1) Except as otherwise required by law, all records related to the activities of inspectors, the inquiry committee and its panels, or persons acting on behalf of the inquiry committee or its panels, must be retained in the college records for not fewer than 16 years following

(a) the date an investigation is concluded, or

(b) the date the complainant or other materially affected third party in the matter, if any, reaches 19 years of age,

whichever is later.

(2) Except as otherwise required by law, all records related to the activities of the discipline committee and its panels, or persons acting on behalf of the discipline committee or its panels, must be retained in the college records for not fewer than 16 years following

(a) the date a decision is rendered, or

(b) the date the complainant or other materially affected third party in the matter, if any, reaches 19 years of age,

whichever is later.

(3) Despite subsections (1) and (2), all records documenting decisions and reasons for decision of the inquiry committee, the discipline committee and panels of each of those committees, including without limitation the minutes of meetings of those committees and panels, must be retained permanently in the college records.

## Availability of annual report

68 The registrar must make each annual report under section 18(2) of the Act available electronically and free of charge on the college website and must notify registrants when each annual report becomes available.

## Confidentiality of QA activities and records

69 (1) Subject to sections 26.2 and 53 of the Act and section 36(1)(b)(iii)(B) *[Powers and duties – quality assurance committee]*,

(a) the quality assurance committee or a panel of that committee must meet in private,

(b) the activities of the quality assurance committee and its panels, and assessors appointed by, or persons acting on behalf of, the committee or panels, and all records of such activities, must be maintained in confidence,

(c) the quality assurance committee or a panel of that committee, or an assessor appointed by, or a person acting on behalf of, the committee or panel must not disclose or provide to another committee or person any record of, or information about, the activities referred to in paragraph (b), and

(d) the college must maintain the confidentiality of information obtained through the continuing competence and quality assurance program, and may only use that information for the purposes of the continuing competence and quality assurance program including without limitation the following purposes:

(i) monitoring registrant compliance with the continuing competence and quality assurance program requirements;

(ii) evaluating the effectiveness and efficiency of the continuing competence and quality assurance program;

(iii) conducting activities described in section 36(1)(b) *[Powers and duties – quality assurance committee]*.

(2) For greater certainty, and subject to sections 26.2 and 53 of the Act, nothing in subsection (1) prevents

(a) the quality assurance committee and its panels, and assessors appointed by, or persons acting on behalf of, the committee or panels, from acting in accordance with section 34(2) *[Powers and duties – all committees and panels]* or section 36(1)(b)(iii)(A) or (C) *[Powers and duties – quality assurance committee]*, provided that they do so without disclosing the names or personal health information of registrants or clients, or their families, or information which might otherwise enable the identity of registrants or clients, or their families, to be established, except with the consent of the person affected,

(b) the quality assurance committee and its panels, and assessors appointed by, or persons acting on behalf of, the committee or panels, from disclosing to the registration committee information about a registrant and the registrant's compliance with the requirements of Part 6 *[Quality Assurance and Professional Responsibilities]* that are applicable to renewal or reinstatement of the registrant's registration, but only to the extent necessary to enable the registration committee to exercise its powers or perform its duties under Part 5 *[Registration]*, or

(c) the college from acting in accordance with section 70 *[Disclosure of aggregate QA information]*.

## Disclosure of aggregate QA information

70 The college may compile, use, and disclose to the Ministry of Health, health care employers, registrants, other interested stakeholders or the public aggregate information or data obtained through the college's continuing competence and quality assurance programs relating to registrants' learning needs, strengths, drug prescribing practices and perceptions of their practice environment, provided that such aggregate information or data does not include personally identifiable information concerning any particular registrant, client or other identifiable individual.

## Disclosure of registration status and contact information

71 (1) If the college receives an inquiry about the registration status of a person, the registrar must disclose

(a) whether or not the person is a registrant or a former registrant, and

(b) any other information respecting the person that is set out in the public register as of the date the inquiry is made, if the person is a registrant or a former registrant, unless access to that information is refused under section 22(2) of the Act.

(3) The registrar may disclose, to a corporation or other entity that provides professional liability protection or insurance coverage against liability for negligence in the provision of nursing services, practical nursing services or psychiatric nursing services, any of the following information to enable a person who is a registrant or former registrant to be contacted by the corporation or entity:

(a) any information that would be disclosed under subsection (1) if an inquiry were made about the registration status of the person;

(b) any former names of the person and any names by which the person was previously known, as recorded in the college records;

(c) any unique identification numbers assigned to the person, as recorded in the college records;

(d) the most recent telephone number or fax number for the person that is recorded in the college records, if different from the person's business telephone number;

(e) the most recent physical address or mailing address for the person that is recorded in the college records, if different from the person's business address;

(f) the most recent email address for the person that is recorded in the college records for the purpose of receiving communications from the college.

(3) Subject to section 39.3 of the Act, the registrar must not release the names of complainants, clients, or their families, or information which might otherwise enable a person inquiring about the registration status of a person to establish the identity of complainants, clients, or their families, except with the consent of the person affected.

## Disclosure of complaints and investigations

72 (1) This section applies to information and records that form part of the assessment or investigation of

(a) a complaint under section 32 of the Act,

(b) a report under section 32.2 to 32.4 of the Act, or

(c) a matter under section 33(2) or (4) of the Act.

(2) The registrar may do any of the following in respect of information or a record to which this section applies:

(a) disclose the information or record to any person or body or the public, with the consent of the registrant or former registrant who is the subject of the complaint, report or matter;

(b) disclose the information or record to

(i) another college under the Act, or

(ii) any other body, in British Columbia, another province or a foreign jurisdiction, that regulates a health profession in British Columbia or that other province or foreign jurisdiction;

(c) if the complaint, report or matter has become known to the public, disclose to any person or the public

(i) the existence of the assessment or investigation,

(ii) a brief, summary description of the nature of the complaint, report or matter,

(iii) the status of the complaint, report or matter, including, if it is closed, the general basis on which it was closed, and

(iv) any additional information necessary to correct material inaccuracies in information that has become known to the public;

(d) if a registrant has given to the registrar or inquiry committee an undertaking by which the registrant agrees to a limit or condition on, or a suspension of, the registrant's practice of a designated health profession during an assessment or investigation or pending a hearing of the discipline committee, disclose to any person or the public the fact that the undertaking has been given and its effect on the registrant's practice.

(3) If the inquiry committee or the discipline committee, as the case may be, believes reasonably that information or a record to which this section applies might be evidence of an offence under the laws of any jurisdiction, the inquiry committee or the discipline committee may direct the registrar to disclose the information or record to an appropriate law enforcement agency.

(4) The registrar's disclosure of information or a record in accordance with a direction of the inquiry committee or discipline committee under subsection (3) is authorized as being in the public interest.

## Disclosure of citations

73 (1) If a citation has been issued in accordance with section 37(1) of the Act, the registrar must disclose in a notice to the public, not fewer than 14 days before the date of the hearing,

(a) the date the citation was issued,

(b) the name of the respondent,

(c) a brief, summary description of the nature of the complaint or other matter which is to be the subject of a hearing, and

(d) the date, time and place of the hearing.

(2) Information about the date, time, place and subject matter of a hearing must be provided to any person on request.

(3) Once a citation has been delivered to the respondent in accordance with section 37(2) of the Act, the registrar may disclose to the public the citation and its status including without limitation whether it has been cancelled or dismissed.

(4) Disclosure under subsection (1) or (3) may be made by means of posting on the college website.

(5) Despite subsections (1) to (4), the registrar must not disclose under this section the names or personal health information of complainants, clients or witnesses, or their families, or information which might otherwise enable the identity of complainants, clients or witnesses, or their families, to be established, except with the consent of the person affected.

## Disclosure of disciplinary actions

74 (1) In addition to any notification required under section 39.3 of the Act with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the Act, the registrar

(a) must notify

(i) all registrants, and

(ii) all bodies, in other provinces of Canada, that regulate the health professions corresponding to, respectively, practical nursing, psychiatric nursing and nursing in those other provinces, and

(iii) all bodies, in other provinces of Canada, that regulate the health profession corresponding to midwifery in those other provinces, and

(b) may notify

(i) any current or prospective employer, partner or associate, or granter of privileges, of or to the person respecting whom the action was taken, or

(ii) any other body, in British Columbia, another province or a foreign jurisdiction, that regulates a profession in British Columbia or that other province or foreign jurisdiction.

(2) Notification provided under subsection (1)(a)(i)

(a) must include all information included in the public notification under section 39.3 of the Act, and

(b) unless otherwise directed by the inquiry committee or the discipline committee, or a panel of one of those committees, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the Act.

(3) Unless otherwise directed by the inquiry committee or the discipline committee, or a panel of one of those committees, as the case may be, notification provided under subsection (1)(a)(ii) or (iii) or (b) may include information that is not releasable to the public under section 71 *[Disclosure of registration status and contact information]* or that has otherwise been withheld from the public notification under section 39.3(3) or (4) of the Act.

## Disclosure of education program information

75 If the registrar considers it necessary for the exercise of the powers or the performance of the duties of a minister, officer or employee of a ministry of the government of British Columbia in relation to the approval, certification, licensing, registration, recognition or regulation of, or consent for, education programs or post-secondary institutions offering education programs, the registrar may disclose to the minister, officer or employee any record or information that

(a) is or has been collected, created, developed or received by or for, or on behalf of,

(i) the college or the education program review committee in connection with or relevant to the exercise of the powers or the performance of the duties of that committee, or

(ii) the college or the board in connection with or relevant to a determination by the board of whether to recognize or extend the recognition of an education program under these bylaws, and

(b) relates to an identifiable education program or post-secondary institution, including without limitation any record or information prepared or provided by the program or institution in connection with the seeking of education program recognition or preliminary recognition, or any extension thereof, under these bylaws,

including without limitation any similar or equivalent record or information about the program or institution that was in the possession of or under the control of CLPNBC, CRNBC, CRPNBC, BCCNP or CMBC, or any of their respective committees or boards, arising from the education program recognition activities of any of those bodies before the 2018 amalgamation date or the 2020 amalgamation date, as the case may be.

## Disclosure of NP or midwife information to Health Canada

76 (1) In this section:

(a) **"conduct of an activity"**, **"Federal Minister"**, **"listed substance"**, **"midwife"** and **"nurse practitioner"** have the same meanings as in section 214 *[Health Canada notice requests]*;

(b) **"request to consult"** means an inquiry by the Federal Minister under section 79(5)(a) of the *Benzodiazepines and Other Targeted Substances Regulations* (Canada), section G.04.004.2(5)(a) of the *Food and Drug Regulations* (Canada) or section 59(5)(a) of the *Narcotic Control Regulations* (Canada).

(2) The registrar may disclose to the Federal Minister, in response to a request to consult, information or records relating to a nurse practitioner's or midwife's conduct of an activity with a listed substance.

# PART 5 – REGISTRATION

## Division 1 – General Matters

### Definition for Part

**77** In this Part, except in section 87(1), (6), (7) and (13), *[Examinations]*, **"registration committee"** has the same meaning as in section 20(6) of the Act.

### Applications

**78** (1) For the purpose of section 20(2)(a) of the Act, every person seeking registration, including reinstatement or renewal of registration, must deliver a registration application, or cause a registration application to be delivered, to the college in a manner specified by the registrar for the class in which the person is seeking registration.

(2) For each class, the registrar must specify at least one manner of delivery, and may specify one or more additional manners of delivery, for the purpose of subsection (1) and may modify the manner or manners of delivery from time to time, as the registrar considers necessary or advisable.

### General conditions and requirements

**79** (1) The provisions of subsections (2) to (4) do not operate, except as made applicable by another provision of this Part to an applicant for registration, including reinstatement or renewal of registration.

(2) For the purpose of section 20(2)(b) of the Act, an applicant must deliver, or cause to be delivered, to the college the following:

(a) evidence satisfactory to the registration committee that the applicant is of good character;

(b) evidence satisfactory to the registration committee that the applicant is fit to engage in the practice of the designated health profession for which the applicant is seeking registration;

(c) evidence satisfactory to the registration committee that the applicant meets, or will meet if the registration applied for is granted, the applicable requirements of section 89(1) to (12) *[Professional liability protection]*;

(d) any outstanding fine, fee, debt, levy or other amount owed or owing by the applicant to the college, including without limitation any fine, fee, debt, levy or amount accrued or accruing before the amalgamation date;

(e) a declaration by the applicant, in a form acceptable to the registration committee, attesting to

(i) the truthfulness and completeness of the information submitted by the applicant in or with their registration application, and

(ii) the applicant's understanding of the consequences that may result from submitting false or incomplete information in or with a registration application;

(f) a criminal record check authorization or, if permitted by the registration committee, a criminal record check verification authorization, in the form required under the *Criminal Records Review Act*;

(g) a declaration by the applicant, in a form acceptable to the registration committee, that the applicant is not the subject of any charge, investigation, inquiry or review that must be reported under section 84 *[Duty to report criminal charges and disciplinary proceedings]*, or specifying the particulars of any such charge, investigation, inquiry or review that has not been reported to the college previously and any new or changed information about such a previously reported charge, investigation, inquiry or review;

(h) a declaration by the applicant, in a form acceptable to the registration committee,

(i) that the applicant has not, at any time, been refused an entitlement sought by the applicant to practise a profession in any jurisdiction, or specifying the particulars of any such refusal, and

(ii) specifying every entitlement to practise a profession that the applicant has, at any time, been granted in any jurisdiction;

(i) a certificate, letter, or other evidence in a form satisfactory to the registration committee, dated within 60 days of the date of application, from each applicable regulatory

or licensing authority in every jurisdiction where the applicant is or was, at any time, entitled to practise a profession, certifying that

(i) the applicant's entitlement to practise the profession has not been cancelled, revoked, suspended, limited, restricted, or made subject to conditions in the applicable jurisdiction at any time, or specifying particulars of any such cancellation, suspension, limitation, restriction, or conditions,

(ii) there is no investigation, review, or other proceeding underway in the applicable jurisdiction that could result in the applicant's entitlement to practise the profession being cancelled, revoked, suspended, limited, restricted, or made subject to conditions, or specifying particulars of any such investigation, review, or other proceeding, and

(iii) the applicant's entitlement to practise the profession has not been voluntarily relinquished in the applicable jurisdiction with the effect of preventing the commencement or completion of an investigation, review, or other proceeding that could have resulted in the applicant's entitlement to practise the profession in the applicable jurisdiction being cancelled, revoked, suspended, limited, restricted, or made subject to conditions, or specifying particulars of any such relinquishment;

(j) a declaration by the applicant, in a form acceptable to the registration committee, of the applicant's employment status and the particulars of all the applicant's employers, and all positions held and the total number of hours of professional practise engaged in by the applicant in each position, whether paid or unpaid, during a specified period immediately preceding the date of application, such period to be specified by the registrar for the class being sought and not to exceed one year in cases of renewal of registration or 10 years otherwise;

(k) the applicant's consent, in a form acceptable to the registration committee, for information about the applicant to be disclosed to the college by an employer referred to in paragraph (j);

(l) the applicant's consent, in a form acceptable to the registration committee, for information about the applicant to be disclosed by the college to an examination administrator or provider inside or outside Canada for the purpose of enabling the applicant's participation in an examination required to be taken under these bylaws;

(m) a declaration by the applicant, in a form acceptable to the registration committee, of the particulars of all educational events, courses or programs relevant to a designated health profession, or a field related to a designated health profession, that the applicant completed during a specified period immediately preceding the date of application, such period to be specified by the registrar for the class being sought and not to exceed one year in cases of renewal of registration or 10 years otherwise;

(n) evidence satisfactory to the registration committee of the applicant's English language proficiency;

(o) if the applicant is a person described in subsection (3),

(i) the applicant's National Nursing Assessment Service identification and application numbers, or equivalent information from another similar body or organization recognized by the registration committee for the purpose of that subsection, and

(ii) the applicant's consent, in a form acceptable to the registration committee, for information about the applicant to be disclosed inside or outside Canada for the purpose of enabling an assessment of substantial equivalency of the applicant's knowledge, skills or abilities as contemplated under these bylaws;

(p) all information or records about the applicant, including without limitation notarized copies of government-issued records or other reliable, independent source records, that the registrar requires reasonably in the circumstances for the purpose of

(i) verifying the applicant's identity,

(ii) preventing misidentification of applicants, registrants or other persons, or

(iii) managing access to, or protecting the integrity and security of, the college's records, information systems and online services;

(q) a valid email address for the purpose of receiving communications from the college to the applicant, and without limitation all other personal contact, business contact or emergency contact information for the applicant that the registration committee requires reasonably in the circumstances;

(r) all information within the control of the registrant that is required under the Act to be set out in the public register, to the extent that such information is not required to be delivered to the college under another provision of these bylaws;

(s) any supplementary or supporting information or records about the applicant, and relevant to other information or another item required under these bylaws to be included in or with a registration application, that the registration committee or the registrar requires to be submitted in or with registration applications, generally or by class, from time to time.

(3) If a person seeking registration

(a) did not graduate from a Canadian college-level or university-level education program offered as preparation for entry to practice in practical nursing, psychiatric nursing or nursing, or a corresponding health profession in another province of Canada, and

(b) has never been licensed or registered, in a province of Canada, to practise practical nursing, psychiatric nursing or nursing, or a corresponding health profession in another province of Canada,

the person must cause to be delivered to the college from the National Nursing Assessment Service, or another similar body or organization recognized by the registration committee for the purpose of this subsection, an advisory report acceptable to the registration committee respecting

(c) verification of the person's identity and educational credentials, and

(d) an evaluation of the person's educational attainment in reference to Canadian standards, and based on a comparison to current Canadian requirements, for licensure or registration to practise practical nursing, psychiatric nursing or nursing, other than nursing as a nurse practitioner, or a corresponding health profession in another province of Canada, as applicable.

(4) An applicant who is not a registrant in any class and

(a) whose entitlement to practice a profession was at any time cancelled, suspended or revoked under

(i) section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act,

(ii) section 8 of the *Nurses (Licensed Practical) Act*, R.S.B.C. 1979, c. 300,

(iii) section 7 of the *Nurses (Registered Psychiatric) Act*, R.S.B.C. 1979, c. 301, or section 11 of the *Nurses (Registered Psychiatric)* Act, R.S.B.C. 1996, c. 336,

(iv) section 27 of the *Nurses (Registered) Act*, R.S.B.C. 1979, c. 302, or section 43 of the *Nurses (Registered) Act*, R.S.B.C. 1996, c. 335, or

(v) equivalent or similar provisions of another enactment or former enactment or in another province of Canada or a foreign jurisdiction, or

(b) who at any time voluntarily relinquished their entitlement to practise a profession under another enactment or former enactment or in another province of Canada or a foreign jurisdiction, in circumstances as described in section 20(2.1)(b.1) of the Act,

must deliver, or cause to be delivered, to the college evidence acceptable to the registration committee showing, to the satisfaction of the registration committee, that granting registration, including reinstatement of registration, to the applicant will not pose an undue risk to public health or safety or otherwise be contrary to the public interest.

(5) For greater certainty, an application for reinstatement of registration under this Part is subject to section 20(2.1) to (3) of the Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act.

(6) If, with respect to the information and items required under these bylaws to be included in or with a registration application, a provision in this Part requires that an applicant must deliver an item, or cause an item to be delivered, to the college, the registration committee may determine whether an applicant must deliver the item or cause the item to be delivered.

## Registration fees

80 For the purpose of section 20(2)(c) of the Act, every applicant for registration, including reinstatement or renewal of registration, must deliver, or cause to be delivered, to the college the full amount of all applicable application, examination, registration, reinstatement or renewal fees specified in Schedule G.

## Publication of registration requirements

81 (1) The registrar must maintain and publish on the college website a notice setting out, for each class,

(a) the manner or manners of delivery specified by the registrar for the purpose of section 78 *[Applications]*,

(b) the information and items required under these bylaws to be included in or with a registration application, and

(c) the fees for application, examination, registration, reinstatement and renewal that are payable under these bylaws.

(2) The registrar must maintain and publish on the college website a notice setting out the provinces and governing bodies that are specified under section 95.1(4) *[Canadian multijurisdictional LPN registration]*, section 104.1(4) *[Canadian multijurisdictional RPN registration]* and section 114.1(4) *[Canadian multijurisdictional RN registration]*.

## Electronic delivery

82 Without limiting section 78 *[Applications]* and if authorized by the registrar, a requirement under this Part for a person to deliver, or cause to be delivered, information or an item to the college or the registrar may be satisfied by the person providing, or causing the provision of, that information or item in electronic form through the college website or by any other electronic means specified by the registrar for the purpose of this section.

## Duty to report changes in personal and contact information

83 (1) This section applies to registrants and applicants for registration, including reinstatement of registration.

(2) A person must immediately notify the registrar of any change in information about the person provided previously to the college, including without limitation the person's name, telephone number, mailing address and email address, and matters referred to in section 84 *[Duty to report criminal charges and disciplinary proceedings]*.

## Duty to report criminal charges and disciplinary proceedings

84 (1) This section applies to registrants and applicants for registration, including reinstatement of registration.

(2) A person who is charged with an offence under a federal or provincial statute in British Columbia or in another province, or an equivalent offence in a foreign jurisdiction, must immediately provide to the registrar a written notice specifying particulars of the charge.

(3) Despite subsection (2), no notification is required under that subsection if a person is issued or served with a ticket as defined in the *Contraventions Act* (Canada) or a violation ticket as defined in the *Offence Act*.

(4) A person who becomes the subject of an investigation, inquiry, review or other proceeding in British Columbia, another province or a foreign jurisdiction that could result in the person's entitlement to practise a profession being cancelled, revoked, suspended, limited, restricted or made subject to limits or conditions, must immediately on becoming aware of the proceeding provide to the registrar a written notice specifying particulars of the proceeding.

## Duty to maintain practice hours records

85 (1) Every registrant must maintain, during each calendar year, adequate supporting records to document their compliance with applicable practice hours requirements under this Part in the calendar year.

(2) Every registrant must retain the records described in subsection (1) for not less than five years after the end of each calendar year.

## Verification of practice hours

86 (1) The registrar, on behalf of the registration committee, may cause audits of samples of registrants to be conducted as the registrar considers necessary or appropriate to verify their compliance with applicable practice hours requirements under this Part.

(2) The registration committee may require a registrant to submit information

(a) necessary to determine whether the registrant has met any applicable practice hours requirements under this Part, or

(b) as part of an audit under subsection (1).

## Examinations

87 (1) All examinations required to be taken under section 20(4.3)(b) of the Act or this Part must be approved for that purpose by the registration committee.

(2) Except for the Canadian Midwifery Registration Examination administered by the Canadian Midwifery Regulators Council, all examinations required to be taken under Division 6 *[Midwife Registrants Group]* must be prepared by or under the direction of the registration committee.

(3) In subsections (4) to (8), **"required examination"** means an examination that is

(a) approved under subsection (1), and

(b) required to be taken under section 20(4.3)(b) of the Act or this Part.

(4) An applicant for registration in a class who, to the satisfaction of the registration committee, meets all other applicable conditions and requirements for registration in the class is eligible to take any applicable required examination.

(5) An applicant described in subsection (4) must also meet any conditions or requirements for eligibility to take the required examination that are imposed by a third-party administrator or provider of the required examination, if the college is not solely responsible for establishing the eligibility of applicants to take the required examination.

(6) If there is reason to believe that an applicant has engaged in improper conduct during the course of a required examination, the registrar must make a report to the registration committee and may recommend that the registration committee take one or more of the following actions:

(a) pass the applicant;

(b) fail the applicant;

(c) require the applicant to re-take the required examination;

(d) disqualify the applicant, for a period of time, from participating in any required examination;

(e) take any other action respecting the applicant, or require the applicant to take any other action, that the registration committee considers appropriate in the circumstances.

(7) After considering a report made under subsection (6), the registration committee may take one or more of the actions described in that subsection.

(8) An applicant in respect of whom an action described in subsection (6)(b) to (e) is taken under subsection (7) must be given written reasons for the action.

(9) In subsections (10) to (12), **"required examination"** means an examination that is

(a) approved as described in subsection (1),

(b) required to be taken under section 20(4.3)(b) of the Act or this Part, and

(c) provided or administered by the college,

and for greater certainty excludes any examination that is neither provided nor administered by the college.

(10) The registration committee must notify an applicant, in writing and as soon as is practicable, of the result of each attempt of a required examination taken by the applicant.

(11) An applicant who on the first attempt fails a required examination

(a) may take the required examination a second time, and

(b) if the applicant fails the required examination again on the applicant's second attempt, may take the required examination a third time.

(12) An applicant who fails a required examination three or more times is not eligible to take the examination again, unless the registration committee is satisfied that special circumstances exist in relation to the applicant that warrant another attempt.

(13) The registration committee may establish additional examination procedures consistent with these bylaws.

## Recognized education programs

88 (1) The practical nursing education programs recognized by the college for the purpose of registration in the class of practising LPN registrants are specified in Schedule B.

(2) The psychiatric nursing education programs recognized by the college for the purpose of registration in the class of practising RPN registrants are specified in Schedule C.

(3) The nursing education programs recognized by the college for the purpose of registration in the class of practising RN registrants are specified in Schedule D.

(4) The nurse practitioner education programs recognized by the college for the purpose of registration in the class of practising NP registrants are specified in Schedule E.

(5) The midwifery education programs recognized by the college for the purpose of registration in the class of practising midwife registrants are specified in Schedule F.

(6) All education program review standards, policies or criteria of, respectively, BCCNP for the designated health professions of practical nursing, psychiatric nursing and nursing and CMBC for the designated health profession of midwifery that were in effect immediately before the 2020 amalgamation date

(a) remain in effect for that designated health profession on and after the 2020 amalgamation date, unless and until they are amended or repealed, or others are established in their place, and

(b) for greater certainty, are deemed to have been established by the board as the education program review standards and policies of the college.

(7) Table A in each of the following schedules is effective from September 1, 2020 to October 15, 2020:

(a) Schedule B;

(b) Schedule C;

(c) Schedule D.

(8) On October 16, 2020, Table A in each of the following schedules is repealed and Table B in each of the following schedules is effective:

(a) Schedule B;

(b) Schedule C;

(c) Schedule D.

## Professional liability protection

89 (1) All registrants in the following classes must obtain and at all times maintain professional liability protection or insurance coverage against liability for negligence in the provision of services that constitute the practice of the designated health profession of practical nursing under the Nurses (Licensed Practical) Regulation, B.C. Reg. 224/2015, and any applicable standards of practice or standards of professional ethics, in an amount of not less than $1,000,000 per claim or per occurrence in a form satisfactory to the college:

(a) practising LPN registrants;

(b) provisional LPN registrants;

(b.1) multijurisdictional LPN registrants;

(c) temporary LPN (emergency) registrants.

(2) All RPN registrants must obtain and at all times maintain professional liability protection or insurance coverage against liability for negligence in the provision of services that constitute the designated health profession of psychiatric nursing under the Nurses (Registered Psychiatric) Regulation, B.C. Reg. 227/2015 and any applicable standards of practice or standards of professional ethics, in an amount of not less than $5,000,000 per claim or per occurrence with a minimum aggregate amount for each year of $5,000,000

(a) as a beneficiary of the Canadian Nurses Protective Society, or

(b) under a policy of professional liability protection or insurance coverage of a type approved by the board, if the Canadian Nurses Protective Society is unable to provide the protection or the registrant is ineligible for the Canadian Nurses Protective Society's professional liability protection.

(3) In subsection (2), **"RPN registrants"** means registrants in the following classes:

(a) practising RPN registrants;

(b) provisional RPN registrants;

(b.1) multijurisdictional RPN registrants;

(c) temporary RPN (emergency) registrants;

(d) employed student psychiatric nurse registrants.

(4) All RN registrants must obtain and at all times maintain professional liability protection or insurance coverage against liability for negligence in the provision of services that constitute the practice of the designated health profession of nursing under the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008, and any applicable standards of practice or standards of professional ethics, in an amount of not less than $5,000,000 per claim or per occurrence with a minimum aggregate amount for each year of $5,000,000

(a) as a beneficiary of the Canadian Nurses Protective Society, or

(b) under a policy of professional liability protection or insurance coverage of a type approved by the board, if the Canadian Nurses Protective Society is unable to provide the protection or the registrant is ineligible for the Canadian Nurses Protective Society's professional liability protection.

(5) In subsection (4), **"RN registrants"** means registrants in the following classes:

(a) practising RN registrants;

(b) provisional RN registrants;

(b.1) multijurisdictional RN registrants;

(c) practising LGN registrants;

(d) provisional LGN registrants;

(e) temporary RN (emergency) registrants;

(f) employed student nurse registrants.

(6) All NP registrants must obtain and at all times maintain professional liability protection or insurance coverage against liability for negligence in the provision of services that constitute the practice of nursing as a nurse practitioner under the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008 and any applicable standards of practice or standards of professional ethics, in an amount of not less than $10,000,000 per claim or per occurrence with a minimum aggregate amount for each year of $10,000,000

(a) as a beneficiary of the Canadian Nurses Protective Society, or

(b) under a policy of professional liability protection or insurance coverage of a type approved by the board, if the Canadian Nurses Protective Society is unable to provide the protection or the registrant is ineligible for the Canadian Nurses Protective Society's professional liability protection.

(7) In subsection (6), **"NP registrants"** means registrants in the following classes:

(a) practising NP registrants;

(b) provisional NP registrants;

(c) temporary NP (emergency) registrants.

(8) A registrant to whom subsection (1), (2), (4) or (6) applies must immediately notify the registrar if they are no longer eligible for the Canadian Nurses Protective Society's professional liability protection or otherwise covered by professional liability protection or insurance.

(9) All registrants in the class of practising midwife registrants, provisional midwife registrants or temporary (emergency) midwife registrants must obtain and at all times maintain professional liability protection or insurance coverage with a limit of liability not less than $15,000,000 per occurrence protecting or insuring against liability arising from an error, omission or negligent act of the registrant.

(10) All registrants in the class of student midwife registrants must obtain and at all times maintain professional liability protection or insurance coverage with a limit of liability not less than $5,000,000 per occurrence protecting or insuring against liability arising from an error, omission or negligent act of the registrant.

(11) A registrant who ceases to be protected or insured as required under subsection (9) or (10), as applicable, must

(a) cease the practice of midwifery immediately, and

(b) not more than seven days after ceasing to be protected or insured, notify the registrar and

(i) apply for registration in the class of non-practising midwife registrants, if eligible to apply for such registration, or

(ii) request or give consent for the cancellation of their registration as a member of the college.

(12) The registration of a registrant to whom subsection (9) or (10) applies is cancelled if they fail to comply with subsection (11)(b).

(13) Subject to subsection (14) and the provisions of any applicable laws, the college must indemnify and save harmless

(a) its board members, officers and employees, and

(b) the directors, officers and employees of any subsidiary,

from and against any and all liability, fines, damages, costs, charges, and expenses whatsoever that they, or any of them, may sustain or incur in any way relating to or arising out of any claim against any of them by reason of their being or having been a board member, director, officer or employee of the college or of any subsidiary.

(14) The college will not indemnify or save harmless any person referred to in subsection (13)(a) or (b)

(a) for costs, charges or expenses that were not actually and reasonably incurred by that person,

(b) if, in relation to the applicable claim, that person did not act honestly and in good faith with a view to the best interests of the college or the subsidiary, as the case may be,

(c) if, in relation to a claim other than a civil proceeding, that person did not have reasonable grounds for believing that the person's conduct was lawful,

(d) if that person makes an admission of liability or guilt or enters into a settlement of the claim without the college's consent, such consent not to be unreasonably withheld, to the extent that any liability, fines, damages, costs, charges, or expenses are incurred as a result of that admission or settlement,

(e) for any amount of a claim that is otherwise covered by liability protection or insurance, or

(f) for any amount for which the college or the subsidiary is prohibited from providing indemnification or payment under the *Business Corporations Act*, or section 15(4) of the Act and section 2 of Order in Council No. 477/2005, or other applicable law.

(15) In this section, **"subsidiary"** means any subsidiary of the college that is or was previously registered as a captive insurance company under the *Insurance (Captive Company) Act* for the purpose of providing liability insurance coverage for registrants under subsection (4) to (7), section 361 (2) to (7) of the former BCCNP bylaws or section 8.02 of the former CRNBC bylaws.

# Division 2 – Licensed Practical Nurse Registrant Group

## Classes of LPN registrants

**90** (1) The following classes of registrants are established:

(a) practising LPN registrants;

(b) provisional LPN registrants for the purposes of section 20(4.3) of the Act;

(b.1) multijurisdictional LPN registrants;

(c) non-practising LPN registrants;

(d) temporary LPN (emergency) registrants.

(2) A person must not be registered concurrently in more than one of the classes established in subsection (1).

## Practising LPN registration

**91** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of practising LPN registrants are established in subsections (3) to (7.1) and section 95 *[Canadian labour mobility for practising LPNs]*.

(2) Despite subsection (1), a person described in section 92(2) *[Reinstatement of practising LPN registration]* is not eligible for registration under this section.

(3) An applicant must

(a) have successfully completed

(i) a practical nursing education program specified in Schedule B, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising LPN registrant, by the body that regulates the health profession corresponding to practical nursing in the other province,

(b) have successfully completed the examinations required by the registration committee for the purpose of registration in the class of practising LPN registrants, and

(c) deliver, or cause to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's diploma or certificate from a program described in

paragraph (a), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in paragraph (b), and

(iii) evidence satisfactory to the registration committee that the applicant is competent to practise as a practising LPN registrant.

(4) The registration committee has discretion, in satisfying itself under section 20 of the Act that an applicant under subsection (3) meets the conditions and requirements for registration in the class of practising LPN registrants, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (3)(a) and (c)(iii), and to grant registration in the class on that basis, if the applicant delivers, or causes to be delivered to, the college

(a) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein,

(b) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in subsection (3)(b), and

(c) evidence satisfactory to the registration committee reflecting the applicant's knowledge, skills and abilities.

(5) Section 79(2) to (4) *[General conditions and requirements]* applies to an applicant under subsection (3).

(6) Despite subsections (3) to (5), an applicant who is registered in the class of provisional LPN registrants, and who was granted such registration under section 94(1) *[Provisional LPN registration]*, may be granted registration in the class of practising LPN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the registrant has successfully completed the examinations described in subsection (3)(b) and any other examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(7) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (6).

(7.1) Despite subsections (3) to (7) and section 95 *[Canadian labour mobility for practicing LPNs]*, an applicant who is a registrant in the class of multijurisdictional LPN registrants may be granted registration in the class of pracitisng LPN registrants.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of practising LPN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of practising LPN registrants under these bylaws.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary LPN (special event) registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of practising LPN registrants under these bylaws, and

(b) despite Division 7 *[Renewal]*, the period of registration granted to the person under those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration was granted under those former bylaws.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of practising LPN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising LPN registrants under these bylaws.

(11) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary LPN (special event)registrants under the former BCCNP bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising LPN registrants under these bylaws.

## Reinstatement of practising LPN registration

92 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising LPN registrants are established in subsections (2) to (9) and section 95 *[Canadian labour mobility for practising LPNs]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising LPN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of practising LPN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the full registration or licensed practical nurse registration class of registrants under the former CLPNBC bylaws at any time before the 2018 amalgamation date.

(3) An applicant who is a registrant must be in good standing.

(4) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising LPN registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising LPN registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the class of practising LPN registrants under section 91 (3)(a) and (c)(iii) *[Practising LPN registration]*.

(5) An applicant under subsection (4) must satisfy the practice hours requirement under section 93 *[LPN practice hours requirement]*, unless the applicant meets the requirements, if any, of subsection (4)(b).

(6) Section 79(2)(a) to (g) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar not later than 60 days after ceasing to be a registrant in the class.

(7) Section 79(2)(a) to (g), (i) to (k) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar more than 60 days after ceasing to be a registrant in the class.

(8) Despite subsections (4) to (7), an applicant who is registered in the class of provisional LPN registrants, and who was granted such registration under section 94(2) or (3) *[Provisional LPN registration]*, may be granted reinstatement of registration in the class of practising LPN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (8).

## LPN practice hours requirement

93 To satisfy the practice hours requirement, an applicant must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of having done not less than one of the following within the five-year period immediately preceding the date of application:

(a) engaged in the practice of practical nursing for a cumulative total of not fewer than 1,125 hours, as determined in accordance with criteria established by the board;

(b) successfully completed

(i) a practical nursing education program specified in Schedule B,

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising LPN registrant, by the body that regulates the health profession corresponding to practical nursing in the other province, or

(iii) an education program determined by the registration committee to be equivalent to a practical nursing education program specified in Schedule B;

(c) successfully completed a practical nursing re-entry program specified in Schedule B, or other re-entry program determined by the registration committee to be equivalent to a practical nursing re-entry program specified in Schedule B;

(d) successfully completed a practical nursing practice experience under the guidance and supervision of a preceptor, if the preceptor and design of the practical nursing practice experience were approved in advance by the registration committee in accordance with any criteria established by the board for this purpose;

(e) completed a competency assessment recognized by the registration committee for the purpose of assessing the substantial equivalency of an applicant's knowledge, skills and abilities to the conditions and requirements for registration in the class of practising LPN registrants under section 91(4) *[Practising LPN registration]*, and successfully completed any subsequent supplementary education required by the registration committee.

## Provisional LPN registration

94 (1) An applicant under section 91(3) *[Practising LPN registration]* may be granted registration in the class of provisional LPN registrants if the applicant

(a) delivers, or causes to be delivered, to the college

(i) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein, and

(ii) evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising LPN registrant, subject to any limits or conditions that may be imposed under section 20(4.3)(c) of the Act, and

(b) meets all the conditions and requirements under section 91(5) *[Practising LPN registration]*.

(2) An applicant under section 92(4) *[Reinstatement of practising LPN registration]* may be granted registration in the class of provisional LPN registrants if the applicant

(a) meets all applicable conditions and requirements in section 92 *[Reinstatement of practising LPN registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, or

(iii) satisfy the practice hours requirement under section 93 *[LPN practice hours requirement]*, if the applicant is in the process of completing a practical nursing practice experience approved under section 93(d) *[LPN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising LPN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) Subject to subsection (4), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising LPN registrants may be granted registration in the class of provisional LPN registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156(1) *[Verification of QA activities]*, if the applicant has been selected for an audit under that section,

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, or

(iii) satisfy the practice hours requirement under section 93 *[LPN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising LPN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(4) An applicant described in subsection (3) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(5) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of provisional LPN registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of provisional LPN registrants under these bylaws,

(b) a requirement imposed by the registration committee under section 20(4.3)(b) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act, and

(c) a limit or condition imposed by the registration committee under section 20(4.3)(c) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act.

## Canadian labour mobility for practising LPNs

**95** (1) Despite sections 91 *[Practising LPN registration]* and 92 *[Reinstatement of practising LPN registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising LPN registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising LPN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising LPN registrants in British Columbia, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein, and

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to practical nursing in the other province.

(2) Section 79(2) *[General conditions and requirements],* except paragraph (o), applies to an applicant under subsection (1).

(3) Despite subsection (2), section 79(2)(n) *[General conditions and requirements]* does not apply to an applicant for reinstatement of registration under subsection (1).

## Canadian multijurisdictional LPN registration

**95.1** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of multijurisdictional LPN registrants are established in subsections (2) to (4).

(2) Subject to subsection (4), an applicant must

(a) hold registration or licensure in another province of Canada as the equivalent of a practising LPN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising LPN registrants in British Columbia,

(b) if the applicant holds registration or licensure as described in paragraph (a) in more than one other province, select only one of those provinces to be the "other province" for the purposes of paragraph (a) and the application of these bylaws to registration, including renewal or reinstatement of registration, in the class of multijurisdictional LPN registrants, and

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein.

(3) Section 79(2)(c) to (i) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (2).

(4) The other province referred to in subsection (2)(a) and the governing body that regulates the health profession corresponding to practical nursing in that other province must be, respectively, a province and governing body that are specified by ordinary resolution of the board for the purpose of this section.

(5) The board must not specify a governing body under subsection (4) unless that governing body is a party to one or more agreements with the college respecting one or more aspects of the interjurisdictional or multijurisdictional practice of the corresponding health professions in each other's provinces.

## Non-practising LPN registration

96 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising LPN registrants are established in subsections (3) to (6).

(2) Despite subsection (1), a person described in section 97(2) *[Reinstatement of non-practising LPN registration]* is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising LPN registrants or multijurisdictional LPN registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising LPN registrants under section 91 *[Practising LPN registration]*, section 92 *[Reinstatement of practising LPN registration]* or section 95 *[Canadian labour mobility for practising LPNs]* or the class of multijurisdictional LPN registrants under section 95.1 *[Canadian multijurisdictional LPN registration],* as applicable, or

(c) be a registrant in the class of provisional LPN registrants who is granted such registration under section 94(2) or (3) *[Provisional LPN registration]*.

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising LPN registrants, will not, in British Columbia,

(a) practise the designated health profession of practical nursing, or provide practical nursing services, except as authorized through concurrent registration in another class, or

(b) use the title “nurse”, “licensed practical nurse”, “practical nurse” or a variation of any of those titles, or the abbreviation “LPN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 79(2) to (4) applies to an applicant described in subsection (3)(b) to the extent it would apply to an applicant under section 91 *[Practising LPN registration]*, section 92 *[Reinstatement of practising LPN registration]* or section 95 *[Canadian labour mobility for practising LPNs]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising LPN registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant’s registration in the class of practising LPN registrants is ended for all purposes.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of non-practising LPN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of non-practising LPN registrants under these bylaws.

(9) a person who applied, before the 2020 amalgamation date, to be a registrant in the class of non-practising LPN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of non-practising LPN registrants under these bylaws.

## Reinstatement of non-practising LPN registration

97 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising LPN registrants are established in subsections (2) to (5).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising LPN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of non-practising LPN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the non-practising class of registrants under the former CLPNBC bylaws at any time before the 2018 amalgamation date.

(3) Section 96(4) *[Non-practising LPN registration]* applies to an applicant.

(4) Section 79(2) (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant who is a registrant.

(5) Section 79(2)(a), (d) to (f), (i) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant who is a former registrant.

## Temporary LPN (emergency) registration

98 (1) The provisions of this section do not operate unless a declaration of an emergency situation is made by the registrar under section 44(5) *[Registrar and chief executive officer]*.

(2) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of temporary LPN (emergency) registrants are established in subsections (3) to (6).

(3) An applicant must

(a) hold registration or licensure in another jurisdiction in Canada or the United States of America as the equivalent of a practising LPN registrant, which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to practising LPN registrants in British Columbia, and deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure, and that the applicant is the person named therein, or

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to reinstatement of registration in the class of practising LPN registrants under section 92 *[Reinstatement of practising LPN registration]*, including all applicable items under section 79(2) to (4) *[General conditions and requirements]*, unless the applicant

(i) is seeking reinstatement of registration under this section, and

(ii) their most recent registration under this section has been cancelled for not more than 180 days, in which case they must deliver, or cause to be delivered, to the college the applicable items under section 79(2) to (4) *[General conditions and requirements]* that may be specified by the registration committee.

(4) An applicant must

(a) be a member of the armed forces of Canada or the United States of America, and provide evidence thereof satisfactory to the registration committee, or

(b) authorize the applicant's current and former employers to provide information regarding the applicant's current practical nursing practice.

(5) An applicant who is a registrant must be in good standing.

(6) An applicant must sign a declaration confirming that the applicant is applying for registration in the class of temporary LPN (emergency) registrants solely for the purpose of providing assistance during the emergency situation.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary LPN (emergency) registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of temporary LPN (emergency) registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary LPN (emergency) registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of temporary LPN (emergency) registrants under these bylaws.

# Division 3 – Registered Psychiatric Nurse Registrant Group

## Classes of RPN registrants

**99** (1) The following classes of registrants are established:

(a) practising RPN registrants;

(b) provisional RPN registrants for the purposes of section 20(4.3) of the Act;

(b.1) multijurisdictional RPN registrants;

(c) non-practising RPN registrants;

(d) temporary RPN (emergency) registrants;

(e) employed student psychiatric nurse registrants.

(2) A person must not be registered concurrently in more than one of the classes established in subsection (1).

## Practising RPN registration

**100** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of practising RPN registrants are established in subsections (3) to (7) and section 104 *[Canadian labour mobility for practising RPNs]*.

(2) Despite subsection (1), a person described in section 101(2) *[Reinstatement of practising RPN registration]* is not eligible for registration under this section.

(3) An applicant must

(a) have successfully completed

(i) a psychiatric nursing education program specified in Schedule C, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RPN registrant, by the body that regulates the health profession corresponding to psychiatric nursing in the other province,

(b) have successfully completed the examinations required by the registration committee for the purpose of registration in the class of practising RPN registrants, and

(c) deliver, or cause to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's degree, diploma or certificate from a program described in paragraph (a), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in paragraph (b), and

(iii) evidence satisfactory to the registration committee that the applicant is competent to practise as a practising RPN registrant.

(4) The registration committee has discretion, in satisfying itself under section 20 of the Act that an applicant under subsection (3) meets the conditions and requirements for registration in the class of practising RPN registrants, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (3)(a) and (c)(iii), and to grant registration in the class on that basis, if the applicant delivers, or causes to be delivered, to the college

(a) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein,

(b) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in subsection (3)(b), and

(c) evidence satisfactory to the registration committee reflecting the applicant's knowledge, skills and abilities.

(5) Section 79(2) to (4) *[General conditions and requirements]* applies to an applicant under subsection (3).

(6) Despite subsections (3) to (5), an applicant who is registered in the class of provisional RPN registrants, and who was granted such registration under section 103(1) *[Provisional RPN registration]*, may be granted registration in the class of practising RPN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the registrant has successfully completed the examinations described in subsection (3)(b) and any other examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(7) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (6).

(7.1) Despite subsections (3) to (7) and section 104 *[Canadian labour mobility for practicing RPNs]*, an applicant who is a registrant in the class of multijurisdictional RPN registrants may be granted registration in the class of practicing RPN registrants.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of practising RPN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of practising RPN registrants under these bylaws.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary RPN (special event) registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of practising RPN registrants under these bylaws, and

(b) despite Division 7 [Renewal], the period of registration granted to the person under those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration was granted under those former bylaws.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of practising RPN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising RPN registrants under these bylaws.

(11) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary RPN (special event)registrants under the former BCCNP bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising RPN registrants under these bylaws.

## Reinstatement of practising RPN registration

101 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising RPN registrants are established in subsections (2) to (9) and section 104 *[Canadian labour mobility for practising RPNs]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising RPN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of practising RPN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the practising registration class of registrants under the former CRPNBC bylaws at any time before the 2018 amalgamation date.

(3) An applicant who is a registrant must be in good standing.

(4) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising RPN registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising RPN registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the class of practising RPN registrants under section 100(3)(a) and (c)(iii) *[Practising RPN registration]*.

(5) An applicant under subsection (4) must satisfy the practice hours requirement under section 102 *[RPN practice hours requirement]*, unless the applicant meets the requirements, if any, of subsection (4)(b).

(6) Section 79(2) (a) to (g) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar not later than 60 days after ceasing to be a registrant in the class.

(7) Section 79(2)(a) to (g), (i) to (k) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar more than 60 days after ceasing to be a registrant in the class.

(8) Despite subsections (4) to (7), an applicant who is registered in the class of provisional RPN registrants, and who was granted such registration under section 103(2) or (3) *[Provisional RPN registration]*, may be granted reinstatement of registration in the class of practising RPN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (8).

## RPN practice hours requirement

**102** To satisfy the practice hours requirement, an applicant must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of either

(a) having done not less than one of the following within the five-year period immediately preceding the date of application:

(i) engaged in the practice of psychiatric nursing for a cumulative total of not fewer than 1,400 hours, as determined in accordance with criteria established by the board;

(ii) successfully completed

(A) a psychiatric nursing education program specified in Schedule C,

(B) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RPN registrant, by

the body that regulates the health profession corresponding to psychiatric nursing in the other province, or

(C) an education program determined by the registration committee to be equivalent to a psychiatric nursing education program specified in Schedule C;

(iii) successfully completed a psychiatric nursing refresher program specified in Schedule C, or other refresher program determined by the registration committee to be equivalent to psychiatric nursing refresher program specified in Schedule C;

(iv) successfully completed a psychiatric nursing practice experience under the guidance and supervision of a preceptor, if the preceptor and design of the psychiatric nursing practice experience were approved in advance by the registration committee in accordance with any criteria established by the board for this purpose;

(v) successfully completed a post-basic program leading to a baccalaureate, masters or doctoral degree in psychiatric nursing or mental health nursing that is determined by the registration committee to be satisfactory to fulfill the practice hours requirement;

(vi) completed a competency assessment recognized by the registration committee for the purpose of assessing the substantial equivalency of an applicant's knowledge, skills and abilities to the conditions and requirements for registration in the class of practising RPN registrants under section 100(4) *[Practising RPN registration]*, and successfully completed any subsequent supplementary education required by the registration committee, or

(b) current enrollment in a post-basic program described in paragraph (a)(v).

## Provisional RPN registration

**103** (1) An applicant under section 100(3) *[Practising RPN registration]* may be granted registration in the class of provisional RPN registrants if the applicant

(a) delivers, or causes to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's degree, diploma or certificate, and evidence satisfactory to the registration committee that the applicant is the person named therein, and

(ii) evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising RPN registrant, subject to any limits or conditions that may be imposed under section 20(4.3)(c) of the Act, and

(b) meets all the conditions and requirements under section 100(5) *[Practising RPN registration]*.

(2) An applicant under section 101(4) *[Reinstatement of practising RPN registration]* may be granted registration in the class of provisional RPN registrants if the applicant

(a) meets all applicable conditions and requirements in section 101 *[Reinstatement of practising RPN registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, or

(iii) satisfy the practice hours requirement under section 102 *[RPN practice hours requirement]*, if the applicant is in the process of completing a psychiatric nursing practice experience approved under section 102(a)(iv) *[RPN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising RPN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) Subject to subsection (4), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising RPN registrants may be granted registration in the class of provisional RPN registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156(1) *[Verification of QA activities]*, if the applicant has been selected for an audit under that section,

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, or

(iii) satisfy the practice hours requirement under section 102 *[RPN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities

such that the applicant is competent to practise as if the applicant were a practising RPN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(4) An applicant described in subsection (3) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(5) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of provisional RPN registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of provisional RPN registrants under these bylaws,

(b) a requirement imposed by the registration committee under section 20(4.3)(b) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act, and

(c) a limit or condition imposed by the registration committee under section 20(4.3)(c) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act.

## Canadian labour mobility for practising RPNs

104 (1) Despite sections 100 *[Practising RPN registration]* and 101 *[Reinstatement of practising RPN registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising RPN registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising RPN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising RPN registrants in British Columbia, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein, and

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to psychiatric nursing in the other province.

(2) Section 79(2) *[General conditions and requirements],* except paragraph (o), applies to an applicant under subsection (1).

(3) Despite subsection (2), section 79(2)(n) *[General conditions and requirements]* does not apply to an applicant for reinstatement of registration under subsection (1).

## Canadian multijurisdictional RPN registration

104.1 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of multijurisdictional RPN registrants are established in subsections (2) to (4).

(2) Subject to subsection (4), an applicant must

(a) hold registration or licensure in another province of Canada as the equivalent of a practising RPN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising RPN registrants in British Columbia,

(b) if the applicant holds registration or licensure as described in paragraph (a) in more than one other province, select only one of those provinces to be the "other province' for the purposes of paragraph (a) and the application of these bylaws to registration, including renewal or reinstatement of registration, in the class of multijurisdictional RPN registrants, and

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein.

(3) Section 79(2)(c) to (i) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (2).

(4) The other province referred to in subsection (2)(a) and the governing body that regulates the health profession corresponding to psychiatric nursing in that other province must be, respectively, a province and a governing body that are specified by ordinary resolution of the board for the purpose of this section.

(5) The board must not specify a governing body under subsection (4) unless that governing body is a party to one or more agreements with the college respecting one or more aspects of the interjurisdictional or multijurisdictional practice of the corresponding health professions in each other's provinces.

## Non-practising RPN registration

105 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising RPN registrants are established in subsections (3) to (6).

(2) Despite subsection (1), a person described in section 106(2) [*Reinstatement of non-practising RPN registration]*is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising RPN registrants or multijurisdictional RPN registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising RPN registrants under section 100 *[Practising RPN registration]*, section 101 *[Reinstatement of practising RPN registration]* or section 104 *[Canadian labour mobility for practising RPN registrants]* or the class of multijurisdictional RPN registrants under section 104.1 *[Canadian multijurisdictional RPN registration],* as applicable, or

(c) be a registrant in the class of provisional RPN registrants who is granted such registration under section 103(2) or (3) *[Provisional RPN registration]*.

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising RPN registrants, will not, in British Columbia,

(a) practise the designated health profession of psychiatric nursing, or provide psychiatric nursing services, except as authorized through concurrent registration in another class, or

(b) use the title “nurse”, “registered psychiatric nurse”, “psychiatric nurse” or a variation of any of those titles, or the abbreviation “RPN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 79(2) to (4) applies to an applicant described in subsection (3)(b) to the extent it would apply to an applicant under section 100 *[Practising RPN registration]*, section 101 *[Reinstatement of practising RPN registration]* or section 104 *[Canadian labour mobility for practising RPNs]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising RPN registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant’s registration in the class of practising RPN registrants is ended for all purposes.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of non-practising RPN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of non-practising RPN registrants under these bylaws.

(9) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of non-practising RPN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been

granted or refused is deemed to have applied to be a registrant in the class of non-practising RPN registrants under these bylaws.

## Reinstatement of non-practising RPN registration

106 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising RPN registrants are established in subsections (2) to (5).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising RPN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of non-practising RPN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the non-practising registration class of registrants under the former CRPNBC bylaws at any time before the 2018 amalgamation date.

(3) Section 105(4) *[Non-practising RPN registration]* applies to an applicant.

(4) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant who is a registrant.

(5) Section 79(2)(a), (d) to (f), (i) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant who is a former registrant.

## Temporary RPN (emergency) registration

107 (1) The provisions of this section do not operate unless a declaration of an emergency situation is made by the registrar under section 44(5) *[Registrar and chief executive officer]*.

(2) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of temporary RPN (emergency) registrants are established in subsections (3) to (6).

(3) An applicant must

(a) hold registration or licensure in another jurisdiction in Canada or the United States of America as the equivalent of a practising RPN registrant, which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to practising RPN registrants in British Columbia, and deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure, and that the applicant is the person named therein, or

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to reinstatement of registration in the class of practising RPN registrants under section 101 *[Reinstatement of practising RPN registration]*, including all applicable items under section 79(2) to (4) *[General conditions and requirements]*, unless the applicant

(i) is seeking reinstatement of registration under this section, and

(ii) their most recent registration under this section has been cancelled for not more than 180 days, in which case they must deliver, or cause to be delivered, to the college the applicable items under section 79(2) to (4) *[General conditions and requirements]* that may be specified by the registration committee.

(4) An applicant must

(a) be a member of the armed forces of Canada or the United States of America, and provide evidence thereof satisfactory to the registration committee, or

(b) authorize the applicant's current and former employers to provide information regarding the applicant's current psychiatric nursing practice.

(5) An applicant who is a registrant must be in good standing.

(6) An applicant must sign a declaration confirming that the applicant is applying for registration in the class of temporary RPN (emergency) registrants solely for the purpose of providing assistance during the emergency situation.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary RPN (emergency) registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of temporary RPN (emergency) registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary RPN (emergency) registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of temporary RPN (emergency) registrants under these bylaws.

## Employed student psychiatric nurse registration

**108** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of employed student psychiatric nurse registrants are established in subsections (2) and (3).

(2) An applicant must

(a) be enrolled as a student in

(i) a psychiatric nursing education program specified in Schedule C, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RPN registrant, by the body that regulates the health profession corresponding to psychiatric nursing in the other province,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of an offer to be employed as a student psychiatric nurse in a health care setting in British Columbia during or between terms of the applicant's education program described in paragraph (a), and

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's enrollment in an education program described in paragraph (a), and that the applicant is the person named therein.

(3) Section 79(2), except paragraph (o), and (4) *[General conditions and requirements]* applies to an applicant.

(4) If a registrant in the class of employed student psychiatric nurse registrants ceases to be enrolled as a student in an education program described in subsection (2)(a), the registrant must deliver a written notice of that fact to the registrar not later than the date that is seven days after the date the registrant ceases to be enrolled.

(5) If a registrant in the class of employed student psychiatric nurse registrants ceases to be employed as described in subsection (2)(b), the registrant must deliver a written notice of that fact to the registrar not later than

(a) the date that is seven days after the date the registrant ceases to be employed, if the registrant is terminated for cause, or

(b) the date that is 30 days after the date the registrant ceases to be employed, in any other case.

(6) Despite section 144(2) *[Validity of annual registration]*, the registrar may cancel a registrant's registration in the class of employed student psychiatric nurse registrants

(a) on receipt of a notice under subsection (4) or (5), or

(b) if the registrar otherwise learns that the registrant has ceased to be enrolled as a student in an education program described in subsection (2)(a) or employed as described in subsection (2)(b).

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of employed student psychiatric nurse registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of employed student psychiatric nurse registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of employed student psychiatric nurse registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of employed student psychiatric nurse registrants under these bylaws.

# Division 4 – Registered Nurse Registrant Group

## Classes of RN registrants and LGN registrants

**109** (1) The following classes of registrants are established:

(a) practising RN registrants;

(b) provisional RN registrants for the purposes of section 20(4.3) of the Act;

(b.1) multijurisdictional RN registrants;

(c) non-practising RN registrants;

(d) practising LGN registrants;

(e) provisional LGN registrants for the purposes of section 20(4.3) of the Act;

(f) non-practising LGN registrants;

(g) temporary RN (emergency) registrants;

(h) employed student nurse registrants.

(2) A person must not be registered concurrently in more than one of the classes established in subsection (1).

## Practising RN registration

**110** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of practising RN registrants are established in subsections (3) to (7.1) and section 114 *[Canadian labour mobility for practising RNs]*.

(2) Despite subsection (1), a person described in section 111(2) *[Reinstatement of practising RN registration]* is not eligible for registration under this section.

(3) An applicant must

(a) have successfully completed

(i) a nursing education program specified in Schedule D, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RN registrant, by the body that regulates the health profession corresponding to nursing in the other province,

(b) have successfully completed the examinations required by the registration committee for the purpose of registration in the class of practising RN registrants, and

(c) deliver, or cause to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's degree, diploma or certificate from a program described in paragraph (a), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in paragraph (b), and

(iii) evidence satisfactory to the registration committee that the applicant is competent to practise as a practising RN registrant.

(4) The registration committee has discretion, in satisfying itself under section 20 of the Act that an applicant under subsection (3) meets the conditions and requirements for registration in the class of practising RN registrants, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (3)(a) and (c)(iii), and to grant registration in the class on that basis, if the applicant delivers, or causes to be delivered, to the college

(a) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein,

(b) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in subsection (3)(b), and

(c) evidence satisfactory to the registration committee reflecting the applicant's knowledge, skills and abilities.

(5) Section 79(2) to (4) *[General conditions and requirements]* applies to an applicant under subsection (3).

(6) Despite subsections (3) to (5), an applicant who is registered in the class of provisional RN registrants, and who was granted such registration under section 113(1) *[Provisional RN registration]*, may be granted registration in the class of practising RN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the registrant has successfully completed the examinations described in subsection (3)(b) and any other examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(7) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (6).

(7.1) Despite subsections (3) to (7) and section 114 *[Canadian labour mobility for practising RNs]*, an applicant who is a registrant in the class of multijurisdictional RN registrants may be granted registration in the class of practising RN registrants.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of practising RN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of practising RN registrants under these bylaws.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary RN (special event) registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of practising RN registrants under these bylaws, and

(b) despite Division 7 *[Renewal]*, the period of registration granted to the person under those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration was granted under those former bylaws.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of practising RN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising RN registrants under these bylaws.

(11) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary RN (special event)registrants under the former BCCNP bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising RN registrants under these bylaws.

## Reinstatement of practising RN registration

**111** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising RN registrants are established in subsections (2) to (9) and section 114 *[Canadian labour mobility for practising RNs]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising RN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of practising RN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the registered nurse registration class of registrants under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) An applicant who is a registrant must be in good standing.

(4) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising RN registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising RN registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the class of practising RN registrants under section 110 (3)(a) and (c)(iii) *[Practising RN registration]*.

(5) An applicant under subsection (4) must satisfy the practice hours requirement under section 112 *[RN practice hours requirement]*, unless the applicant meets the requirements, if any, of subsection (4)(b).

(6) Section 79(2) (a) to (g) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar not later than 60 days after ceasing to be a registrant in the class.

(7) Section 79(2) (a) to (g), (i) to (k) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar more than 60 days after ceasing to be a registrant in the class.

(8) Despite subsections (4) to (7), an applicant who is registered in the class of provisional RN registrants, and who was granted such registration under section 113(2) or (3) *[Provisional RN registration]*, may be granted reinstatement of registration in the class of practising RN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (8).

## RN practice hours requirement

112 To satisfy the practice hours requirement, an applicant must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of either

(a) having done not less than one of the following within the five-year period immediately preceding the date of application:

(i) engaged in the practice of nursing for a cumulative total of not fewer than 1,125 hours, as determined in accordance with criteria established by the board;

(ii) successfully completed

(A) a nursing education program specified in Schedule D,

(B) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RN registrant, by the body that regulates the health profession corresponding to nursing in the other province, or

(C) an education program determined by the registration committee to be equivalent to a nursing education program specified in Schedule D;

(iii) successfully completed a nursing re-entry program specified in Schedule D, or other re-entry program determined by the registration committee to be equivalent to a nursing re-entry program specified in Schedule D;

(iv) successfully completed a nursing practice experience under the guidance and supervision of a preceptor, if the preceptor and design of the nursing practice experience were approved in advance by the registration committee in accordance with any criteria established by the board for this purpose;

(v) successfully completed a post-basic program leading to a baccalaureate, masters or doctoral degree in nursing or a field related to nursing that is determined by the registration committee to be satisfactory to fulfill the practice hours requirement;

(vi) completed a competency assessment recognized by the registration committee for the purpose of assessing the substantial equivalency of an applicant's knowledge, skills and abilities to the conditions and requirements for registration in the practising RN registrant class under section 110(4) *[Practising RN registration]*, and successfully completed any subsequent supplementary education required by the registration committee, or

(b) current enrollment in a post-basic program described in paragraph (a)(v).

## Provisional RN registration

113 (1) An applicant under section 110(3) *[Practising RN registration]* may be granted registration in the class of provisional RN registrants if the applicant

(a) delivers, or causes to be delivered, to the college

(i) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein, and

(ii) evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising RN registrant, subject to any limits or conditions that may be imposed under section 20(4.3)(c) of the Act, and

(b) meets all the conditions and requirements under section 110(3) *[Practising RN registration]*.

(2) An applicant under section 111(4) *[Reinstatement of practising RN registration]* may be granted registration in the class of provisional RN registrants if the applicant

(a) meets all applicable conditions and requirements in section 111 *[Reinstatement of practising RN registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing

competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, or

(iii) satisfy the practice hours requirement under section 112 *[RN practice hours requirement]*, if the applicant is in the process of completing a nursing practice experience approved under section 112(a)(iv) *[RN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising RN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) Subject to subsection (4), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising RN registrants may be granted registration in the class of provisional RN registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156(1) *[Verification of QA activities]*, if the applicant has been selected for an audit under that section,

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, or

(iii) satisfy the practice hours requirement under section 112 *[RN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising RN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(4) An applicant described in subsection (3) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(5) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of provisional RN registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of provisional RN registrants under these bylaws,

(b) a requirement imposed by the registration committee under section 20(4.3)(b) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act, and

(c) a limit or condition imposed by the registration committee under section 20(4.3)(c) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act.

## Canadian labour mobility for practising RNs

**114** (1) Despite section 110 *[Practising RN registration]* and section 111 *[Reinstatement of practising RN registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising RN registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising RN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising RN registrants in British Columbia, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein, and

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to nursing in the other province.

(2) Section 79(2) *[General conditions and requirements],* except paragraph (o), applies to an applicant under subsection (1).

(3) Despite subsection (2), section 79(2)(n) *[General conditions and requirements]* does not apply to an applicant for reinstatement of registration under subsection (1).

## Canadian multijurisdictional RN registration

**114.1** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of multijurisdictional RN registrants are established in subsections (2) to (4).

(2) Subject to subsection (4), an applicant must

(a) hold registration or licensure in another province of Canada as the equivalent of a practising RN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising RN registrants in British Columbia,

(b) if the applicant holds registration or licensure as described in paragraph (a) in more than one other province, select only one of those provinces to be the "other province" for the purposes of paragraph (a) and the application of these bylaws to registration, including renewal or reinstatement of registration, in the class of multijurisdictional RN registrants, and,

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein.

(3) Section 79(2)(c) to (i) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (2).

(4) The other province referred to in subsection (2)(a) and the governing body that regulates the health profession corresponding to nursing in that other province must be, respectively, a province and a governing body that are specified by ordinary resolution of the board for the purpose of this section.

(5) The board must not specify a governing body under subsection (4) unless that governing body is a party to one or more agreements with the college respecting one or more aspects of the interjurisdictional or multijurisdictional practice of the corresponding health professions in each other's provinces.

## Non-practising RN registration

**115** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising RN registrants are established in subsections (3) to (6).

(2) Despite subsection (1), a person described in section 116(2) *[Reinstatement of non-practising RN registration]* is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising RN registrants, multijurisdictional RN registrants or practising NP registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising RN registrants under section 110 *[Practising RN registration]*, section 111 *[Reinstatement of practising RN registration]* or section 114 *[Canadian labour mobility for practising RNs]* or the class of multijurisdictional RN registrants under section 114.1 *[Canadian multijurisdictional RN registration],* as applicable, or

(c) be a registrant in the class of provisional RN registrants or provisional NP registrants who is granted such registration under section 113(2) or (3) *[Provisional RN registration]* or section 129(2) or (3) *[Provisional NP registration]*.

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising RN registrants, will not, in British Columbia,

(a) practise the designated health profession of nursing, or provide nursing services, except as authorized through concurrent registration in another class, or

(b) use the title "nurse" or "registered nurse" or a variation of either of those titles, or the abbreviation "RN", except in conjunction with the term "non-practising" or as authorized through concurrent registration in another class.

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 79(2) to (4) applies to an applicant described in subsection (3)(b) to the extent it would apply to an applicant under section 110 *[Practising RN registration]*, section 111 *[Reinstatement of practising RN registration]* or section 114 *[Canadian labour mobility for practising RNs]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising RN registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant's registration in the class of practising RN registrants or practising NP registrants is ended for all purposes.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of non-practising RN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of non-practising RN registrants under these bylaws.

(9) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of non-practising RN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of non-practising RN registrants under these bylaws.

## Reinstatement of non-practising RN registration

**116** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising RN registrants are established in subsections (2) to (5).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising RN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of non-practising RN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the non-practising registration class of registrants and was granted such registration on the basis of qualification for registered nurse registration or nurse practitioner registration, under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) Section 115(4) *[Non-practising RN registration]* applies to an applicant.

(4) Section 79(2) (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant who is a registrant.

(5) Section 79(2) (a), (d) to (f), (i) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant who is a former registrant.

## Practising LGN registration

**117** (1) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of practising LGN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of practising LGN registrants under these bylaws.

(2) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of practising LGN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising LGN registrants under these bylaws.

(3) Despite section 118 *[Reinstatement of practising LGN registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising LGN registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising LGN registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising LGN registrants in British Columbia, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein, and

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to nursing in the other province.

(4) Section 79(2), except paragraph (o), and (4) *[General conditions and requirements]* applies to an applicant under subsection (3).

(5) Despite subsection (4), section 79(2)(n) *[General conditions and requirements]* does not apply to an applicant for reinstatement of registration under subsection (3).

## Reinstatement of practising LGN registration

118 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising LGN registrants are established in subsections (2) to (9) and section 117(3) to (5) *[Practising LGN registration]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising LGN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of practising LGN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the licensed graduate nurse registration class of registrants under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) An applicant who is a registrant must be in good standing.

(4) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising LGN registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising LGN registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the practising RN registrant class under section 110(3)(a) and (c)(iii) *[Practising RN registration]*.

(5) An applicant under subsection (4) must satisfy the practice hours requirement under section 112 *[RN practice hours requirement]*, unless the applicant meets the requirements, if any, of subsection (4)(b).

(6) Section 79(2)(a) to (g) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar not later than 60 days after ceasing to be a registrant in the class.

(7) Section 79(2)(a) to (g), (i) to (k) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (4), if the completed application is delivered to the registrar more than 60 days after ceasing to be a registrant in the class.

(8) Despite subsections (4) to (7), an applicant who is registered in the class of provisional LGN registrants, and who was granted such registration under section 119(1) or (2) *[Provisional LGN registration]*, may be granted reinstatement of registration in the class of practising LGN registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (8).

## Provisional LGN registration

**119** (1) An applicant under section 118(4) *[Reinstatement of practising LGN registration]* may be granted registration in the class of provisional LGN registrants if the applicant

(a) meets all applicable conditions and requirements in section 118 *[Reinstatement of practising LGN registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, or

(iii) satisfy the practice hours requirement under section 112 *[RN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising LGN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(2) Subject to subsection (3), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising LGN registrants may be granted registration in the class of provisional LGN registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156(1) *[Verification of QA activities]*, if the applicant has been selected for an audit under that section,

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, or

(iii) satisfy the practice hours requirement under section 112*[RN practice hours requirement]*, if the applicant is in the process of completing a nursing practice experience approved under section 112(a)(iv) *[RN practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising LGN registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) An applicant described in subsection (2) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(4) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of provisional LGN registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of provisional LGN registrants under these bylaws,

(b) a requirement imposed by the registration committee under section 20(4.3)(b) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act, and

(c) a limit or condition imposed by the registration committee under section 20(4.3)(c) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act.

## Non-practising LGN registration

120 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising LGN registrants are established in subsections (3) to (6).

(2) For greater certainty, an applicant must not be a person described in section 121(2) *[Reinstatement of non-practising LGN registration]*.

(3) An applicant must

(a) be a registrant in the class of practising LGN registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising LGN registrants under section 117(3) *[Practising LGN registration]* or 118 *[Reinstatement of practising LGN registration]*, as applicable, or

(c) be a registrant in the class of provisional LGN registrants who is granted such registration under section 119(1) or (2) *[Provisional LGN registration]*.

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising LGN registrants, will not, in British Columbia,

(a) practise the designated health profession of nursing, or provide nursing services, except as authorized through concurrent registration in another class, or

(b) use the title "nurse" or licensed graduate nurse" or a variation of either of those titles, or the abbreviation "LGN", except in conjunction with the term "non-practising" or as authorized through concurrent registration in another class, and

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 79(2) to (4) applies to an applicant described in subsection (3)(b) to the extent it would apply to an applicant under section 117(3) *[Practising LGN registration]* or 118 *[Reinstatement of practising LGN registration]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising LGN registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant's registration in the class of practising LGN registrants is ended for all purposes.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of non-practising LGN registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of non-practising LGN registrants under these bylaws.

(9) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of non-practising LGN registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of non-practising LGN registrants under these bylaws.

## Reinstatement of non-practising LGN registration

121 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising LGN registrants are established in subsections (2) to (5).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising LGN registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of non-practising LGN registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the non-practising registration class of registrants and was granted such registration on the basis of qualification for licensed graduate nurse registration, under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) Section 120(4) *[Non-practising LGN registration]* applies to an applicant.

(4) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant who is a registrant.

(5) Section 79(2)(a), (d) to (f), (i) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant who is a former registrant.

## Temporary RN (emergency) registration

122 (1) The provisions of this section do not operate unless a declaration of an emergency situation is made by the registrar under section 44(5) *[Registrar and chief executive officer]*.

(2) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of temporary RN (emergency) registrants are established in subsections (3) to (6).

(3) An applicant must

(a) hold registration or licensure in another jurisdiction in Canada or the United States of America as the equivalent of a practising RN registrant, which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to practising RN registrants in British Columbia, and deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure, and that the applicant is the person named therein, or

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to reinstatement of registration in the class of practising RN registrants under section 111 *[Reinstatement of practising RN registration]*, including all applicable items under section 79(2) to (4) *[General conditions and requirements]*, unless the applicant

(i) is seeking reinstatement of registration under this section, and

(ii) their most recent registration under this section has been cancelled for not more than 180 days, in which case they must deliver, or cause to be delivered, to the college the applicable items under section 79(2) to (4) *[General conditions and requirements]* that may be specified by the registration committee.

(4) An applicant must

(a) be a member of the armed forces of Canada or the United States of America, and provide evidence thereof satisfactory to the registration committee, or

(b) authorize the applicant's current and former employers to provide information regarding the applicant's current nursing practice.

(5) An applicant who is a registrant must be in good standing.

(6) An applicant must sign a declaration confirming that the applicant is applying for registration in the class of temporary RN (emergency) registrants solely for the purpose of providing assistance during the emergency situation.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary RN (emergency) registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of temporary RN (emergency) registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary RN (emergency) registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of temporary RN (emergency) registrants under these bylaws.

## Employed student nurse registration

123 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of employed student nurse registrants are established in subsections (2) and (3).

(2) An applicant must

(a) be enrolled as a student in

(i) a nursing education program specified in Schedule D, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising RN registrant, by the body that regulates the health profession corresponding to nursing in the other province,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of an offer to be employed as a student nurse in a health care setting in British Columbia during or between terms of the applicant's education program described in paragraph (a), and

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's enrollment in an education program described in paragraph (a), and that the applicant is the person named therein.

(3) Section 79(2), except paragraph (o), and (4) *[General conditions and requirements]* applies to an applicant.

(4) If a registrant in the class of employed student nurse registrants ceases to be enrolled as a student in an education program described in subsection (2)(a), the registrant must deliver a

written notice of that fact to the registrar not later than the date that is seven days after the date the registrant ceases to be enrolled.

(5) If a registrant in the class of employed student nurse registrants ceases to be employed as described in subsection (2)(b), the registrant must deliver a written notice of that fact to the registrar not later than

(a) the date that is seven days after the date the registrant ceases to be employed, if the registrant is terminated for cause, or

(b) the date that is 30 days after the date the registrant ceases to be employed, in any other case.

(6) Despite section 144(2) *[Validity of annual registration]*, the registrar may cancel a registrant's registration in the class of employed student nurse registrants

(a) on receipt of a notice under subsection (4) or (5), or

(b) if the registrar otherwise learns that the registrant has ceased to be enrolled as a student in a program described in subsection (2)(a) or employed as described in subsection (2)(b).

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of employed student nurse registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of employed student nurse registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of employed student nurse registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of employed student nurse registrants under these bylaws.

# Division 5 – Nurse Practitioner Registrant Group

## Classes of NP registrants

**124** (1) The following classes of registrants are established:

(a) practising NP registrants;

(b) provisional NP registrants for the purposes of section 20(4.3) of the Act;

(c) non-practising NP registrants;

(d) temporary NP (emergency) registrants.

(2) A person must not be registered concurrently in more than one of the classes established in subsection (1).

## Practising NP registration

125 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of practising NP registrants are established in subsections (3) to (7) and section 129.1 *[Canadian labour mobility for practising NPs].*

(2) Despite subsection (1), a person described in section 126(2) *[Reinstatement of practising NP registration]* is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising RN registrants, or deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising RN registrants under section 110 *[Practising RN registration]* or section 111 *[Reinstatement of practising RN registration]*, including all applicable items under section 79(2) to (4) *[General conditions and requirements],*

(b) have successfully completed

(i) a nurse practitioner education program specified in Schedule E, or

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising NP registrant, by the body that regulates the health profession corresponding to nursing in the other province.

(c) have successfully completed the examinations required by the registration committee for the purpose of registration in the class of practising NP registrants, and

(d) deliver, or cause to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's degree from a program referred to in paragraph (b), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in paragraph (c), and

(iii) evidence satisfactory to the registration committee that the applicant is competent to practise as a practising NP registrant.

(4) The registration committee has discretion, in satisfying itself under section 20 of the Act that an applicant under subsection (3) meets the conditions and requirements for registration in the class of practising NP registrants, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (3)(b) and (d)(iii), and to grant registration in the class on that basis, if the applicant

(a) meets all the conditions and requirements under subsection (3)(a), and

(b) delivers, or causes to be delivered, to the college

(i) original transcripts, or other evidence satisfactory to the registration committee, reflecting the applicant's degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in subsection (3)(c), and

(iii) evidence satisfactory to the registration committee reflecting the applicant's knowledge, skills and abilities.

(5) Section 79(2) to (4) *[General conditions and requirements]* applies to an applicant under subsection (3).

(6) Despite subsections (3) to (5), an applicant who is registered in the class of provisional NP registrants, and who was granted such registration under section 129(1) *[Provisional NP registration]*, may be granted registration in the class of practising NP registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the registrant has successfully completed the examinations described in subsection (3)(c) and any other examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(7) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (6).

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of practising NP registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of practising NP registrants under these bylaws.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary NP (special event) registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of practising NP registrants under these bylaws, and

(b) despite Division 7 *[Renewal]*, the period of registration granted to the person under those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration was granted under those former bylaws.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of practising NP registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising NP registrants under these bylaws.

(11) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary NP (special event)registrants under the former BCCNP bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising NP registrants under these bylaws.

## Reinstatement of practising NP registration

126 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising NP registrants are established in subsections (2) to (9) and section 129.1 *[Canadian labour mobility for practising NPs]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising NP registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of practising NP registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the nurse practitioner registration class of registrants under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) *Repealed*.

(4) An applicant who is a registrant must be in good standing.

(5) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising NP registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising NP registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the class of practising NP registrants under section 125(3)(b) and (d)(iii) *[Practising NP registration]*.

(6) An applicant under subsection (5) must satisfy the basic practice hours requirement under section 127 *[Basic practice hours requirement]* and the nurse practitioner practice hours requirement under section 128 *[NP practice hours requirement]*, unless the applicant meets the requirements, if any, of subsection (5)(b).

(7) Section 79(2) (a) to (g) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (5), if the completed application is delivered to the registrar not later than 60 days after ceasing to be a registrant in the class.

(8) Section 79(2) (a) to (g), (i) to (k)and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant under subsection (5), if the completed application is delivered to the registrar more than 60 days after ceasing to be a registrant in the class.

(9) Despite subsections (5) to (8), an applicant who is registered in the class of provisional NP registrants, and who was granted such registration under section 129(2) or (3) *[Provisional NP registration]*, may be granted reinstatement of registration in the class of practising NP registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, assessment under section 161 *[Assessment of professional performance]* or personal practice review under section 162 *[Personal practice review]*, and

(b) the applicant delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(10) Section 79(2)(a) to (e) and (p) to (s) *[General conditions and requirements]* applies to an applicant under subsection (9).

## Basic practice hours requirement

127 To satisfy the basic practice hours requirement, an applicant must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of having satisfied the practice hours requirement for practising RN registrants under section 112 *[RN practice hours requirement]*.

## NP practice hours requirement

128 To satisfy the nurse practitioner practice hours requirement, an applicant must, in addition to satisfying the basic practice hours requirement under section 127 *[Basic practice hours]*, deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of either

(a) having done at least one of the following within the three-year period immediately preceding the date of application:

(i) engaged in the practice of nursing as a nurse practitioner for a cumulative total of 900 hours, excluding any hours of nursing practice counted towards satisfaction of the basic practice hours requirement, in accordance with criteria established by the board;

(ii) engaged in the practice of nursing as a nurse practitioner for a cumulative total of 400 hours, excluding any hours of nursing practice counted towards satisfaction of the basic practice hours requirement, in accordance with criteria established by the board, and provided written evidence in a form acceptable to the registration committee which establishes the applicant's satisfactory performance as a nurse practitioner in such practice to the satisfaction of the registration committee, or

(b) having done at least one of the following within the time frame required by the registration committee:

(i) successfully completed

(A) a nurse practitioner education program specified in Schedule E,

(B) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising NP registrant, by the body that regulates the health profession corresponding to nursing in the other province, or

(C) another education program determined by the registration committee to be equivalent to a nurse practitioner education program specified in Schedule E.

(ii) successfully completed a nurse practitioner re-entry program specified in Schedule E, or other re-entry program determined by the registration committee to be equivalent to a nurse practitioner re-entry program specified in Schedule E;

(iii) successfully completed a nurse practitioner practice experience under the guidance and supervision of a preceptor, if the preceptor and design of the nurse practitioner practice experience were approved in advance by the registration committee in accordance with any criteria established by the board for this purpose.

## Provisional NP registration

129 (1) An applicant under section 125(3) *[Practising NP registration]* may be granted registration in the class of provisional NP registrants if the applicant

(a) meets all the conditions and requirements under section 125(3)(a) and (3) *[Practising NP registration]*,

(b) has successfully completed

(i) a nurse practitioner education program specified in Schedule E,

(ii) an education program, in another province of Canada, that is recognized for the purpose of registration as the equivalent of a practising NP registrant, by the body that regulates the health profession corresponding to nursing in the other province, or

(iii) another education program determined by the registration committee to be equivalent to a nurse practitioner education program specified in Schedule E, and

(c) delivers, or causes to be delivered, to the college

(i) an original transcript, or other evidence satisfactory to the registration committee, reflecting the applicant's degree, and evidence satisfactory to the registration committee that the applicant is the person named therein, and

(ii) evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising NP registrant, subject to any limits or conditions that may be imposed under section 20(4.3)(c) of the Act.

(1.1) Despite subsection (1), an applicant referred to in that subsection may be granted registration in the class of provisional NP registrants if the applicant

(a) meets all the conditions and requirements under that subsection except the condition or requirement under subsection (1)(b), and

(b) meets all the following conditions and requirements, as applicable:

(i) successful completion of an education program at the master's or doctoral degree level that is accepted, by a regulatory or licensing authority in a jurisdiction in Canada or the United States of America which registers, licences or recognizes the distinct class, category or specialty of neonatal nurse practitioner, as meeting the education requirement for registration, licensure or recognition in such class, category or specialty;

(ii) has delivered, or caused to be delivered, to the college evidence satisfactory to the registration committee of having engaged in the practice of nursing as a neonatal nurse practitioner for a minimum of 900 hours over the three-year period immediately preceding the date of application under this subsection, if the applicant did not within that period successfully complete the education program described in subparagraph (i);

(iii) successful completion of either the neonatal nurse practitioner certification examination offered by the National Certification Corporation and leading to the Neonatal Nurse Practitioner - Board Certified (NNP- BC) credential, or the neonatal oral and objective structured clinical examinations offered by the Ordre des Infirmières et Infirmiers du Québec.

(1.2) On January 1, 2025, subsection (1.1) and this subsection are repealed and the registration of a provisional registrant who is granted registration through meeting the requirements set out in subsection (1.1) is cancelled.

(2) An applicant under section 126(5) *[Reinstatement of practising NP registration]* may be granted registration in the class of provisional NP registrants if the applicant

(a) meets all applicable conditions and requirements in section 126 *[Reinstatement of practising NP registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, or

(iii) satisfy the basic practice hours requirement under section 127 *[Basic practice hours requirement]*, and the nurse practitioner practice hours requirement under section 128 *[NP Practice hours requirement]* if the applicant is in the process of completing a nurse practitioner practice experience approved under section 128(b)(iii) *[NP practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising NP registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) Subject to subsection (4), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising NP registrants may be granted registration in the class of provisional NP registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156(1) *[Verification of QA activities]*, if the applicant has been selected for an audit under that section,

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, or

(iii) satisfy the basic practice hours requirement under section 127 *[Basic practice hours requirement]* and the nurse practitioner practice hours requirement under section 128 *[NP practice hours requirement]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has a combination of knowledge, skills or abilities such that the applicant is competent to practise as if the applicant were a practising NP registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(4) An applicant described in subsection (3) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 162 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(5) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of provisional NP registrants under the former BCCNP bylaws,

(a) the person is deemed to be a registrant in the class of provisional NP registrants under these bylaws,

(b) a requirement imposed by the registration committee under section 20(4.3)(b) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act, and

(c) a limit or condition imposed by the registration committee under section 20(4.3)(c) of the Act in respect of the person continues to apply until removed or varied in accordance with the Act.

## Canadian labour mobility for practising NPs

129.1 (1) Despite section 125 *[Practising NP registration]* and section 126 *[Reinstatement of practising NP registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising NP registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising NP registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising NP registrants in British Columbia, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein, and

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to nursing in the other province.

(2) Section 79(2) [*General conditions and requirements*], except paragraph (o), applies to an applicant under subsection (1).

(3) Despite subsection (2), section 79(2)(n) [*General conditions and requirements*] does not apply to an applicant for reinstatement of registration under subsection (1).

## Non-practising NP registration

130 (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising NP registrants are established in subsections (3) to (6).

(2) Despite subsection (1), a person described in section 131(2) *[Reinstatement of non-practising NP registration]* is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising NP registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising NP registrants under section 125 *[Practising NP registration]*, section 126 *[Reinstatement of practising NP registration]* or section 129.1 *[Canadian labour mobility for practising NPs]*, as applicable, or

(c) be a registrant in the class of provisional NP registrants who is granted such registration under section 129(2) or (3) *[Provisional NP registration]*.

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising NP registrants, will not, in British Columbia,

(a) practise the designated health profession of nursing, or provide nursing services, except as authorized through concurrent registration in another class, or

(b) use the title "nurse practitioner", "registered nurse practitioner", "nurse" or "registered nurse" or a variation of any of those titles, or the abbreviation "NP", "RN" or "RN-NP", except in conjunction with the term "non-practising" or as authorized through concurrent registration in another class.

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 79(2) to (4) applies to an applicant described in subsection (3)(b) to the extent it would apply to an applicant under section 125 *[Practising NP registration],* section 126 *[Reinstatement of practising NP registration]* or section 129.1 *[Canadian labour mobility for practising NPs]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising NP registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant's registration in the class of practising NP registrants is ended for all purposes.

(8) A person who was, immediately before the 2020 amalgamation date, a registrant in the class of non-practising NP registrants under the former BCCNP bylaws is deemed to be a registrant in the class of non-practising NP registrants under these bylaws.

(9) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of non-practising NP registrants under the former BCCNP bylaws, including a person who applied for reinstatement of such registration, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of non-practising NP registrants under these bylaws.

## Reinstatement of non-practising NP registration

**131** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising NP registrants are established in subsections (2) to (6).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising NP registrants under these bylaws at any time on or after the 2020 amalgamation date,

(b) a registrant in the class of non-practising NP registrants under the former BCCNP bylaws at any time on or after the 2018 amalgamation date, or

(c) a registrant in the non-practising registration class of registrants and was granted such registration on the basis of qualification for nurse practitioner registration, under the former CRNBC bylaws at any time before the 2018 amalgamation date.

(3) *Repealed*.

(4) Section 130(4) *[Non-practising NP registration]* applies to an applicant.

(5) Section 79(2)(e) and (p) to (s) *[General conditions and requirements]* applies to an applicant who is a registrant.

(6) Section 79(2)(a), (d) to (f), (i) and (p) to (s) and (4) *[General conditions and requirements]* applies to an applicant who is a former registrant.

## Temporary NP (emergency) registration

132 (1) The provisions of this section do not operate unless a declaration of an emergency situation is made by the registrar under section 44(5) *[Registrar and chief executive officer]*.

(2) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of temporary NP (emergency) registrants are established in subsections (3) to (6).

(3) An applicant must

(a) hold registration or licensure in another jurisdiction in Canada or the United States of America as the equivalent of a practising NP registrant, which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to practising NP registrants in British Columbia, and deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's registration or licensure, and that the applicant is the person named therein, or

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to reinstatement of registration in the class of practising NP registrants under section 126 *[Reinstatement of practising NP registration]*, including all applicable items under section 79(2) to (4) *[General conditions and requirements]*, unless the applicant

(i) is seeking reinstatement of registration under this section, and

(ii) their most recent registration under this section has been cancelled for not more than 180 days, in which case they must deliver, or cause to be delivered, to the

college the applicable items under section 79(2) to (4) *[General conditions and requirements]* that may be specified by the registration committee.

(4) An applicant must

(a) be a member of the armed forces of Canada or the United States of America, and provide evidence thereof satisfactory to the registration committee, or

(b) authorize the applicant's current and former employers to provide information regarding the applicant's current nursing practice.

(5) An applicant who is a registrant must be in good standing.

(6) An applicant must sign a declaration confirming that the applicant is applying for registration in the class of temporary NP (emergency) registrants solely for the purpose of providing assistance during the emergency situation.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the class of temporary NP (emergency) registrants under the former BCCNP bylaws, the person is deemed to be a registrant in the class of temporary NP (emergency) registrants under these bylaws.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the class of temporary NP (emergency) registrants under the former BCCNP bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of temporary NP (emergency) registrants under these bylaws.

### Review of NP examination results

133 *Repealed.*

## Division 6 – Midwife Registrant Group

### Classes of midwife registrants

134 (1) The following classes of registrants are established:

(a) practising midwife registrants;

(b) provisional midwife registrants for the purposes of section 20(4.3) of the Act;

(c) non-practising midwife registrants;

(d) temporary midwife (emergency) registrants;

(e) student midwife registrants.

(2) A person must not be registered concurrently in more than one of the classes established in subsection (1).

## General conditions and requirements for midwife registrants

135 (1) The provisions of subsection (2) do not operate, except as made applicable by another provision of this Part to an applicant for registration, including reinstatement or renewal of registration, in a class established in section 134 *[Classes of midwife registrants]*.

(2) For the purpose of section 20(2)(b) of the Act, an applicant must deliver, or cause to be delivered, to the college the following:

(a) evidence satisfactory to the registration committee of the applicant's good character consistent with the responsibilities of a registrant;

(b) evidence satisfactory to the registration committee of the applicant's compliance with the standards of practice and standards of professional ethics for midwifery;

(c) proof of professional liability protection or insurance coverage as required under section 89 *[Professional liability protection]*;

(d) any outstanding fine, fee, debt, levy or other amount owed or owing by the applicant to the college, including without limitation any fine, fee, debt, levy or amount accrued or accruing before the 2020 amalgamation date;

(e) a declaration by the applicant, in a form acceptable to the registration committee, that the applicant is or will be compliant with the Act, the Regulation and these bylaws;

(f) a criminal record check authorization or, if permitted by the registration committee, a criminal record check verification authorization, in the form required under the *Criminal Records Review Act*;

(g) in the case of an applicant who is practising or has practised a health profession corresponding to midwifery, or another health profession, in another jurisdiction within the five-year period immediately preceding the date of application, an authorization for a criminal record check in that other jurisdiction;

(h) a declaration by the applicant, in a form acceptable to the registration committee, specifying the particulars of any of the following matters respecting the applicant's practice of midwifery or a health profession corresponding to midwifery in another jurisdiction:

(i) a finding of professional misconduct, incompetence or incapacity by a regulatory authority;

(ii) an investigation in progress by a regulatory authority;

(iii) a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint;

(iv) an agreement to an undertaking made by consent with a regulatory authority;

(v) a dismissal for cause by an employer;

(vi) a denial of registration by a regulatory authority;

(vii) a voluntary resignation of registration on the request or advice of a regulatory authority;

(viii) any verdict and recommendations of a coroner's investigation, inquiry or inquest;

(ix) a coroner's investigation, inquiry or inquest in progress;

(x) a denial, suspension, restriction or modification of hospital admitting privileges or a permit to practice;

(xi) a voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration;

(xii) a professional liability insurance claim;

(xiii) any pending civil or criminal action, notice of claim or settlement or judgement in any civil or criminal proceeding to which the applicant is a party;

(xiv) a conviction for any federal or provincial offence;

(xv) a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs the applicant's ability to practice midwifery;

(i) evidence satisfactory to the registration committee that any deficiency in the applicant's practice or ethics revealed by the matters disclosed under paragraph (h) has been remedied and there is no undue risk to public health and safety;

(j) a letter or certificate, in a form satisfactory to the registration committee, from each body responsible for the regulation of midwifery or another health profession in a jurisdiction where the applicant is, or has been, authorized to practice midwifery or another health profession, specifying particulars of any cancellation, suspension, limitation or conditions on the applicant's entitlement to practice, or any investigation, review or proceeding which could lead to cancellation, suspension, limitation or conditions on the applicant's entitlement to practice;

(k) evidence satisfactory to the registration committee of the applicant's English language proficiency;

(l) a notarized copy, or other evidence satisfactory to the registration committee, of the applicant's

(i) Canadian citizenship, or

(ii) authorization to reside and work in Canada, or in the case of an applicant for registration in the class of student midwife registrants, to reside and study in Canada;

(m) all information or records about the applicant, including without limitation notarized copies of government-issued records or other reliable, independent source records, that the registrar requires reasonably in the circumstances for the purpose of

(i) verifying the applicant's identity,

(ii) preventing misidentification of applicants, registrants or other persons, or

(iii) managing access to, or protecting the integrity and security of, the college's records, information systems and online services;

(n) a valid email address for the purpose of receiving communications from the college to the applicant, and without limitation all other personal contact, business contact or emergency contact information for the applicant that the registration committee requires reasonably in the circumstances;

(o) all information within the control of the registrant that is required under the Act to be set out in the public register, to the extent that such information is not required to be delivered to the college under another provision of these bylaws;

(p) any supplementary or supporting information or records about the applicant, and relevant to other information or another item required under these bylaws to be included in or with a registration application, that the registration committee or the registrar requires to be submitted in or with registration applications, generally or by class, from time to time.

(3) In subsection (2)(h), **"regulatory authority"** means a regulatory college, professional association or governmental body that regulates a profession.

## Practising midwife registration

**136** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of practising midwife registrants are established in subsections (3) to (9) and section 139 *[Canadian labour mobility for practising midwives]*.

(2) Despite subsection (1), a person described in section 137(2) *[Reinstatement of practising midwife registration]* is not eligible for registration under this section.

(3) An applicant must

(a) have successfully completed a midwifery education program specified in Schedule F,

(b) have attended as a midwife, in a jurisdiction where midwifery is recognized by law, at a minimum of sixty births within the five-year period immediately preceding the date of application, of which

(i) at least thirty births were conducted in accordance with the principles of continuity of care, and

(ii) at least forty births were attended as the principal midwife, of which

(A) at least five births were in a hospital setting, and

(B) at least five births were in a non-hospital setting,

(c) have successfully completed, not more than three years prior to the date of application, the examinations required by the registration committee for the purpose of registration in the class of practising midwife registrants,

(d) have current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills, from programs that are acceptable to the registration committee,

(e) have demonstrated education and certification, through successful completion of a midwifery education program specified in Schedule F or as otherwise approved by the registration committee, in the prescribing of drugs specified in Schedule I or IA of the Drug Schedules Regulation, B.C. Reg. 9/98, and

(f) deliver, or cause to be delivered, to the college

(i) a notarized, certified or other copy acceptable to the registration committee of the applicant's educational degrees, diplomas or certificates from programs referred to in paragraph (a), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has the attended the minimum number of births as described in paragraph (b),

(iii) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in paragraph (c), and

(iv) a notarized, certified or other copy acceptable to the registration committee of the applicant's certifications as described in paragraph (d) and (e), as applicable, and evidence satisfactory to the registration committee that the applicant is the person named therein.

(4) The registration committee has discretion, in satisfying itself under section 20 of the Act that an applicant under subsection (3) meets the conditions and requirements for registration in the

class of practising midwife registrants, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (3)(a) and (b), and to grant registration in the class on that basis, if the applicant delivers, or causes to be delivered to, the college

(a) a notarized, certified or other copy acceptable to the registration committee of the applicant's educational degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein,

(b) evidence satisfactory to the registration committee reflecting the applicant's knowledge, skills and abilities,

(c) evidence satisfactory to the registration committee that the applicant has successfully completed the examinations described in subsection (3)(c), and

(d) a notarized, certified or other copy acceptable to the registration committee of the applicant's certifications as described in subsection (3)(d) and (e), and evidence satisfactory to the registration committee that the applicant is the person named therein.

(5) Section 135(2) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant under subsection (3).

(6) Despite subsections (3) to (5), an applicant may be granted registration in the class of practising midwife registrants if the applicant

(a) is appointed to the full-time faculty of a midwifery education program specified in Schedule F,

(b) has successfully completed

(i) a midwifery education program specified in Schedule F, or

(ii) an education program, in another jurisdiction, that is recognized for the purpose of registration as the equivalent of a practising midwife registrant, by the body that regulates the health profession corresponding to midwifery in the other jurisdiction,

(c) has attended as a midwife, in a jurisdiction where midwifery is recognized by law, at a minimum of two hundred births,

(d) has attended as a midwife, in a jurisdiction where midwifery is recognized by law, at a minimum of twenty-five births within the five-year period immediately preceding the date of application, of which

(i) at least fifteen births were conducted in accordance with the principles of continuity of care,

(ii) at least twenty births were attended as the principal midwife, of which at least five births were in a hospital setting, and

(iii) at least five births were in a non-hospital setting and were attended as the principal midwife or second midwife,

(e) delivers, or causes to be delivered to, the college

(i) a notarized, certified or other copy acceptable to the registration committee of the applicant's educational degrees, diplomas or certificates from programs referred to in paragraph (b), and evidence satisfactory to the registration committee that the applicant is the person named therein,

(ii) evidence satisfactory to the registration committee that the applicant has the attended the minimum number of births as described in paragraphs (c) and (d), and

(f) meets all the conditions and requirements under subsection (3)(c) to (e) and (f)(iii) and (iv).

(7) Section 135(2) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant under subsection (6).

(8) Despite subsections (3) to (7), an applicant who is registered in the class of provisional midwife registrants, and who was granted such registration under section 138(1) *[Provisional midwife registration]*, may be granted registration in the class of practising midwife registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, or assessment under section 161 *[Assessment of professional performance]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the registrant has successfully completed the examinations described in subsection (3)(c) and any other examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 135(2)(a) to (e) and (l) to (p) *[General conditions and requirements for midwife registrants]* applies to an applicant under subsection (8).

(10) If a person was, immediately before the 2020 amalgamation date, a registrant in the general class of registrants under the former CMBC bylaws, the person is deemed to be a registrant in the class of practising midwife registrants.

(11) If a person was, immediately before the 2020 amalgamation date, a registrant in the temporary class of registrants under the former CMBC bylaws and was granted such registration under section 51(1)(b) to (h) of those former bylaws,

(a) the person is deemed to be a registrant in the class of practising midwife registrants, and

(b) despite Division 7 *[Renewal]*, the period of registration granted to the person under section 51(2)(b) or (4)(b) of those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration, or any renewal of it, was granted under those former bylaws.

(12) If a person was, immediately before the 2020 amalgamation date, a registrant in the temporary (limited scope) class of registrants under the former CMBC bylaws,

(a) the person is deemed to be a registrant in the class of practising midwife registrants, and

(b) despite Division 7 *[Renewal]*, the period of registration granted to the person under section 52(2) or (3) of those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration, or any renewal of it, was granted under those former bylaws, or March 31, 2021, whichever is earlier, unless it is renewed in accordance with Division 7 *[Renewal]*.

(13) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (remedial) class of registrants under the former CMBC bylaws and, immediately before becoming such a registrant, was a registrant in

(a) the general class of registrants under those former bylaws,

(b) the temporary class of registrants under those former bylaws and was granted such registration under section 51(1)(b) to (h) of those former bylaws, or

(c) the temporary (limited scope) class of registrants under those former bylaws,

the person is deemed to be a registrant in the class of practising midwife registrants, and

(d) the suspension of the person's registration, or the limits or conditions on the person's practice of midwifery, that was or were in effect immediately before the 2020 amalgamation date continues or continue to apply until removed or varied in accordance with this Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, and

(e) as applicable, and despite Division 7 *[Renewal]*, the period of registration in the class specified in paragraph (b) or (c) granted to the person under the former CMBC bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration, or any renewal of it, was granted under those former bylaws, or March 31, 2021, whichever is earlier, unless it is renewed in accordance with Division 7 *[Renewal]*.

(14) A person who applied, before the 2020 amalgamation date, to be a registrant in the general class of registrants under section 47(1) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection (3).

(15 ) A person who applied, before the 2020 amalgamation date, to be a registrant in the general class of registrants under section 47(2) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 139 *[Canadian labour mobility for practising midwives]*.

(16) A person who applied, before the 2020 amalgamation date, to be a registrant in the general class of registrants under section 47(4) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection (6).

(17) A person who applied, before the 2020 amalgamation date, to be a registrant in the general class of registrants under section 47(5)(a) or (b) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection (8).

(18) All applications made before the 2020 amalgamation date for registration in the general class of registrants under section 47(5)(c) or (d) of the former CMBC bylaws that have not, as of that date, been granted or refused are ended for all purposes on that date.

(19) A person who applied, before the 2020 amalgamation date, to be a registrant in the conditional class of registrants under the former CMBC bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection(3) or (6) or section 139 *[Canadian labour mobility for practising midwives]*, as applicable.

(20) All applications made before the 2020 amalgamation date for registration in the conditional (return to practice) class of registrants under section 50(1)(a)(i) or (ii) of the former CMBC bylaws that have not, as of that date, been granted or refused are ended for all purposes on that date.

(21) A person who applied, before the 2020 amalgamation date, to be a registrant in the conditional (return to practice) class of registrants under section 50(1)(a)(iii) or (iv) of the former CMBC bylaws, but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 137(4) *[Reinstatement of practising midwife registration]*.

(22) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary class of registrants under section 51(1)(a) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection (3).

(23) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary class of registrants under section 51(1)(b) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 139 *[Canadian labour mobility for practising midwives]*.

(24) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary class of registrants under section 51(1)(c) or (d) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 137(4) *[Reinstatement of practising midwife registration]*.

(25 ) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary class of registrants under section 51(1)(e) or (f) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under subsection (8).

(26) All applications made before the 2020 amalgamation date for registration in the temporary class of registrants under section 51(1)(g) or (h) of the former CMBC bylaws that have not, as of that date, been granted or refused are ended for all purposes on that date.

(27) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary (limited scope) class of registrants under section 52(1)(a) or (b) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 137(4) *[Reinstatement of practising midwife registration]*.

(28) All applications made before the 2020 amalgamation date for registration in the temporary (limited scope) class of registrants under section 52(1)(c) or (d) of the former CMBC bylaws that have not, as of that date, been granted or refused are ended for all purposes on that date.

(29) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary (limited scope) class of registrants under section 52(1)(e) of the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of practising midwife registrants under section 139 *[Canadian labour mobility for practising midwives]*.

## Reinstatement of practising midwife registration

**137** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of practising midwife registrants are established in subsections (2) to (9) and section 139 *[Canadian labour mobility for practising midwives]*.

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of practising midwife registrants at any time on or after the 2020 amalgamation date, or

(b) a registrant in the general class of registrants under the former CMBC bylaws at any time before the 2020 amalgamation date.

(3) An applicant who is a registrant must be in good standing.

(4) An applicant

(a) must deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, and

(b) must

(i) undergo any assessment of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be considered for reinstatement as a practising midwife registrant,

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities that the registration committee considers necessary for the applicant to be reinstated as a practising midwife registrant, and

(iii) deliver, or cause to be delivered, to the college any other information required by and acceptable to the registration committee showing, to the satisfaction of the registration committee, that the applicant has maintained knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established for applicants for registration in the class of practising midwife registrants under section 136(3)(a) and (b) *[Practising midwife registration]*, and

(5) An applicant must meet all the conditions and requirements under section 136(3)(d), (e) and (f)(iv) *[Practising midwife registration]*.

(6) Section 135(2)(c), (e) and (h) *[General conditions and requirements for midwife registrants]* applies to an applicant under subsection (4) who is a registrant.

(7) Section 135(2) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant under subsection (4) who is a former registrant.

(8) Despite subsections (4) to (7), an applicant who is registered in the class of provisional midwife registrants, and who was granted such registration under section 138(2) or (3) *[Provisional midwife registration]*, may be granted reinstatement of registration in the class of practising midwife registrants if the applicant

(a) is not subject to any incomplete audit under section 156(1) *[Verification of QA activities]*, or assessment under section 161 *[Assessment of professional performance]*, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant has successfully completed any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(9) Section 135(2)(a) to (e) and (l) to (p) *[General conditions and requirements for midwife registrants]* applies to an applicant under subsection (8).

## Provisional midwife registration

138 (1) An applicant under section 136(3) or (6) *[Practising midwife registration]* may be granted registration in the class of provisional midwife registrants if the applicant

(a) delivers, or causes to be delivered, to the college

(i) a notarized, certified or other copy acceptable to the registration committee of the applicant's educational degrees, diplomas or certificates, and evidence satisfactory to the registration committee that the applicant is the person named therein, and

(ii) evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising midwife registrant, subject to any limits or conditions that may be imposed under section 20(4.3)(c) of the Act, and

(b) meets all the conditions and requirements under section 136(5) *[Practising midwife registration]*.

(2) An applicant under section 137(4) *[Reinstatement of practising midwife registration]* may be granted registration in the class of provisional midwife registrants if the applicant

(a) meets all applicable conditions and requirements in section 137 *[Reinstatement of practising midwife registration]* except the requirement that the applicant

(i) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 159 *[QA requirements for reinstatement of practising registration]*, or

(ii) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of successful completion of any examinations or upgrading of knowledge, skills or abilities and provide any other evidence satisfactory to the registration committee showing maintenance of knowledge, skills and abilities as described in that section, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising midwife registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(3) Subject to subsection (4), an applicant under Division 7 *[Renewal]* for annual renewal of registration in the class of practising midwife registrants may be granted registration in the class of provisional midwife registrants if the applicant

(a) meets all applicable conditions and requirements under section 146 *[Annual renewal conditions and requirements]* except the requirement that the applicant

(i) complete an audit under section 156 *[Verification of QA activities]*, if the applicant has been selected for an audit under that section, or

(ii) comply with the requirements for an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant has been selected for an assessment under that section, and

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant's knowledge, skills and abilities are such that the applicant is competent to practise as if the applicant were a practising midwife registrant, subject to any limits or conditions that may be imposed by the registration committee under section 20(4.3)(c) of the Act.

(4) An applicant described in subsection (3) may be granted provisional registration under that subsection only for the purpose of allowing the applicant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]* or assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(5) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional class of registrants under the former CMBC bylaws,

(a) the person is deemed to be a registrant in the class of provisional midwife registrants who has applied for registration in the class of practicing midwife registrants under section 136(3) or (6) *[Practising midwife registration]*, as applicable,

(b) the period of registration granted to the person under section 48(3) or (5) of those former bylaws is deemed to be a limited period of registration specified by the registration committee under section 20(4.3)(a) of the Act,

(c) the condition or requirement imposed under sections 47(5)(a) and 48(6) of those former bylaws for that person to prove successful completion of the educational upgrading courses or practice requirements specified by the registration committee is deemed to be a requirement imposed by the registration committee under section 20(4.3)(b) of the Act, and

(d) any limits or conditions on provision of midwifery services by that person imposed under section 48(6) of those former bylaws are deemed to be limits or conditions imposed by the registration committee under section 20(4.3)(c) of the Act.

(6) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (return to practice) class of registrants under the former CMBC bylaws,

(a) the person is deemed to be a registrant in the class of provisional midwife registrants who has applied for reinstatement of registration in the class of practicing midwife registrants under section 137(4) *[Reinstatement of practising midwife registration]*,

(b) the period of registration granted to the person under section 50(2) or (4) of those former bylaws is deemed to be a limited period of registration specified by the registration committee under section 20(4.3)(a) of the Act,

(c) the condition or requirement imposed under sections 47(5)(b) and 50(5) of those former bylaws for that person to prove successful completion of the educational upgrading courses or practice requirements specified by the registration committee is deemed to be a requirement imposed by the registration committee under section 20(4.3)(b) of the Act, and

(d) any limits or conditions on provision of midwifery services by that person imposed under section 50(5) of those former bylaws are deemed to be limits or conditions imposed by the registration committee under section 20(4.3)(c) of the Act.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the temporary class of registrants under the former CMBC bylaws, and was granted such registration under section 51(1)(a) of those former bylaws,

(a) the person is deemed to be a registrant in the class of provisional midwife registrants who has applied for registration in the class of practicing midwife registrants under section 136(3) *[Practising midwife registration]*,

(b) the period of registration granted to the person under section 51(2)(a) or (4) of those former bylaws is deemed to be a limited period specified by the registration committee under section 20(4.3)(a) of the Act,

(c) the condition or requirement imposed under

(i) section 47(5)(c) of those former bylaws for that person to prove successful completion of an examination as required under section 47(1)(c) of those former bylaws, or

(ii) section 47(1)(d) of those former bylaws, and any related undertakings given by that person, for that person to prove successful completion of a jurisprudence examination,

is deemed to be a requirement imposed by the registration committee under section 20(4.3)(b) of the Act, and

(d) any limits or conditions on provision of midwifery services by that person imposed under those former bylaws are deemed to be limits or conditions imposed by the registration committee under section 20(4.3)(c) of the Act.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (remedial) class of registrants under the former CMBC bylaws and, immediately before becoming such a registrant, was

(a) a registrant in the conditional class of registrants under those former bylaws,

(b) a registrant in the conditional (return to practice) class of registrants under those former bylaws, or

(c) a registrant in the temporary class of registrants under those former bylaws, and was granted such registration under section 51(1)(a) of those former bylaws,

the person is deemed to be a registrant in the class of provisional midwife registrants, and

(d) subsection (5) applies to a person referred to in paragraph (a),

(e) subsection (6) applies to a person referred to in paragraph (b), and

(f) subsection (7) applies to a person referred to in paragraph (c),

and the suspension of the person's registration, or the limits or conditions on the person's practice of midwifery, that was or were in effect immediately before the 2020 amalgamation date continues or continue to apply until removed or varied in accordance with this Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act.

## Canadian labour mobility for practising midwives

**139** (1) Despite section 136 *[Practising midwife registration]* and section 137 *[Reinstatement of practising midwife registration]*, an applicant may be granted registration, including reinstatement of registration, in the class of practising midwife registrants if the applicant

(a) holds registration or licensure in another province of Canada as the equivalent of a practising midwife registrant, which is not subject to any practice limitations, restrictions or conditions that do not apply generally to practising midwife registrants in British Columbia,

(b) delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee

(i) of the applicant's registration or licensure in the other province as described in paragraph (a), and that the applicant is the person named therein,

(ii) that the applicant meets all applicable continuing competence or quality assurance requirements established by the body that regulates the health profession corresponding to midwifery in the other province, and

(iii) that the applicant has successfully completed the jurisprudence examination required by the registration committee for the purpose of registration in the class of practising midwife registrants, and

(c) meets all the conditions and requirements under section 136(3)(d), (e) and (f)(iv) *[Practising midwife registration]*.

(2) Section 135(2) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant under subsection (1).

(3) Despite subsection (2), section 135(2)(k) *[General conditions and requirements for midwife registrants]* does not apply to an applicant for reinstatement of registration under subsection (1).

## Non-practising midwife registration

**140** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of non-practising midwife registrants are established in subsections (3) to (6).

(2) Despite subsection (1), a person described in section 141(2) *[Reinstatement of non-practising midwife registration]* is not eligible for registration under this section.

(3) An applicant must

(a) be a registrant in the class of practising midwife registrants,

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee that the applicant is entitled to registration or reinstatement of registration in the class of practising midwife registrants under section 136 *[Practising midwife registration]*, section 137 *[Reinstatement of practising midwife registration]* or section 139 *[Canadian labour mobility for practising midwives]*, as applicable, or

(c) be a registrant in the class of provisional midwife registrants who is granted such registration under section 138(2) or (3) *[Provisional midwife registration].*

(4) An applicant must deliver to the college an undertaking by the applicant that the applicant, while registered in the class of non-practising midwife registrants, will not, in British Columbia,

(a) practise the designated health profession of midwifery, or provide midwifery services, except as authorized through concurrent registration in another class, or

(b) use the title “midwife”, “registered midwife”, “sage-femme”, “sage-femme autorisée”, “Indigenous midwife” or “sage-femme autochtone” or a variation of any of those titles, or the abbreviation “RM” or “sfa”, except in conjunction with the term “non-practising”.

(5) Section 135(2)(e) and (m) to (p) *[General conditions and requirements for midwife registrants]* applies to an applicant described in subsection (3)(a) or (c).

(6) For greater certainty, section 135(2) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant described in subsection (3)(b) to the extent they would apply to an applicant under section 136 *[Practising midwife registration]*, section 137 *[Reinstatement of practising midwife registration]* or section 139 *[Canadian labour mobility for practising midwives]*, as the case may be.

(7) For greater certainty, if registration in the class of non-practising midwife registrants is granted to an applicant described in subsection (3)(c), any application for reinstatement of the applicant’s registration in the class of practising midwife registrants is ended for all purposes.

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the non-practising class of registrants under the former CMBC bylaws, the person is deemed to be a registrant in the class of non-practising midwife registrants.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (remedial) class of registrants under the former CMBC bylaws and, immediately before becoming such a registrant, was a registrant in the non-practising class of registrants under those former bylaws,

(a) the person is deemed to be a registrant in the class of non-practising midwife registrants, and

(b) the suspension of the person’s registration, or the limits or conditions on the person’s practice of midwifery, that was or were in effect immediately before the 2020 amalgamation date continues or continue to apply until removed or varied in accordance with this Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the non-practising class of registrants under the former CMBC bylaws, but whose application has not, as of the 2020 amalgamation date, been granted or refused is deemed to have applied to be a registrant in the class of non-practising midwife registrants.

## Reinstatement of non-practising midwife registration

**141** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for reinstatement of registration in the class of non-practising midwife registrants are established in subsections (2) to (5).

(2) An applicant must be a registrant or former registrant who was

(a) a registrant in the class of non-practising midwife registrants at any time on or after the 2020 amalgamation date, or

(b) a registrant in the non-practising class of registrants under the former CMBC bylaws at any time before the 2020 amalgamation date.

(3) Section 140(4) *[Non-practising midwife registration]* applies to an applicant.

(4) Section 135(2)(e) and (m) to (p) *[General conditions and requirements for midwife registrants]* applies to an applicant who is a registrant.

(5) Section 135(2)(a), (d) to (f), (j) and (m) to (p) *[General conditions and requirements for midwife registrants]* and section 79(4) *[General conditions and requirements]* apply to an applicant who is a former registrant.

## Temporary midwife (emergency) registration

142 (1) The provisions of this section do not operate unless a declaration of an emergency situation is made by the registrar under section 44(5) *[Registrar and chief executive officer]*.

(2) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration, including reinstatement of registration, in the class of temporary midwife (emergency) registrants are established in subsections (3) to (6).

(3) An applicant must

(a) meet all the requirements under section 139(1)(a), (b)(i) and (ii) and (c) *[Canadian labour mobility for practising midwives]*,

(b) be a registrant in the class of non-practising midwife registrants who meets all the conditions and requirements under section 136(3)(d), (e) and (f)(iv) *[Practising midwife registration]* and section 159(2) *[QA requirements for reinstatement of practising registration]*, or

(c) be a former registrant

(i) whose most recent previous registration was as a registrant in

(A) the class of practising midwife registrants, non-practising midwife registrants or temporary midwife (emergency) registrants, or

(B) the general, temporary, temporary (emergency) or non-practising class of registrants under the former CMBC bylaws,

(ii) whose registration referred to in paragraph (a) was not cancelled under Part 3 of the Act and who was in good standing at the time of cancellation, and

(iii) who meets all the conditions and requirements under section 136(3)(d), (e) and (f)(iv) *[Practising midwife registration]*.

(4) An applicant who is a registrant must be in good standing.

(5) An applicant must sign a declaration confirming that the applicant is applying for registration in the class of temporary midwife (emergency) registrants solely for the purpose of providing assistance during the emergency situation.

(6) Section 135(2)(l) *[General conditions and requirements for midwife registrants]* applies to an applicant under this section.

(7) Section 135(2) *[General conditions and requirements for midwife registrants]* applies to an applicant under subsection (3)(c).

(8) If a person was, immediately before the 2020 amalgamation date, a registrant in the temporary (emergency) class of registrants under the former CMBC bylaws, the person is deemed to be a registrant in the class of temporary midwife (emergency) registrants, and subsection (9)(c) applies to the person.

(9) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (remedial) class of registrants under the former CMBC bylaws and, immediately before becoming such a registrant, was a registrant in the temporary (emergency) class of registrants under those former bylaws,

(a) the person is deemed to be a registrant in the class of temporary midwife (emergency) registrants,

(b) the suspension of the person's registration, or the limits or conditions on the person's practice of midwifery, that was or were in effect immediately before the 2020 amalgamation date continues or continue to apply until removed or varied in accordance with this Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, and

(c) the period of registration in the temporary (emergency) class of registrants granted to the person under those former bylaws is valid from the time it was effective until not later than the expiry date specified at the time such registration, or any renewal of it, was granted under those former bylaws, unless it is renewed in accordance with section 150 *[Validity and renewal of emergency registration]*.

(10) A person who applied, before the 2020 amalgamation date, to be a registrant in the temporary (emergency) class of registrants under the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of temporary midwife (emergency) registrants.

## Student midwife registration

**143** (1) For the purpose of section 20(2)(b) of the Act, the conditions and requirements for registration in the class of student midwife registrants are established in subsections (2) and (3).

(2) An applicant must

(a) be enrolled as a student in a midwifery education program specified in Schedule F, and

(b) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of the applicant's enrollment in a program referred to paragraph (a), and that the applicant is the person named therein

(3) Section 135(2) *[General conditions and requirements for midwife registrants]*, except section 135(2)(c), and section 79(4) *[General conditions and requirements]* apply to an applicant.

(4) If a registrant in the class of student midwife registrants ceases to be enrolled as a student in a program referred to in subsection (2)(a), the registrant must deliver a written notice of that fact to the registrar not later than the date that is seven days after the date the registrant ceases to be enrolled.

(5) Despite section 144(3) *[Validity of annual registration]*, the registrar may cancel a registrant's registration in the class of student midwife registrants

(a) on receipt of a notice under subsection (4), or

(b) if the registrar otherwise learns that the registrant has ceased to be enrolled as a student in a program referred to in subsection (2)(a).

(6) A person who was, immediately before the 2020 amalgamation date, a registrant in the student class of registrants under the former CMBC bylaws is deemed to be a registrant in the class of student midwife registrants, and subsection (7)(c) applies to the person.

(7) If a person was, immediately before the 2020 amalgamation date, a registrant in the conditional (remedial) class of registrants under the former CMBC bylaws and, immediately before becoming such a registrant, was a registrant in the student class of registrants under those former bylaws,

(a) the person is deemed to be a registrant in the class of student midwife registrants,

(b) the suspension of the person's registration, or the limits or conditions on the person's practice of midwifery, that was or were in effect immediately before the 2020 amalgamation date continues or continue to apply until removed or varied in accordance with this Act and any applicable agreement or order made under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, and

(c) despite Division 7 *[Renewal]*, the period of registration in the student class of registrants granted to the person under those former bylaws is valid from the time it is effective until not later than the expiry date specified at the time such registration, or any renewal of it, was granted under those former bylaws, or March 31, 2021, whichever is earlier, unless it is renewed in accordance with Division 7 *[Renewal]*.

(8) A person who applied, before the 2020 amalgamation date, to be a registrant in the student class of registrants under the former CMBC bylaws but whose application has not, as of that date, been granted or refused is deemed to have applied to be a registrant in the class of student midwife registrants.

# Division 7 – Renewal

## Validity of annual registration

144 (1) Unless it is renewed in accordance with this Division, a registrant's registration in any of the following classes, and any renewal of it, is valid from the time it is effective until not later than the following March 31:

(a) practising LPN registrants;

(b) non-practising LPN registrants;

(c) practising RPN registrants;

(d) non-practising RPN registrants;

(e) practising RN registrants;

(f) non-practising RN registrants;

(g) practising LGN registrants;

(h) non-practising LGN registrants;

(i) practising NP registrants;

(j) non-practising NP registrants;

(k) practising midwife registrants;

(l) non-practising midwife registrants.

(2) Unless it is renewed in accordance with this Division, a registrant's registration in the class of employed student psychiatric nurse registrants or employed student nurse registrants , and any renewal of it, is valid from the time it is effective until not later than the earlier of

(a) the following March 31, and

(b) the date that is 30 days after the earlier of

(i) the date the registrant ceases to be enrolled as a student in an education program described in section 108(2)(a) *[Employed student psychiatric nurse registration]* or section 123(2)(a) *[Employed student nurse registration]*, as the case may be, and

(ii) the date the registrant ceases to be employed as described in section 108(2)(b) *[Employed student psychiatric nurse registration]* or section 123(2)(b) *[Employed student nurse registration]*, as the case may be.

(3) Unless it is renewed in accordance with this Division, a registrant's registration in the class of student midwife registrants, and any renewal of it, is valid from the time it is effective until not later than the earlier of

(a) the following August 31, and

(b) the date that is 30 days after the date the registrant ceases to be enrolled as a student in an education program described in section 143(2)(a) *[Student midwife registration]*.

(4) Despite subsection (1) and section 145 *[Annual renewal required]*, but subject to subsection (2), if a registrant's registration in a class specified in section 145(1)(a) to (l) *[Annual renewal required]*, including for greater certainty the registration of a registrant who is deemed under these bylaws to be a registrant in that class as of the 2020 amalgamation date,

(a) was renewed under the former BCCNP bylaws

(i) in 2019, in the case of a registrant in the class of practising LPN registrants or non-practising LPN registrants, or

(ii) in 2020, in any other case,

(b) was granted initially or reinstated under the former BCCNP bylaws in 2020, or

(c) is granted initially or reinstated under these bylaws before March 1, 2021,

the registrant's registration in the class

(d) is valid from the time it is effective until not later than February 28, 2021, unless it is renewed in accordance with this Division,

(e) is subject to renewal, in accordance with this Division, before March 1, 2021, and

(f) if it is renewed in accordance with this Division before March 1, 2021, is valid on and from that date.

(5) If a registrant's registration in the class of practising midwife registrants or non-practising midwife registrants, including for greater certainty the registration of a registrant who is deemed under these bylaws to be a registrant in that class as of the 2020 amalgamation date,

(a) was renewed under the former CMBC bylaws in 2020,

(b) was granted initially or reinstated under the former CMBC bylaws in 2020, or

(c) is granted initially or reinstated under these bylaws before March 31, 2021,

the registrant's registration in the class

(d) is valid from the time it is effective until not later than March 31, 2021, unless it is renewed in accordance with this Division,

(e) is subject to renewal, in accordance with this Division, before April 1, 2021, and

(f) if it is renewed in accordance with this Division before April 1, 2021, is valid on and from that date.

(6) Subject to subsection (3), if a registrant's registration in the class of student midwife registrants, including for greater certainty the registration of a registrant who is deemed under these bylaws to be a registrant in that class as of the 2020 amalgamation date,

(a) was renewed under the former CMBC bylaws in 2020,

(b) was granted initially or reinstated under the former CMBC bylaws in 2020, or

(c) is granted initially or reinstated under these bylaws before August 31, 2021,

the registrant's registration in the class

(d) is valid from the time it is effective until not later than August 31, 2021, unless it is renewed in accordance with this Division,

(e) is subject to renewal, in accordance with this Division, before September 1, 2021, and

(f) if it is renewed in accordance with this Division before September 1, 2021, is valid on and from that date.

## Annual renewal required

**145** (1) A registrant's registration in any of the following classes is subject to renewal by the registration committee in accordance with this Division before April 1 in each year:

(a) practising LPN registrants;

(b) non-practising LPN registrants;

(c) practising RPN registrants;

(d) non-practising RPN registrants;

(e) employed student psychiatric nurse registrants;

(f) practising RN registrants;

(g) non-practising RN registrants;

(h) practising LGN registrants;

(i) non-practising LGN registrants;

(j) employed student nurse registrants;

(k) practising NP registrants;

(l) non-practising NP registrants;

(m) practising midwife registrants;

(n) non-practising midwife registrants.

(2) A registrant's registration in the class of student midwife registrants is subject to renewal by the registration committee in accordance with this Division before September 1 in each year.

## Annual renewal conditions and requirements

**146** (1) For the purpose of section 20(2)(b) of the Act, a registrant in a class specified in section 145(1) or (2) *[Annual renewal required]* seeking renewal of registration in the class must

(a) deliver, or cause to be delivered, to the college

(i) a declaration by the registrant, in a form acceptable to the registration committee, attesting to the registrant's compliance with the Act, the regulations and these bylaws, and any limits or conditions imposed under section 20, 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, and

(ii) evidence satisfactory to the registration committee of meeting all continuing competence and quality assurance requirements under section 160 *[QA requirements for renewal of practising or provisional registration]*, as applicable, and

(b) satisfy the practice hours requirement under the following sections, as applicable:

(i) section 93 *[LPN practice hours requirement]*;

(ii) section 102 *[RPN practice hours requirement]*;

(iii) section 112 *[RN practice hours requirement]*;

(iv) section 127 *[Basic practice hours requirement]*;

(v) section 128 *[NP practice hours requirement]*.

(2) Section 79(2)(c) to (e) and (p) to (s) *[General conditions and requirements]* applies to a registrant in a class specified in section 145(1) or (2) *[Annual renewal required]* seeking renewal of registration in the class.

(3) For the purpose of section 20(2)(b) of the Act, in addition to the applicable conditions and requirements under subsections (1) and (2), a registrant seeking renewal of registration in the class of employed student psychiatric nurse registrants, employed student nurse registrants or student midwife registrants must

(a) continue to be enrolled as a student in an education program described in section 108(2)(a) *[Employed student psychiatric nurse registration]*, section 123(2)(a) *[Employed student nurse registration]* or section 143(2)(a) *[Student midwife registration]*, as the case may be,

(b) continue to be employed as described in section 108(2)(b) *[Employed student psychiatric nurse registration]* or section 123(2)(b) *[Employed student nurse registration]*, as the case may be, and

(c) deliver, or cause to be delivered, to the college evidence satisfactory to the registration committee of such continuing enrollment and employment.

## Notice of annual renewal fees

**147** (1) Notice of the annual renewal fees required under section 80 *[Registration fees]* must be delivered to each registrant in a class specified in section 145(1) *[Annual renewal required]* not later than January 15 in each year, and such notice must describe the consequences of late payment or non-payment of those annual registration renewal fees.

(2) Notice of the annual renewal fees required under section 80 *[Registration fees]* must be delivered to each registrant in the class of student midwife registrants not later than June 15 in each year, and such notice must describe the consequences of late payment or non-payment of those annual registration renewal fees.

## Annual renewal application due date

**148** (1) A registrant seeking renewal of registration in a class specified in section 145(1) or (2) *[Annual renewal required]* must deliver or cause to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time on a date established by the registrar for the purpose of this subsection in each year, all the following:

(a) the completed application required under section 78 *[Applications]*;

(b) the applicable annual renewal fees required under section 80 *[Registration fees]*;

(c) the items required under section 146 *[Annual renewal conditions and requirements]*.

(2) For the purpose of subsection (1), different dates may be established for different classes and from year to year, except that the date established by the registrar for a class in each year must not be

(a) earlier than March 15 or later than the last day in March that the college is open for business, in the case of a class specified in section 145(1) *[Annual renewal required]*, or

(b) earlier than August 15 or later than the last day in August that the college is open for business, in the case of the class of student midwife registrants.

(3) If a registrant seeking renewal of registration in a class specified in section 145(1) or (2) *[Annual renewal required]* meets the requirement in subsection (1) in a particular year, the registrant's registration in the class may be renewed by the registration committee.

(4) If a registrant's registration in a class specified in section 145(1) *[Annual renewal required]* is not renewed in accordance with this Division in a particular year, the registrant's registration in the class is cancelled on April 1 in the year.

(5) If a registrant's registration in the class of student midwife registrants is not renewed in accordance with this Division in a particular year, the registrant's registration in the class is cancelled on September 1 in the year.

(6) Despite subsections (1) and (2), a registrant seeking renewal of registration in a class specified in section 145(a) to (l) *[Annual renewal required]* and to whom section 144(4) *[Validity of annual registration]* applies must deliver or cause to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time on February 26, 2021, all the items specified in subsection (1)(a) to (c).

(7) Despite subsection (3), if a registrant described in subsection (6) meets the requirement in that subsection, the registrant's registration in the class may be renewed by the registration committee.

(8) Despite subsection (4), if the registration of a registrant described in subsection (6) is not renewed in accordance with this Division, the registrant's registration in the class is cancelled on March 1, 2021.

(9) Despite subsections (1) and (2), a registrant seeking renewal of registration in the class of practising midwife registrants or non-practising midwife registrants and to whom section 144(5) *[Validity of annual registration]* applies must deliver or cause to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time on March 31, 2021, all the items specified in subsection (1)(a) to (c).

(10) Despite subsection (3), if a registrant described in subsection (9) meets the requirement in that subsection, the registrant's registration in the class may be renewed by the registration committee.

(11) For greater certainty, if the registration of a registrant described in subsection (9) is not renewed in accordance with this Division, the registrant's registration in the class is cancelled on April 1, 2021.

(12) Despite subsections (1) and (2), a registrant seeking renewal of registration in the class of student midwife registrants and to whom section 144(6) *[Validity of annual registration]* applies must deliver or cause to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time on August 31, 2021, all the items specified in subsection (1)(a) to (c).

(13) Despite subsection (3), if a registrant described in subsection (12) meets the requirement in that subsection, the registrant's registration in the class may be renewed by the registration committee.

(14) For greater certainty, if the registration of a registrant described in subsection (12) is not renewed in accordance with this Division, the registrant's registration in the class is cancelled on September 1, 2021.

## Validity and renewal of provisional registration

**149** (1) In this section, **"provisional registration"** means registration in one of the following classes:

(a) provisional LPN registrants;

(b) provisional RPN registrants;

(c) provisional RN registrants;

(d) provisional LGN registrants;

(e) provisional NP registrants;

(f) provisional midwife registrants.

(2) A registrant's provisional registration, and any renewal of it, is valid from the time it is effective until not later than the expiry date specified by the registration committee at the time it is granted, unless it is renewed in accordance with this section.

(3) A registrant's provisional registration is subject to renewal in accordance with this section on or before the expiry date specified by the registration committee at the time it, or any renewal of it, is granted.

(4) For the purpose of section 20(2)(b) of the Act, a registrant seeking renewal of provisional registration must deliver, or cause to be delivered, to the college

(a) a declaration by the registrant, in a form acceptable to the registration committee, attesting to the registrant's compliance with the Act, the regulations and these bylaws, and any limits or conditions imposed under section 20, 32.2, 32.3, 33, 35, 36, 38, 37.1, 38, 39 or 39.1 of the Act, and

(b) evidence satisfactory to the registration committee of meeting all applicable continuing competence and quality assurance requirements under section 160 *[QA requirements for renewal of practising or provisional registration]*;

(5) Section 79(2)(c) to (e) and (p) to (s) *[General conditions and requirements]* applies to a registrant seeking renewal of provisional registration.

(6) Despite subsection (4)(b), a registrant who fails to provide satisfactory evidence of meeting all applicable continuing competence and quality assurance requirements under section 160 *[QA requirements for renewal of practising or provisional registration]* may be granted renewal of provisional registration, but only for the purpose of allowing the registrant to complete

(a) any incomplete audit under section 156(1) *[Verification of QA activities]*, or any incomplete assessment under section 161 *[Assessment of professional performance]*, and

(b) any examinations or upgrading of knowledge, skills or abilities required under section 20(4.3)(b) of the Act.

(7) Despite subsections (3) to (6), if a registrant's provisional registration has been renewed under subsection (6) one or more times and the registrant fails again to complete the requirements referred to in subsection (6)(a) and (b), the registrant's provisional registration must not be renewed again unless, in the opinion of the registration committee, exceptional circumstances exist to justify the granting of such renewal despite the registrant's failure to complete those requirements.

(8) A registrant seeking renewal of provisional registration must deliver or cause to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time on the date that is 16 days before the expiry date specified by the registration committee at the time such registration, or any renewal of it, is granted, all the following:

(a) the completed application required under section 78 *[Applications]*;

(b) the applicable fees required under section 80 *[Registration fees]*;

(c) the items specified in subsection (4) and (5) and, if applicable, evidence satisfactory to the registration committee of exceptional circumstances as described in subsection (7).

(9) If the time for delivery of items under subsection (8) falls on a holiday, or another day when the college is not open for business, those items must be delivered by that time on the closest earlier day that is not a holiday and that the college is open for business.

(10) If a registrant seeking renewal of provisional registration meets the requirement in subsection (8), the registrant's registration may be renewed by the registration committee on or before the expiry date specified by the registration committee at the time such registration, or any renewal of it, is granted.

(11) A registrant's provisional registration is cancelled when it expires unless it is renewed in accordance with this section.

## Validity and renewal of emergency registration

**150** (1) In this section:

**"emergency declaration"** means a declaration of an emergency situation made by the registrar under section 44(5) *[Registrar and chief executive officer]*;

**"emergency registration"** means registration in one of the following classes:

(a) temporary LPN (emergency) registrants;

(b) temporary RPN (emergency) registrants;

(c) temporary RN (emergency) registrants;

(d) temporary NP (emergency) registrants;

(e) temporary midwife (emergency) registrants.

(2) An applicant may be granted emergency registration for a period specified by the registration committee of not more than 180 days.

(3) A registrant's emergency registration, and any renewal of it, is valid from the time it is effective until not later than the expiry date specified by the registration committee at the time it is granted, unless it is renewed in accordance with this section.

(4) A registrant's emergency registration is subject to renewal in accordance with this section on or before the expiry date specified by the registration committee at the time it, or any renewal of it, is granted.

(5) For the purpose of section 20(2)(b) of the Act, a registrant seeking renewal of emergency registration must

(a) be in good standing, and

(b) meet the requirement in section 142(6) *[Temporary midwife (emergency) registration]* if their emergency registration was granted under that section.

(6) If a registrant seeking renewal of emergency registration meets the applicable requirements in subsection (5), the registrant's emergency registration may be renewed by the registration committee, on or before the expiry date specified by the registration committee at the time such registration, or any renewal of it, is granted, for a period specified by the registration committee of not more than 180 days, if an emergency declaration is in effect at the time of renewal.

(7) A registrant's emergency registration may be renewed in accordance with this section any number of times.

(8) A registrant's emergency registration is cancelled when it expires unless it is renewed in accordance with this section.

(9) Despite subsections (2) to (8), a registrant's emergency registration is cancelled on the date that is 15 days after the date on which an emergency declaration ceases to be in effect, whether or not such registration otherwise would have expired on a date that is earlier or later.

## Validity and renewal of multijurisdictional registration

150.1 (1) An applicant for multijurisdictional registration may be granted such registration for a period specified for the applicant by the registration committee.

(2) The period specified under subsection (1) must be equal in duration to, and run concurrently with, the period for which the applicant's registration or licensure in the other province is or will be valid.

(3) Aregistrant's multijurisdictional registration, and any renewal of it, is valid from the time it is effective until not later than the expiry date specified by the registration committee at the time it is granted, unless it is renewed in accordance with this section.

(4) A registrant's multijurisdictional registration is subject to renewal in accordance with this section on or before the expiry date specified by the registration committee at the time it, or any renewal of it, is granted.

(5) For the purpose of section 20(2)(b) of the Act, a registrant seeking renewal of multijurisdictional registration must

(a) again meet the requirements in section 95.1(2) and (4) *[Canadian multijurisdictional LPN registration]*, section 104.1(2) and (4) *[Canadian multijurisdictional RPN registration]* or section 114.1(2) and (4) *[Canadian multijurisdictional RN registration]*, as applicable, and,

(b) deliver, or cause to be delivered, to the college

(i) a declaration by the registrant, in a form acceptable to the registration committee, attesting to the registrant's compliance with the Act, the regulations and these bylaws, and any limits or conditions imposed under section 20, 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, and

(ii) evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence and quality assurance requirements under section 160 *[QA requirements for renewal of practising or provisional registration]*.

(6) Section 79(2)(c) to (e) and (p) to (s) *[General conditions and requirements]* applies to a registrant seeking renewal of multijurisdictional registration.

(7) A registrant seeking renewal of multijurisdictional registration must deliver or cause to be delivered, as applicable, to the college, not later than a time specified by the registrar for that purpose, all the following:

(a) the completed application required under section 78 *[Applications]*;

(b) the applicable fees required under section 80 *[Registration fees]*;

(c) the items specified in subsections (5) and (6).

(8) For the purpose of subsection (7), the registrar may specify different times for

(a) different classes of multijurisdictional registrants,

(b) different groups of multijurisdictional registrants who hold registration or licensure in other provinces, or

(c) different groups of multijurisdictional registrants who hold registration or licensure with governing bodies in other provinces.

(9) If the time for delivery of items under subsection (7) falls on a holiday, or another day when the college is not open for business, those items must be delivered by that time on the earlier day that is not a holiday and that the college is open for business.

(10) If a registrant seeking renewal of multijurisdictional registration meets the requirement in subsection (7), the registrant's multijurisdictional registration may be renewed by the registration committee on or before the expiry date specified by the registration committee at the time such registration, or any renewal of it, is granted, for a further period specified for the registrant by the registration committee.

(11) The further period specified under subsection (10) must be equal in duration to, and run concurrently with, the period for which the registrant's registration or licensure in the other province is or will be valid.

(12) A registrant's multijurisdictional registration is cancelled when it expires unless it is renewed in accordance with this section.

### Multijurisdictional registration - lapse of registration in other province

**150.2** Despite section 150.1, if a registrant in a class of multijurisdictional registrants ceases to meet all the conditions and requirements in section 95.1(2)(a) and (4) *[Canadian multijurisdictional LPN registration]*, section 104.1(2)(a) and (4) *[Canadian multijurisdictional RPN registration]* or section 114.1(2)(a) and (4) *[Canadian multijurisdictional RN registration]*, as applicable,

(a) the registrant must deliver a written notice of that fact to the registrar not later than the date that is 30 days after the date the registrant ceases to meet all those conditions and requirements, and

(b) the registrant's registration in the class is cancelled on the last day of the third month following the month in which the registrant ceases to meet all those conditions and requirements unless, before such cancellation,

(i) the registrant again meets all the conditions and requirements in section 95.1(2) and (4) *[Canadian multijurisdictional LPN registration]*, section 104.1(2) and (4) *[Canadian multijurisdictional RPN registration]* or section 114.1(2) and (4) *[Canadian multijurisdictional RN registration]*, as applicable, or

(ii) the registrant's registration in the class

(A) expires,

(B) is renewed in accordance with this section, or

(C) is otherwise cancelled under the Act.

## Division 8 – Certified Practice

### Certified practice designations

**151** (1) In this Division, **"eligible registrant"** means

(a) in respect of the certified practice set out in column one of Table A of Schedule H, a practising RPN or multijurisdictional RPN registrant, and

(b) in respect of the certified practice set out in column one of Table B of Schedule H, a practising RN registrant, multijurisdictional RN registrant or practising NP registrant.

(1.1) For the purpose of section 7.1(2)(b)(i) of the Nurses (Registered Psychiatric) Regulation, B.C. Reg. 227/2015, the college recognizes the certified practice set out in column one of Table A of Schedule H.

(2) For the purpose of section 8(2)(b)(ii) of the Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008, the college recognizes the certified practices set out in column one of Table B of Schedule H.

(2.1) The board may establish policies to do the following:

(a) specify aspects of practice included in a certified practice;

(b) establish conditions, requirements, and certification processes for certified practices, including requirements for reinstatement and renewal of certification, and requirements for training or courses, testing and examinations, and clinical experiences.

(2.2) The registrar must maintain and publish on the college website a notice setting out, for each certified practice,

(a) the information and items required under applicable board policies to be included in or with an application under subsection (3), and

(b) the manner of delivery specified by the registrar for the purpose of subsection (4)(a).

(3) An eligible registrant may apply to the registration committee to have a certified practice designation entered in the public register in relation to the eligible registrant's name.

(4) The registrar must enter in the public register a designation of the certified practice for which an eligible registrant applies, if the eligible registrant is in good standing and delivers, or causes to be delivered, to the college

(a) an application for that certified practice designation, in the manner specified by the registrar,

(b) any applicable fee specified in Schedule G, and

(c) evidence satisfactory to the registration committee of meeting the applicable conditions and requirements for the certified practice designation established in column two of the applicable table of Schedule H, including any additional conditions and requirements set out in board policy for that certified practice designation.

(5) The registrar must cancel a registrant's certified practice designation in the public register if

(a) that certified practice designation is not renewed in accordance with this Division, or

(b) the registrant ceases to be an eligible registrant.

(6) An eligible registrant who has a certified practice designation entered into the public register in respect of the eligible registrant's practice may, in relation to that specialty, use the terms and titles set out in column three of the applicable table of Schedule H that pertain to that certified practice.

(6.1) A registrant who does not have a certified practice designation entered into the public register in respect of their practice must not use any term or title that expresses or implies that the registrant holds that certified practice designation.

(7) If the registration committee refuses a registrant's application for certified practice designation under this section, the registration committee must, within 30 days, notify the registrant of the decision and of the registrant's right to apply for a review of the decision under section 154 *[Review of certified practice designation decisions].*

(8) All policies of BCCNP respecting the requirements for certified practice designations, as referred to in column two of Schedule H of the former BCCNP bylaws and that were in effect immediately before the 2020 amalgamation date

(a) remain in effect on and after the 2020 amalgamation date, unless and until they are amended or repealed, or others are established in their place, and

(b) for greater certainty, are deemed to have been established by the board as conditions or requirements for the applicable certified practice designation requirements of the college for the purpose of column two of Table B of Schedule H of these bylaws.

## Reinstatement of certified practice designations

152 (1) An eligible registrant with respect to whom a certified practice designation was previously entered in the public register under section 151 *[Certified practice designations]* may apply to the registration committee for reinstatement of that certified practice designation.

(2) Subject to subsection (3) and any other limits or conditions imposed on the applicant's practice under the Act, the certified practice designation of an applicant under subsection (1) may be reinstated by the registration committee if the applicant delivers, or causes to be delivered, to the college

(a) an application for reinstatement of that certified practice designation, in the manner specified by the registrar,

(b) any applicable fee specified in Schedule G

(c) evidence satisfactory to the registration committee that the applicant has

(i) engaged in the applicable certified practice, as determined in accordance with criteria established by or under the board policy, within the three-year period immediately preceding the date of application, or

(ii) successfully completed an applicable certification program approved by or under the board policy, within the three-year period immediately preceding the date of application, and

(d) evidence satisfactory to the applicable the registration committee that the applicant

(i) meets or continues to meet all applicable conditions and requirements established in column two the applicable table of Schedule H, and

(ii) meets all applicable continuing competence and quality assurance requirements under Part 6 *[Quality Assurance and Professional Responsibilities]*.

(3) If the certified practice designation of an applicant under subsection (1) was cancelled or suspended under section 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the Act, or voluntarily relinquished by the applicant in circumstances as described in section 20(2.1)(b.1) of the Act, the applicant's certified practice designation may be reinstated only if, in addition to meeting the requirements of subsection (2) and any conditions or requirements imposed under section 37.1, 39 or 39.1 of the Act, the applicant delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that reinstatement of the applicant's certified practice designation will not pose an undue risk to public health or safety or otherwise be contrary to the public interest.

(4) If the registration committee refuses to reinstate a registrant's certified practice designation under this section, the registration committee must, within 30 days, notify the registrant of that decision and of the registrant's right to apply for a review of the decision under section 154 *[Review of certified practice designation decisions]*.

## Validity and annual renewal of certified practice designations

**153** (1) A registrant's certified practice designation, and any reinstatement or renewal thereof, is

(a) valid from the time it is entered into the public register until not later than the following March 31, unless renewed in accordance with this section, and

(b) subject to renewal in accordance with this section before April 1 in each year.

(2) An eligible registrant's certified practice designation may be renewed by the registration committee if the eligible registrant delivers, or causes to be delivered, to the college, not later than 4:30 p.m. Vancouver local time on the date established under section 148(1) *[Annual renewal application due date]* for the year and for the class in which the eligible registrant is registered,

(a) an application for renewal of certified practice designation, in the manner specified by the registrar,

(b) any applicable fee specified in Schedule G, and

(c) evidence satisfactory to the registration committee that the registrant

(i) continues to meet all applicable conditions and requirements established in column two of the applicable table of Schedule H, and

(ii) meets all applicable continuing competence and quality assurance requirements under Part 6 *[Quality Assurance and Professional Responsibilities]*.

(3) If the registration committee refuses to renew a registrant's certified practice designation under this section, the registration committee must, within 30 days, notify the registrant of that decision and of the registrant's right to apply for a review of the decision under section 154 *[Review of certified practice designation decisions]*.

(4) Despite subsection (1), if a registrant's certified practice designation

(a) was granted initially, renewed or reinstated under the former BCCNP bylaws in 2020, or

(b) is granted initially or reinstated under these bylaws before March 1, 2021,

the registrant's certified practice designation

(c) is valid from the time it is entered into the public register until not later than February 28, 2021, unless it is renewed in accordance with this section.

(d) is subject to renewal, in accordance with this section, before March 1, 2021, and

(e) if it is renewed in accordance with this section before March 1, 2021, is valid on and from that date.

(5) Despite subsection (2), the certified practice designation of an eligible registrant to whom subsection (4) applies may be renewed by the registration committee if the eligible registrant delivers or causes to be delivered, as applicable, to the college, not later than 4:30 p.m. Vancouver local time February 26, 2021, the items described in subsection (2)(a) to (c).

(6) In this section, **"eligible registrant"** or **"registrant"** means a practising RN registrant or practising NP registrant.

## Validity and annual renewal of certified practice designations – multijurisdictional RN registrants

**153.1** (1) In this section, **"eligible registrant"** or **"registrant"** means a multijurisdictional RN registrant who is not also a practising NP registrant.

(2) A registrant's certified practice designation, and any reinstatement or renewal thereof, is

(a) valid from the time it is entered into the public register until not later than the expiry date of the registrant's multijurisdictional RN registration as specified under these bylaws, unless renewed in accordance with this section, and

(b) subject to renewal in accordance with this section on or before the expiry date referred to in paragraph (a).

(3) An eligible registrant's certified practice designation may be renewed by the registration committee if the eligible registrant delivers, or causes to be delivered, to the college, not later than the time specified under section 150.1(7*) [Validity and renewal of multijurisdictional registration]* that is applicable to the registrant's multijurisdictional RN registration,

(a) an application for renewal of certified practice designation, in a manner specified by the registrar,

(b) any applicable fee specified in Schedule G, and

(c) evidence satisfactory to the registration committee that the registrant

(i) continues to meet all applicable requirements established in column two of Schedule H, and

(ii) meets all applicable continuing competence and quality assurance requirements under Part 6 *[Quality Assurance and Professional Responsibilities].*

(4) If the registration committee refuses to renew a registrant's certified practice designation under this section, the registration committee must, within 30 days, notify the registrant of that decision and of the registrant's right to apply for a review of the decision under section 154 *[Review of certified practice designation decisions]*.

## Review of certified practice designation decisions

154 (1) A registrant referred to in section 151(7) *[Certified practice designations]*, 152(4) *[Reinstatement of certified practice designations],* 153(3) *[Validity and annual renewal of certified practice designations]* or 153.1(3) *[Validity and annual renewal of certified practice designations – multijurisdictional RN registrants]* may apply in writing to the board for a review of the registration committee's decision refusing the registrant's application for certified practice designation or reinstatement or renewal thereof.

(2) An application for a review under subsection (1) must be delivered to the college within 30 days of the day on which the applicant received notice of the registration committee's decision.

(3) Subject to subsections (4) and (5), on receipt of an application under subsection (1), the board must conduct a review on the record.

(4) If an applicant under subsection (1) wishes the board to consider evidence that is not part of the record, the applicant must, at the time the application is delivered to the college,

(a) specify what evidence the applicant requests the board to consider, and

(b) identify any exceptional circumstances that warrant the board's consideration of that evidence.

(5) If, in the opinion of the board, exceptional circumstances exist that warrant its consideration of evidence that is not part of the record, the registrar must make arrangements for the board to receive that evidence, either in writing or in person, as directed by the board.

(6) After a review under this section, the board may

(a) confirm the registration committee's decision,

(b) direct the registration committee to make a decision that could have been made by the registration committee in the matter, or

(c) send the matter back to the registration committee for reconsideration with directions.

(7) The board must notify the applicant and the registration committee of its decision under subsection (6).

(8) The registrar may establish additional procedures consistent with these bylaws for reviews under this section.

# PART 6 – QUALITY ASSURANCE AND PROFESSIONAL RESPONSIBILITIES

## Division 1 – Quality Assurance

### Duty to maintain QA activity records

155 (1) Every registrant must maintain, during each calendar year, adequate supporting records to document their compliance with applicable continuing competence and quality assurance requirements under this Part in the calendar year.

(2) Every registrant must retain the records described in subsection (1) for not less than three years after the end of each calendar year.

### Verification of QA activities

156 (1) The registrar, on behalf of the quality assurance committee, may cause audits of samples of registrants to be conducted as the registrar considers necessary or appropriate to verify their compliance with applicable continuing competence and quality assurance requirements under this Part.

(2) The quality assurance committee may require a registrant to submit information

(a) necessary to determine whether the registrant has met any applicable continuing competence and quality assurance requirements under this Part, or

(b) as part of an audit under subsection (1).

## Notice to inquiry committee

157 If it is determined that the quality assurance committee must notify the inquiry committee, under section 26.2(3) of the Act, of a matter respecting a registrant, the quality assurance committee must deliver notice in writing to the registrar.

## QA requirements for reinstatement or renewal of certified practice designations

158 In addition to any other applicable continuing competence or quality assurance requirements under this Part, an applicant for renewal or reinstatement of a certified practice designation must, unless section 152(2)(c)(ii) *[Reinstatement of certified practice designations]* applies to the applicant, have included, within the one-year period immediately preceding the date of application, not less than one example relating to the applicant's certified practice in

(a) a self-assessment under section 162(1)(a) *[Personal practice review]*, and

(b) a professional development plan developed and implemented by the applicant under section 162(1)(b) *[Personal practice review]*.

## QA requirements for reinstatement of practising registration

159 (1) An applicant under

(a) section 92 *[Reinstatement of practising LPN registration]*,

(b) section 101 *[Reinstatement of practising RPN registration]*,

(c) section 111 *[Reinstatement of practising RN registration]*,

(d) section 118 *[Reinstatement of practising LGN registration]*, or

(e) section 131 *[Reinstatement of practising NP registration]*,

as applicable, must

(f) have completed an audit under section 156(1) *[Verification of QA activities]*, if the applicant is a registrant and is selected for an audit under that section,

(g) have completed an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant is a registrant and is selected for an assessment under that section, and

(h) satisfy the personal practice review requirement under section 162 *[Personal practice review]*.

(2) An applicant under section 137 *[Reinstatement of practising midwife registration]* who is a registrant must provide proof acceptable to the quality assurance committee of meeting all applicable conditions and requirements established to ensure continuing competence and currency of skills as recommended by the quality assurance committee and approved by the board.

## QA requirements for renewal of practising registration or provisional registration

**160** (1) An applicant under

(a) Division 7 *[Renewal]* of Part 5 *[Registration]* for annual renewal of registration in the class of

(i) practising LPN registrants,

(ii) practising RPN registrants,

(iii) practising RN registrants,

(iv) practising LGN registrants, or

(v) practising NP registrants,

(b) section 149 *[Validity and renewal of provisional registration]* for renewal of registration in the class of

(i) provisional LPN registrants,

(ii) provisional RPN registrants,

(iii) provisional RN registrants,

(iv) provisional LGN registrants, or

(v) provisional NP registrants, or

(c) section 150.1 *[Validity and renewal of multijurisdictional registration]* for renewal of registration in the class of

(i) multijurisdictional LPN registrants,

(ii) multijurisdictional RPN registrants, or

(iii) multijurisdictional RN registrants,

as applicable, must

(d) have completed an audit under section 156(1) *[Verification of QA activities]*, if the applicant is selected for an audit under that section,

(e) have completed an assessment of the applicant's professional performance under section 161 *[Assessment of professional performance]*, if the applicant is selected for an assessment under that section, and

(f) satisfy the personal practice review requirement under section 162 *[Personal practice review]*.

(1.1) Despite subsection (1) and section 161(3) *[Assessment of professional performance]*, an applicant described in subsection (1)(c) is not required, for the purpose of renewal of their multijurisdictional registration, to do anything described in subsection (1)(d) to (f) if the applicant delivers, or causes to be delivered, to the college evidence satisfactory to the registration committee that the applicant meets all applicable continuing competence or quality assurance requirements established by the governing body that regulates the health profession corresponding to practical nursing, psychiatric nursing or nursing, as the case may be, in the other province of Canada.

(1.2) Despite subsection (1.1), an applicant described in subsection (1)(c)(iii) is required to satisfy the personal practice review requirement under section 162 *[Personal practice review]* if section 158 *[QA requirements for reinstatement or renewal of certified practice designations]* applies to the applicant.

(2) An applicant under

(a) Division 7 *[Renewal]* of Part 5 *[Registration]* for annual renewal of registration in the class of practising midwife registrants, or

(b) section 149 *[Validity and renewal of provisional registration]* for renewal of registration on the class of provisional midwife registrants,

as applicable, must provide proof acceptable to the quality assurance committee of meeting all applicable conditions and requirements established to ensure continuing competence and currency of skills as recommended by the quality assurance committee and approved by the board.

## Assessment of professional performance

**161** (1) This section applies to registrants in the following classes only:

(a) practising LPN registrants;

(b) provisional LPN registrants;

(b.1) multijurisdictional LPN registrants, subject to section 160(1.1) *[QA requirements for renewal of practising or provisional registration]*;

(c) practising RPN registrants;

(d) provisional RPN registrants;

(d.1) multijurisdictional RPN registrants, subject to section 160(1.1) *[QA requirements for renewal of practising or provisional registration]*;

(e) practising RN registrants;

(f) provisional RN registrants;

(f.1) multijurisdictional RN registrants, subject to section 160(1.1) *[QA requirements for renewal of practising or provisional registration]*;

(g) practising LGN registrants;

(h) provisional LGN registrants;

(i) practising NP registrants;

(j) provisional NP registrants;

(k) practising midwife registrants;

(l) provisional midwife registrants.

(2) The quality assurance committee, or an assessor appointed by that committee under section 26.1 of the Act, may assess the professional performance of a registrant in accordance with this section and any applicable policies or procedures established under, or referred to, in section 34(1) *[Powers and duties – all committees and panels]*.

(3) The registrar, on behalf of the quality assurance committee, must ensure that the professional performance of each registrant is assessed under subsection (2) periodically, at intervals set by the quality assurance committee.

(4) An assessment of professional performance under subsection (2) may include one or more of the following:

(a) conducting an on-site visit to the registrant's place of practice;

(b) contacting the registrant's peers, co-workers, or clients, or family members of the registrant's clients, for the purpose of obtaining, in confidence, their feedback about the registrant's practice of practical nursing, psychiatric nursing, nursing, nursing as a nurse practitioner, or midwifery, as applicable, and professional performance, including without limitation their knowledge or opinions related to the registrant's employment, occupational

or educational history and their personal recommendations or evaluations about the registrant;

(c) collecting information from individuals referred to in paragraph (b), with the consent of such individuals, for the purpose described in paragraph (b);

(d) reviewing the registrant's patterns and processes of assessment, diagnosis, and clinical treatment including without limitation, as applicable, drug prescribing, ordering of diagnostic tests, and consultations described in section 6 (1) of the Midwives Regulation B.C. Reg. 281/2008;

(e) requiring the registrant to

(i) engage in structured reflection,

(ii) conduct a critical chart review, or

(iii) complete one or more elements of a personal practice review under section 162 *[Personal practice review]*,

and engage in facilitated discussion with an assessor referred to in subsection (2);

(f) requiring the registrant to attend for an interview with the quality assurance committee or an assessor referred to in subsection (2);

(g) any other method of assessment approved by the quality assurance committee for the purpose of this section.

(5) An assessor referred to in subsection (2), or other person acting on behalf of the quality assurance committee, must not observe a registrant while the registrant is providing a service to a client unless

(a) the consent of the client being treated is obtained in advance, or

(b) the service is being provided in a public setting.

(6) A registrant selected for an assessment under this section must

(a) complete an assessment of the applicant's professional performance as directed by the quality assurance committee or an assessor referred to in subsection (2),

(b) comply with the requirements for such assessments established by the quality assurance committee, which may include without limitation requirements respecting

(i) use of the standards of practice and standards of professional ethics for practical nursing, psychiatric nursing, nursing, nursing as a nurse practitioner, or midwifery, as applicable, and any other documents or materials authorized or required for the purpose of an assessment,

(ii) the form or manner authorized or required for the purpose of completing an assessment or aspects of an assessment, and

(iii) the date or dates by which an assessment or aspects of an assessment must be completed, and

(c) if requested by the quality assurance committee or an assessor referred to in subsection (2), provide contact information for selected individuals, if any, referred to in subsection (4)(b) who are willing to provide feedback under subsection (4)(c), in accordance with criteria established for such feedback by the quality assurance committee.

## Personal practice review

**162** (1) To satisfy the personal practice review requirement, an applicant must

(a) complete a confidential self-assessment of their practice of practical nursing, psychiatric nursing, nursing, or nursing as a nurse practitioner, as applicable, at the time of application,

(b) have done all of the following within the one-year period immediately preceding the date of application, if the applicant is seeking renewal of registration and completed a confidential self-assessment of their practice of practical nursing, psychiatric nursing, nursing, or nursing as a nurse practitioner, as applicable, when their registration was most recently reinstated or renewed:

(i) sought and received peer feedback on their practice of practical nursing, psychiatric nursing, nursing, or practice nursing as a nurse practitioner, as applicable;

(ii) developed and implemented a professional development plan based on

(A) that previous self-assessment, and

(B) peer feedback on their practice of practical nursing, psychiatric nursing, nursing, or nursing as a nurse practitioner, as applicable;

(iii) evaluated the impact of their professional development plan on their practical nursing, psychiatric nursing, nursing practice, or nursing as a nurse practitioner, as applicable, and

(c) meet any other requirement imposed by the quality assurance committee for the purpose of this subsection.

(2) An applicant must do the things required under subsection (1)

(a) using the standards of practice and standards of professional ethics for practical nursing, psychiatric nursing, nursing, or nursing as a nurse practitioner, as applicable, and any other documents or materials authorized or required for those purposes by the quality assurance committee,

(b) in a form or manner authorized or required for those purposes by the quality assurance committee, and

(c) not later than the date or dates established for those purposes by the quality assurance committee, if any.

(3) Despite subsections (1) and (2), the quality assurance committee, an assessor appointed by that committee under section 26.1 of the Act or a person acting on that committee's behalf may exempt an applicant or a group of applicants from one or more requirements under those subsections, or impose modified requirements on the applicant or group of applicants, in accordance with policies or procedures established by the quality assurance committee under, or referred to, in section 34(1) *[Powers and duties – all committees and panels]*.

### QA policies in effect on amalgamation

163 (1) All continuing competence and quality assurance program standards, policies or criteria of, respectively, BCCNP for the designated health professions of practical nursing, psychiatric nursing and nursing and CMBC for the designated health profession of midwifery that were in effect immediately before the 2020 amalgamation date

(a) remain in effect for that designated health profession on and after the 2020 amalgamation date, unless and until they are amended or repealed, or others are established in their place, and

(b) for greater certainty, are deemed to have been established by the board as the continuing competence and quality assurance program standards, policies or criteria of the college.

## Division 2 – Standards and Ethics

### Standards of practice and professional ethics

164 (1) Registrants must conduct themselves in accordance with the standards of practice and the standards of professional ethics.

(2) All standards of practice and all standards of professional ethics of, respectively, BCCNP for the designated health professions of practical nursing, psychiatric nursing and nursing and CMBC for the designated health profession of midwifery that were in effect immediately before the 2020 amalgamation date

(a) remain in effect for that designated health profession on and after the 2020 amalgamation date, unless and until they are amended or repealed, or others are established in their place, and

(b) for greater certainty, are deemed to have been established by the board as the standards of practice and standards of professional ethics of the college.

## Client relations program

165 (1) The college must establish a patient relations program to seek to prevent professional misconduct of a sexual nature, to be known as the client relations program.

(2) For the purpose of the client relations program referred to in subsection (1), the board must

(a) establish and maintain procedures by which the college deals with complaints of misconduct of a sexual nature,

(b) monitor and periodically evaluate the operation of procedures established under paragraph (a), and

(c) develop guidelines for the conduct of registrants with their clients,

(3) The registrar must provide information to the public regarding the college's complaint, investigation and discipline processes.

(4) In this section, **"professional misconduct of a sexual nature"** means professional misconduct involving

(a) sexual intercourse or other forms of physical sexual relations between a registrant and a client,

(b) touching, of a sexual nature, of a client by a registrant, or

(c) behaviour or remarks of a sexual nature by a registrant towards a client,

but does not include touching, behaviour and remarks by a registrant towards a client that are of a clinical nature appropriate to the service being provided.

## Marketing

166 (1) In this section:

**"advertisement"** means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or products or enhancing the image of the registrant or advertiser if other than the registrant;

**"marketing"** includes

(a) an advertisement,

(b) any publication or communication in any medium with any client, prospective client or the public generally in the nature of an advertisement, promotional activity or material, a

listing in a directory, a public appearance, or any other means by which the professional services of a designated health profession are promoted, and

(c) contact with a prospective client initiated by or under the direction of a registrant.

(2) Any marketing undertaken or authorized by a registrant in respect of the registrant's professional services must not be

(a) false,

(b) inaccurate,

(c) likely to mislead the public or the recipient or intended recipient,

(d) unverifiable,

(e) contrary to the public interest in the practice of a designated health profession, or

(f) in bad taste, offensive, self-laudatory, or otherwise contrary to the honour and dignity of a designated health profession or maintenance of a high standard of professionalism.

(3) Marketing violates subsection (2) if it

(a) is calculated or likely to mislead or take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,

(b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the services the registrant can perform or provide or results which the registrant can achieve,

(c) implies that the registrant can obtain results

(i) not achievable by other registrants,

(ii) by improperly influencing a public body or official or any corporation, agency or person having an interest in the welfare of the recipient or intended recipient, or

(iii) by any other improper means,

(d) compares the quality of services provided by the registrant with those provided by

(i) another registrant,

(ii) a person authorized to provide health care services under another enactment, or

(iii) practitioners of another health profession,

(e) makes claims of special skills that are not supported by the education and experience of the registrant, or announces or holds out that the registrant has special qualifications that are not possessed by the registrant, or

(f) is for the purpose of marketing a product and

(i) the primary purpose of the registrant's activity is the sale of the product,

(ii) the product being sold is not used in the provision of professional services of a designated health profession practised by the registrant,

(iii) the registrant's practice is based on the use of a particular product which the client must purchase in order to use the registrant's professional services, or

(iv) the sale of the product results in financial or other profit for the registrant selling the product or any other individual, corporation or other entity, including the registrant's employer.

(4) A registrant who, in any advertisement, includes a statement of fees for a specific service

(a) must ensure that the statement sufficiently describes the fees and services so as to enable the recipient or intended recipient to understand the nature and extent of the services to be performed or provided and the cost to the client, and

(b) must not in the advertisement compare the fees charged by the registrant with those charged by another registrant of the college or a registrant or registrants of another college under the Act.

(5) Unless authorized by the board or otherwise under the Act, a registrant

(a) must not use the term "specialist", "certified" or any similar designation suggesting a recognized special status or certification on any letterhead or business card or in any other marketing, and

(b) must take all reasonable steps to discourage the use, in relation to the registrant by another person, of the term "specialist", "certified" or any similar designation suggesting a recognized special status or certification in any marketing.

(6) A registrant must verify statements made in any of the marketing by, or on behalf of, or respecting the registrant when asked by the inquiry committee, the discipline committee or the college to do so.

(7) Registrants who limit their practices to certain aspects or areas of a designated health profession may state in any marketing the aspect or area to which practice is restricted.

(8) A registrant must retain for one year after the date of publication or broadcast of any advertisement or brochure, and must provide to the college upon request

(a) a copy of any such publication, including without limitation a publication made by use of email, the internet or any other electronic media,

(b) a recording or videotaping of any such broadcast made by use of radio, television or any other electronic media, and

(c) a written record of when and where the publication or broadcast was made.

(9) A registrant must not

(a) state publicly that the registrant speaks on behalf of the college unless they are expressly authorized by the board to state the official position of the college, or

(b) endorse or lend their name as a registrant, nurse or midwife, whether for reward or not, to the advertisement of any property, product, investment or service for sale to the public whatever its merits.

## Division 3 – Practice Limits and Conditions

### LPN registrant group

**167** (1) A practising LPN registrant or multijurisdictional LPN registrant may practise only the designated health profession of practical nursing, except as authorized through concurrent registration in another class.

(2) A non-practising LPN registrant must not, in British Columbia, practise the designated health profession of practical nursing or provide practical nursing services, except as authorized through concurrent registration in another class.

(3) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional LPN registrant may provide practical nursing services as if the registrant were a practising LPN registrant.

(4) A temporary LPN (emergency) registrant may provide practical nursing services as if the registrant were a practising LPN registrant.

### RPN registrant group

**168** (1) A practising RPN registrant or multijurisdictional RPN registrant may practise only the designated health profession of psychiatric nursing, except as authorized through concurrent registration in another class.

(2) A non-practising RPN registrant must not, in British Columbia, practise the designated health profession of psychiatric nursing or provide psychiatric nursing services, except as authorized through concurrent registration in another class.

(3) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional RPN registrant may provide psychiatric nursing services as if the registrant were a practising RPN registrant.

(4) A temporary RPN (emergency) registrant may provide psychiatric nursing services as if the registrant were a practising RPN registrant.

(5) An employed student psychiatric nurse registrant may provide psychiatric nursing services only, and only under the supervision of a practising RPN registrant, practising RN registrant or practising NP registrant,

(a) in the course of the employed student psychiatric nurse registrant's employment as described in section 108(1)(b) *[Employed student psychiatric nurse registration]*, or

(b) while fulfilling the conditions or requirements for registration as a practising RPN registrant.

## RN registrant group

169 (1) A practising RN registrant or multijurisdictional RN registrant may practise only the designated health profession of nursing, except as authorized through concurrent registration in another class.

(2) A non-practising RN registrant must not, in British Columbia, practise the designated health profession of nursing or provide nursing services, except as authorized through concurrent registration in another class.

(3) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional RN registrant may provide nursing services as if the registrant were a practising RN registrant.

(4) A practising LGN registrant may practise only the designated health profession of nursing, except as authorized through concurrent registration in another class.

(5) A non-practising LGN registrant must not, in British Columbia, practise the designated health profession of nursing or provide nursing services, except as authorized through concurrent registration in another class.

(6) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional LGN registrant may provide nursing services as if the registrant were a practising LGN registrant.

(7) A temporary RN (emergency) registrant may provide nursing services as if the registrant were a practising RN registrant.

(8) An employed student nurse registrant may provide nursing services only, and only under the supervision of a practising RPN registrant, practising RN registrant or practising NP registrant,

(a) in the course of the employed student nurse registrant's employment as described in section 123(1)(b) *[Employed student nurse registration]*, or

(b) while fulfilling the conditions or requirements for registration as a practising RN registrant.

## NP registrant group

170 (1) For the purposes of the *Interpretation Act*, a practising NP registrant is authorized to practise nursing as a nurse practitioner.

(2) A practising NP registrant may practise only the designated health profession of nursing, except as authorized through concurrent registration in another class.

(3) A non-practising NP registrant must not, in British Columbia, practise the designated health profession of nursing or provide nursing services, except as authorized through concurrent registration in another class.

(4) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional NP registrant may provide nursing services as if the registrant were a practising NP registrant.

(5) A temporary NP (emergency) registrant may provide nursing services as if the registrant were a practising NP registrant.

## Midwife registrant group

171 (1) A practising midwife registrant may practise only the designated health profession of midwifery, except as authorized through concurrent registration in another class.

(2) Despite subsection (1), but subject to subsection (3), if a practising midwife registrant does not hold a valid permit to practise in at least one hospital, the registrant may, in British Columbia, provide only the following midwifery services:

(a) antepartum care;

(b) postpartum care;

(c) intrapartum care as a second midwife, if the registrant has current certification in neonatal resuscitation and cardiopulmonary resuscitation, from programs that are acceptable to the registration committee.

(3) A practising midwife registrant who does not hold a valid permit to practise in a hospital must practise collaboratively with at least one other perinatal health care practitioner who holds a valid

permit to practise in the hospital and who can be on call for the practising midwife registrant's clients throughout the prenatal, intrapartum and postpartum periods.

(4) A non-practising midwife registrant must not, in British Columbia, practise the designated health profession of midwifery or provide midwifery services, except as authorized through concurrent registration in another class.

(5) Subject to any limits or conditions imposed under section 20(4.3)(c) of the Act, a provisional midwife registrant may provide midwifery services as if the registrant were a practising midwife registrant.

(6) A temporary midwife (emergency) registrant may provide midwifery services as if the registrant were a practising midwife registrant.

(7) Despite subsection (6), a temporary midwife (emergency) registrant must not attend a birth

(a) as the principal midwife, unless the registrant has current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills, from programs that are acceptable to the registration committee, or

(b) as a second midwife, unless the registrant has current certification in neonatal resuscitation and cardiopulmonary resuscitation, from programs that are acceptable to the registration committee.

(8) A student midwife registrant may provide midwifery services only, and only in connection with fulfilling the conditions and requirements of the midwifery education program in which they are enrolled.

# Division 4 – Use of Titles

## General restriction on use of reserved titles

**172** (1) In this section, **"title"** means a title reserved by the regulations for the exclusive use of registrants.

(2) A registrant may use a title only if the registrant

(a) is a registrant in a class authorized by the regulations and these bylaws to use the title, and

(b) uses the title in the manner authorized by these bylaws.

## LPN registrant group

**173** (1) A practising LPN registrant or multijurisdictional LPN registrant, in the course of practising practical nursing, may use

(a) the title “nurse”, “licensed practical nurse” or “practical nurse”, or

(b) the abbreviation “LPN”.

(2) A non-practising LPN registrant must not, in British Columbia, use the title “nurse”, “licensed practical nurse”, “practical nurse” or a variation of any of those titles, or the abbreviation “LPN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(3) A provisional LPN registrant, in the course of practising practical nursing, may use

(a) the title “licensed practical nurse (provisional)”, “provisional LPN” or “provisional nurse”, or

(b) the abbreviation “LPN(P)”.

(4) A temporary LPN (emergency) registrant, in the course of practising practical nursing, may use

(a) the title “temporary licensed practical nurse”, “temporary LPN” or “temporary nurse”, or

(b) the abbreviation “LPN(T)”.

## RPN registrant group

174 (1) A practising RPN registrant or multijurisdictional RPN registrant, in the course of practising psychiatric nursing, may use

(a) the title “nurse”, “registered psychiatric nurse” or “psychiatric nurse”, or

(b) the abbreviation “RPN”.

(2) A non-practising RPN registrant must not, in British Columbia, use the title “nurse”, “registered psychiatric nurse”, “psychiatric nurse” or a variation of any of those titles, or the abbreviation “RPN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(3) A provisional RPN registrant, in the course of practising psychiatric nursing, may use

(a) the title “registered psychiatric nurse (provisional)”, “provisional RPN” or “provisional nurse”, or

(b) the abbreviation “RPN(P)”.

(4) A temporary RPN (emergency) registrant, in the course of practising psychiatric nursing, may use

(a) the title “temporary registered psychiatric nurse”, “temporary RPN” or “temporary nurse”, or

(b) the abbreviation “RPN(T)”.

(5) An employed student psychiatric nurse registrant, in the course of practising psychiatric nursing, may use

(a) the title “employed student psychiatric nurse”, or

(b) the abbreviation “ESPN”.

## RN registrant group

175 (1) A practising RN registrant or multijurisdictional RN registrant, in the course of practising nursing, may use

(a) the title “nurse” or “registered nurse”, or

(b) the abbreviation “RN”.

(2) A non-practising RN registrant must not, in British Columbia, use the title “nurse” or “registered nurse” or a variation of either of those titles, or the abbreviation “RN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(3) A provisional RN registrant, in the course of practising nursing, may use

(a) the title “registered nurse (provisional)”, “provisional RN” or “provisional nurse”, or

(b) the abbreviation “RN(P)”.

(4) A practising LGN registrant, in the course of practising nursing, may use

(a) the title “nurse” or “licensed graduate nurse”, or

(b) the abbreviation “LGN”.

(5) A non-practising LGN registrant must not, in British Columbia, use the title “nurse” or “licensed graduate nurse” or a variation of either of those titles, or the abbreviation “LGN”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(6) A provisional LGN registrant, in the course of practising nursing, may use

(a) the title “licensed graduate nurse (provisional)”, “provisional LGN” or “provisional nurse”, or

(b) the abbreviation “LGN(P)”.

(7) A temporary RN (emergency) registrant, in the course of practising nursing, may use

(a) the title “temporary registered nurse”, “temporary RN” or “temporary nurse”, or

(b) the abbreviation “RN(T)”.

(8) An employed student nurse registrant, in the course of practising nursing, may use

(a) the title “employed student nurse”, or

(b) the abbreviation “ESN”.

## NP registrant group

176 (1) A practising NP registrant, in the course of practising nursing as a nurse practitioner, may use

(a) the title “nurse practitioner”, “registered nurse practitioner”, “nurse” or “registered nurse”, or

(b) the abbreviation “NP”, “RN” or “RN-NP”.

(2) A non-practising NP registrant must not, in British Columbia, use the title “nurse practitioner”, “registered nurse practitioner”, “nurse” or “registered nurse” or a variation of any of those titles, or the abbreviation “NP”, “RN” or “RN-NP”, except in conjunction with the term “non-practising” or as authorized through concurrent registration in another class.

(3) A provisional NP registrant, in the course of practising nursing as a nurse practitioner, may use

(a) the title “nurse practitioner (provisional)”, “registered nurse practitioner (provisional)”, “provisional NP”, “nurse” or “registered nurse”, or

(b) the abbreviation “NP(P)”, “RN” or “RN-NP(P)”.

(3.1) Subsection (3) does not apply to a registrant to whom subsection (3.2) applies.

(3.2) A provisional NP registrant, in the course of practising nursing as a nurse practitioner, may use

(a) the title “neonatal nurse practitioner (provisional)”, “registered neonatal nurse practitioner (provisional)”, “provisional NNP”, “nurse”, or “registered nurse”, or

(b) the abbreviation “NNP(P)”, “RN” or “RN-NNP(P)”,

if the registrant is granted registration under section 129 *[Provisional NP registration]* through meeting the requirements established in section 129(1.1), or was granted registration under

section 275(1) of the former BCCNP bylaws through meeting the requirements established in section 275(1)(b) of those former bylaws or under section 4.11(4) of the former CRNBC bylaws through meeting the requirements established in section 4.11(4)(b)(ii) of those former bylaws.

(3.3) On January 1, 2025, subsections (3.1) and (3.2) and this subsection are repealed.

(4) A temporary NP (emergency) registrant, in the course of practising nursing as a nurse practitioner, may use

(a) the title “temporary nurse practitioner”, “temporary NP” or “temporary nurse”, or

(b) the abbreviation “NP(T)”.

## Midwife registrant group

177 (1) A practising midwife registrant, in the course of practising midwifery, may use

(a) the title “midwife”, “registered midwife”, “sage-femme”, “sage-femme autorisée”, “Indigenous midwife” or “sage-femme autochtone”, or

(b) the abbreviation “RM” or “sfa”.

(2) A non-practising midwife registrant must not, in British Columbia, use the title “midwife”, “registered midwife”, “sage-femme”, “sage-femme autorisée’, “Indigenous midwife” or “sage-femme autochtone” or a variation of any of those titles, or the abbreviation “RM” or “sfa”, except in conjunction with the term “non-practising”.

(3) A provisional midwife registrant, in the course of practising midwifery, may use

(a) the title “midwife (provisional)”, “registered midwife (provisional)” or “provisional midwife”, or

(b) the abbreviation “RM(P)”.

(4) A temporary midwife (emergency) registrant, in the course of practising midwifery, may use

(a) the title “temporary midwife (emergency)” or “temporary registered midwife (emergency)”, or

(b) the abbreviation “RM(T)”.

(5) A student midwife registrant, in the course of practising midwifery, may use

(a) the title “student midwife”, or

(b) the abbreviation “SM”.

# Division 5 – Client Care Records (Nurses)

## Definition and application

178 (1) In this Division, **"client's representative"** means

(a) a "committee of the patient" under the *Patients Property Act*,

(b) the parent or guardian of a client who has not reached 19 years of age,

(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 decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*,

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or

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

(2) This Division does not apply to registrants in classes established in section 134(1) *[Classes of midwife registrants]*.

## Purpose for collecting client personal information

179 No registrant in the course of practising a designated health profession in British Columbia may collect personal information about a client without the client's consent unless

(a) the personal information relates directly to, and is necessary for, providing health care services to or for the client or for related administrative purposes, or

(b) the collection of the personal information is expressly authorized by or under an enactment.

## Source of client personal information

180 (1) Subject to subsection (2), a registrant must collect personal information about a client directly from the client.

(2) A registrant may collect personal information about a client from a source other than the client if the registrant has reasonable grounds to believe that

(a) the client has been made aware of the matters set out in section 181 *[Collection of client personal information]* and has authorized collection of the personal information from another source,

(b) the client is unable to give their consent and the registrant, having made the client's representative aware of the matters set out in section 181 *[Collection of client personal information]*, collects the information from the client's representative or the client's representative authorizes collection from another source,

(c) compliance with subsection (1) would

(i) prejudice the best interests of the client,

(ii) defeat the purpose or prejudice the use for which the information is collected, or

(iii) prejudice the safety of any person,

(d) compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,

(e) the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,

(f) the information is publicly available information,

(g) the information

(i) will not be used in a form in which the client is identified, or

(ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the client, or

(h) the collection of personal information from a source other than the client is authorized under section 12 of the *Personal Information Protection Act* or section 27 of the *Freedom of Information and Protection of Privacy Act*, as the case may be, or otherwise by law.

## Collection of client personal information

181 (1) If a registrant collects personal information directly from a client, or from the client's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the client or client's representative is aware of

(a) the fact that the personal information is being collected,

(b) the purpose for which the personal information is being collected,

(c) the intended recipients of the personal information, and

(d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information, and

(e) the consequences, if any, for the client if all or any part of the requested personal information is not provided.

(2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.

(3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a client, or the client's representative, if the registrant has taken those steps in relation to the collection, from the client or client's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.

(4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds that

(a) non-compliance is authorized by the client,

(b) compliance would

(i) prejudice the interests of the client, or

(ii) defeat the purpose or prejudice the use for which the information is collected,

(c) compliance is not reasonably practicable in the circumstances of the particular case, or

(d) the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

## Use of client personal information

**182** A registrant may use personal information about a client only

(a) for the purpose of providing health care services to or for the client, or for a related administrative purpose,

(b) for a use or disclosure consistent with a purpose specified in paragraph (a),

(c) if the client has consented to the use,

(d) for a purpose for which that information may be disclosed by the registrant under section 183 *[Disclosure of client personal information]*, or otherwise under the Act, or

(e) for a use that is authorized under section 14 or 15 of the *Personal Information Protection Act* or section 32 of the *Freedom of Information and Protection of Privacy Act*, as the case may be, or otherwise by law.

## Disclosure of client personal information

183 A registrant must maintain confidentiality of personal information about a client, and may disclose personal information about a client only

(a) for the purpose of providing health care services to or for the client, or for a related administrative purpose,

(b) for a use or disclosure consistent with a purpose specified in paragraph (a),

(c) if the client has consented to the use,

(d) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,

(e) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,

(f) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,

(g) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,

(h) to an auditor, the college or any other person or body authorized by law, for audit purposes, including without limitation an audit under section 156(1) *[Verification of QA activities]*,

(i) for the purpose of a submission required by the quality assurance committee under section 156(2) *[Verification of QA activities]*,

(j) for the purpose of an assessment under section 26.1 of the Act and section 161 *[Assessment of professional performance]*,

(k) for the purpose of responding to a complaint or other matter investigated by the inquiry committee under Part 3 of the Act, or an application to the Health Professions Review Board under Part 4.2 of the Act,

(l) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,

(m) for the purpose of making a report to a regulatory body, government agency or officer to which the registrant has a duty to report under the laws of British Columbia or another jurisdiction,

(n) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,

(o) if the disclosure is required or authorized under the Act,

(p) if the disclosure is authorized under sections 17 to 22 of the *Personal Information Protection Act* or sections 33 to 36 of the *Freedom of Information and Protection of Privacy Act*, as the case may be, or

(q) if the disclosure is otherwise required or authorized by law.

## Definition of consistent purpose

184 A use or disclosure of personal information about a client is consistent with the purposes of providing health care services to or for the client, or a related administrative purpose, under section 182 *[Use of client personal information]* or 183 *[Disclosure of client personal information]* if the use or disclosure has a reasonable and direct connection to any of those purposes.

## Retention of client care records

185 (1) Except as otherwise required by law, a registrant must ensure that all records in the registrant's custody or control containing information describing the care provided to a client are retained for not fewer than 16 years following

(a) the date of last entry, or

(b) the date the client reaches 19 years of age,

whichever is later.

(2) A registrant who receives records containing information describing the care provided to a client that are transferred in accordance with section 186(d) *[Disposal of records containing client personal information]* or section 187(3) *[Registrant ceasing to practise]* must retain those records in accordance with subsection (1).

## Disposal of records containing client personal information

186 (1) A registrant must ensure that records in the registrant's custody and control containing personal information about a client are disposed of only by

(a) transferring the record safely and securely

(i) to another registrant, other than a registrant in a class established in section 134 *[Classes of midwife registrants]*,

(ii) with the consent of the client, to another health care practitioner or a health care agency,

(iii) to a person or organization retained by the transferring registrant to act on that registrant's behalf to store records in a manner that is secure and provides reasonable access for the duration of the time set in section 185(1) *[Retention of client care records]*, or

(iv) to the client,

(b) effectively destroying a physical record by utilizing a shredder or by complete burning, or

(c) erasing information recorded or stored by any electronic method including without limitation on tapes, cassettes, floppy or hard disk drives, USB flash drives, optical discs, or equipment that includes an electronic system in which data is maintained, managed and backed up remotely and made available to users over a network, in a manner that ensures that the information cannot be reconstructed.

(2) A registrant must ensure that, where personal information is transferred to a person for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that legal access, confidentiality and physical security will be maintained.

## Registrant ceasing to practise

187 (1) A registrant who ceases to practise for any reason must ensure that records in the registrant's custody and control containing personal information about clients are disposed of in accordance with this Division, notify the college, and provide the college with a written summary of the steps the registrant has taken to dispose of those records.

(2) Despite subsection (1), if records described in that subsection are subject to continued retention in accordance with section 185 *[Retention of client care records]* at the time the registrant ceases to practise, those records must be disposed of in accordance with section 186(a) *[Disposal of records containing client personal information]* only.

(3) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records described in subsection (1), those records will be transferred safely and securely to another registrant, other than a registrant in a class established in section 134 *[Classes of midwife registrants]*.

### Notice to clients

188 A registrant who receives records containing personal information about a client transferred in accordance with section 186(d) *[Disposal of records containing client personal information]* or section 187(3) *[Registrant ceasing to practise]* must notify the client concerned of the transfer.

## Division 6 – Client Care Records (Midwives)

### Definition and application

189 This Division applies only to registrants in classes established in section 134(1) *[Classes of midwife registrants]*.

### Privacy requirement

190 A registrant must take all reasonable measures to ensure that the purpose, source, collection, use, protection, disclosure, access and disposal of a client's personal information occurs in accordance with all enactments of British Columbia or Canada applicable to the practice of midwifery or the provision of midwifery services, including without limitation the following;

(a) the *Personal Information Protection Act* (British Columbia);

(b) the *Personal Information Protection and Electronic Document Act* (Canada);

(c) the *Privacy Act* (British Columbia);

(d) the *Access to Information Act* (Canada);

(e) the *E-Health (Personal Health Information Access and Protection of Privacy) Act* (British Columbia).

### Storage and retention of personal information

191 (1) Except as otherwise required by law, a registrant must ensure that all records of midwifery care are retained for not fewer than 16 years following

(a) the date of last entry, or

(b) the date the client reaches 19 years of age,

whichever is later.

(2) A registrant must ensure the safe and secure storage of all records of midwifery care.

## Transfer, destruction or disposition of client care records

192 A registrant must dispose of a record of midwifery care only by

(a) transferring the record safely and securely

(i) to another registrant in a class established in section 134 *[Classes of midwife registrants]*,

(ii) with the consent of the client, to another health care practitioner or a health care agency, or

(iii) to a person retained by the transferring registrant to act on that registrant's behalf to store records in a manner that is secure and provides reasonable access for the duration of the time set in section 191(1) *[Storage and retention of personal information]*,

(b) effectively destroying a physical record by shredding or incinerating in a controlled environment, or

(c) erasing information recorded or stored by electronic methods in a manner that ensures all traces of the original data are destroyed and that the information cannot be reconstructed.

## Registrant ceasing to practise

193 (1) A registrant who ceases to practise for any reason must dispose of personal information in accordance with section 192(a) *[Transfer, destruction or disposition of client care records]*, notify the college, and provide the college with a written summary of the steps he or she has taken to dispose of the personal information.

(2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of the personal information, the personal information will be safely and securely transferred to another registrant in a class established in section 134 *[Classes of midwife registrants]*.

(3) A registrant who receives personal information transferred in accordance with subsection (2) or section 192(a) *[Transfer, destruction or disposition of client care records]* must make a reasonable attempt notify the client concerned of the transfer.

## Contracts for handling personal information

194 A registrant must ensure that, where personal information is transferred to a person for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that legal access, confidentiality and physical security will be maintained.

### Remedying a breach of security

195 A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information under this Division as soon as possible after the breach is discovered, including without limitation the following:

(a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered;

(b) taking steps to ensure that any remaining personal information is secured;

(c) notifying

(i) anyone affected by the unauthorized action including without limitation clients and other health care practitioners,

(ii) the college, and

(iii) law enforcement officials, where criminal action may have contributed to the unauthorized action, and

(d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized action.

# PART 7 – INQUIRY AND DISCIPLINE

### Disposition of complaints by registrar

196 The registrar is authorized to act under section 32(3) of the Act.

### Additional powers and duties of inspectors

197 In addition to the powers and duties of inspectors under section 28 of the Act, an inspector may do one or more of the following in the course of assessing a complaint under section 32(2) of the Act or investigating a matter under section 33 of the Act:

(a) require the registrant to produce, for inspection, examination or copying,

(i) the equipment or materials used by a registrant to practise a designated health profession, or

(ii) records of the registrant relating to the registrant's practice of a designated health profession;

(b) require the registrant to

(i) attend for interview by an inspector or the inquiry committee,

(ii) answer questions and provide information relating to the matter under assessment or investigation, or

(iii) cause an employee or agent of the registrant to answer questions and provide information relating to the matter under assessment or investigation;

(c) do anything described in section 28(1)(a) to (c) of the Act during the regular business hours in effect at a particular premises or, by agreement with the registrant, at a time outside of those regular business hours;

(d) require the registrant to provide the identity and contact information of the registrant's current employers or supervisors, if any, and consent to those employers or supervisors being contacted by an inspector for the purpose of ascertaining the registrant's current practice setting, unit assignments or job duties, if any.

## Limits on inspector observing registrant

198 An inspector must not observe a registrant while the registrant is providing a service to a client

(a) unless and until the consent of the client being treated has been obtained in advance, or

(b) unless the service is being provided in a public setting.

## Disposal of unrelated information or records

199 (1) If an inspector, in the course of exercising a power or performing a duty under the Act, receives information or a record that the inspector

(a) determines is not related or relevant to a complaint under section 32(2) of the Act, a report under section 32.2 to 32.4 of the Act or an investigation under section 33 of the Act,

(b) has reasonable grounds to believe belongs to or is intended for a party adverse to the college or a third party in a matter referred to in paragraph (a) and was not intended for the inspector or college to see, or

(c) has reasonable grounds to believe was obtained by a party to litigation or other proceedings of a judicial nature, and that it may have been disclosed by that party in breach of an express or implied undertaking of confidentiality,

the inspector may

(d) omit or remove the information or record from the college's records on the matter, and

(e) dispose of the omitted or removed information or record as the inspector determines is appropriate, subject to section 27.1 of the *Freedom of Information and Protection of Privacy Act* and section 64 *[Disposal of records containing personal information]*.

(2) Despite subsection (1), if paragraph (b) or (c) of that subsection applies in respect of a record, the inspector must

(a) in the case of a paper record, return it unread and uncopied to the party who provided it to the inspector or the college, or to the party to whom it belongs or appears to belong or be intended for,

(b) in the case of an electronic record, delete it unread and uncopied and advise the party who provided it to the inspector or the college, or to the party to whom it belongs or appears to belong or be intended for, that that was done, or

(c) if the inspector reads part or all the record before realizing that it was not intended for the inspector or the college, cease reading the record and promptly return it or delete it, uncopied, to the party who provided it to the inspector or the college, or to the party to whom it belongs or appears to belong or be intended for, advising that party

(i) of the extent to which the inspector or college is aware of the contents, and

(ii) what use the inspector or college intends to make of the contents of the record.

## Employer as complainant

200 (1) In this section, **"employer"** means, in relation to a registrant, any corporation or partnership that provides midwifery services, practical nursing services, psychiatric nursing services or nursing services through the registrant, or arranges for or causes the registrant to provide any such services in connection with the business or other activities of the corporation or partnership, whether or not such services are provided for or in the expectation of a fee, gain or reward, direct or indirect, from any person.

(2) If a complaint against a registrant under section 32 of the Act or a report about a registrant under section 32.2 of the Act is made by an individual who is confirmed to be acting on behalf of an employer of the registrant,

(a) the inquiry committee may order that the employer is the complainant in the matter, and

(b) if the inquiry committee orders that the employer is the complainant in the matter, any individual duly authorized by the employer from time to time may be considered as acting on behalf of the employer in respect of the matter.

(3) For greater certainty, nothing in this section affects, modifies or diminishes the application to any registrant of the Act, the regulations and these bylaws, including without limitation a registrant's duty to make a report under section 32.2 or 32.4 of the Act.

## Protecting identity of complainant

201 The inquiry committee may order that the identity of a complainant, or information which might enable the identity of a complainant to be established, not be disclosed to a registrant or other person, if the inquiry committee is satisfied that such disclosure would place the complainant at undue risk of harm.

## Delivery of complaint to registrant

202 (1) If a complaint is delivered to the inquiry committee by the registrar under section 32(2) of the Act, the registrar must deliver a copy or summary of the complaint to the registrant who is the subject of the complaint, subject to any applicable policies and procedures established by the inquiry committee under section 34(1) *[Powers and duties – all committees and panels]*, and any written direction of the inquiry committee, regarding the timing or other details of such delivery.

(2) If a complaint is, or might be, disposed of by the registrar under section 32(3) of the Act, the registrar may deliver a copy or summary of the complaint to the registrant who is the subject of the complaint, subject to any applicable policies and procedures established by the inquiry committee under section 34(1) *[Powers and duties – all committees and panels]* and any written direction of the inquiry committee.

## Duty to co-operate

203 (1) A registrant who is the subject of a complaint being assessed under section 32(2) of the Act or a matter being investigated under section 33 of the Act must co-operate fully in the assessment or investigation including, without limitation, by responding fully and substantively, in the form and manner acceptable to the inquiry committee,

(a) to the complaint, if any, once the complaint or a summary of it is delivered to the registrant, and

(b) to all requests made or requirements imposed by an inspector or the inquiry committee in the course of the assessment or investigation.

(2) A registrant who is required or requested to do anything under section 197 *[Additional powers and duties of inspectors]* or subsection (1) must comply with the requirement or request

(a) in the case of information or a record, even if the information or record is confidential, and

(b) as soon as practicable and, in any event, by the date and time set by an inspector or the inquiry committee.

(3) For greater certainty, nothing in section 197 *[Additional powers and duties of inspectors]* or this section requires disclosure of information or a record to an inspector or the inquiry committee if

(a) the information or record is subject to solicitor-client privilege, or

(b) disclosure of the information or record to an inspector or the inquiry committee is prohibited by law.

## Delivery of registrant's response to complainant

**204** (1) The registrar may deliver to the complainant in the matter, if any, a copy or summary of the response received from the registrant under section 203(1) *[Duty to cooperate]*, subject to any applicable policies and procedures established under section 34(1) *[Powers and duties – all committees and panels]*, and any written direction of the inquiry committee.

(2) Before acting under subsection (1), the registrar may require the complainant to give to the college a written undertaking to the effect that the complainant, and any representative or agent of the complainant,

(a) will preserve confidentiality with respect to all information or records disclosed under subsection (1),

(b) will not disclose to any other person any information or record disclosed under subsection (1), except to legal counsel for the purpose of obtaining legal advice or to a representative or agent of the complainant for the purpose of representing the complainant in pursuing the matter with the college, and

(c) will use any information or record disclosed under subsection (1) solely for the purpose of pursuing the matter with the college and not for any other purpose.

## Consents and undertakings

**205** The record of an undertaking or consent given under section 36 of the Act, a consent order under section 37.1 of the Act, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the Act must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the Act,

(b) include any undertaking made by the registrant under section 36 of the Act,

(c) specify the period of time, whether fixed or indeterminate, that an undertaking referred to in paragraph (b) is binding on the registrant,

(d) specify the procedure, if any, that the registrant may follow to be released from an undertaking referred to in paragraph (b), and

(e) subject to sections 22 and 39.3 of the Act and sections 71*[Disclosure of registration status and contact information]* and 74 *[Disclosure of disciplinary actions]*, specify what notification and disclosure of the terms, limits or conditions of the undertaking or consent may be given to others, including members of the public.

## Citations

206 (1) Before the issuance of any citation under section 37 of the Act in respect of a complaint or other matter, on the direction of a panel of the inquiry committee, the registrar must join one or more complaints or other matters which are to be the subject of a hearing in one citation as the panel considers appropriate in the circumstances.

(2) After the issuance of a citation or citations under section 37 of the Act, on the direction of a panel of the discipline committee, the registrar must, as the panel considers appropriate in the circumstances,

(a) join one or more complaints or other matters which are to be the subject of a hearing,

(b) sever one or more complaints or other matters which are to be the subject of a hearing, or

(c) amend a citation.

(3) If a citation is amended under subsection (2)(c) before the hearing commences, the registrar must have the amended citation either delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the public register, not fewer than 14 days before the date of the hearing.

(4) If a citation is amended under subsection (2)(c) before the hearing commences, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant in writing of the amendment, not fewer than 14 days before the date of the hearing.

## Pre-hearing meetings

207 (1) The registrar may deliver to a respondent, with a citation or subsequently, an invitation for the respondent to participate in a pre-hearing meeting with the college to discuss one or more of the following in relation to the hearing:

(a) jurisdictional or procedural issues;

(b) admissions or agreed statement of facts;

(c) disclosure of information or records;

(d) witnesses;

(e) estimated length of time required for the hearing;

(f) possible consent orders under section 37.1 of the Act;

(g) possible disciplinary actions under section 39(2) of the Act.

(2) A pre-hearing meeting under this section must be held in private unless the parties agree otherwise.

## Pre-hearing conferences

208 (1) At any time before the commencement of a hearing in respect of a citation, either the respondent or the college may deliver to the discipline committee a request that a pre-hearing conference be held.

(2) A pre-hearing conference must be presided over by a pre-hearing panel of the discipline committee, which panel may, but need not, be the same as the panel that may preside at the hearing.

(3) At the discretion of the pre-hearing panel, a pre-hearing conference may be conducted by telephone or other mode of remote communication that permits all participants to hear and speak to each other.

(4) A pre-hearing conference under this section must be held in private unless the pre-hearing panel orders otherwise.

(5) A pre-hearing conference under this section may proceed in the absence of a party, other than the requesting party, if reasonable notice of the pre-hearing conference was delivered to the absent party.

(6) At a pre-hearing conference, the pre-hearing panel may make an order

(a) fixing or changing the date, time and place for the hearing,

(b) for the discovery and production of information or records relevant to the citation,

(c) respecting applications for joinder or severance of one or more complaints or other matters which are to be the subject of a hearing, or

(d) respecting any other matters that may aid in the disposition of the citation.

## Hearings

209 (1) A member of the discipline committee cannot sit on a panel of the discipline committee that is hearing a matter in which that member

(a) was involved as a member of the inquiry committee, or

(b) has had any other prior involvement.

(2) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the Act.

(3) All hearings must be transcribed, or audio-recorded electronically, and the transcript or audio record must be considered to be correct and to constitute part of the record of the hearing.

(4) If, by a mechanical or human failure or other accident, the transcript or audio record of a hearing is destroyed, interrupted or incomplete, the validity of the hearing is not affected.

## Obligations of suspended registrants

210 (1) During any period of suspension of a registrant's registration, the registrant must

(a) not engage in the practice of the designated health profession in respect of which the registrant's registration is suspended, including without limitation the provision of midwifery services, nursing services, practical nursing services or psychiatric nursing services, as applicable, and not hold themselves out as a registrant authorized to practise that designated health profession, except to the extent permitted expressly by an applicable order or agreement made under the Act,

(b) not hold office in the college as a board member, a member of a committee established in these bylaws, an inspector, or an assessor appointed under section 26.1 of the Act,

(c) not make appointments for clients or prospective clients,

(d) not contact or communicate with clients or prospective clients, except for the purpose of

(i) advising a client or prospective client of the fact and duration of the suspension,

(ii) advising a client or prospective client that another registrant or appropriate health professional will continue to act or provide services in the suspended registrant's place, or

(iii) referring a client or prospective client to another registrant or appropriate health professional,

(e) remove the registrant's name and any sign relating to the registrant's practice of the designated health profession in respect of which the registrant's registration is suspended from any premises where the registrant practised that designated health profession, and any building in which any such premises are located,

(f) prominently display, if required by an order under section 35, 37.1, 38, 39 or 39.1 of the Act, an agreement under section 32.2(4)(b) or 32.3(3)(b) of the Act, or other action taken under section 33(2) of the Act, a notice of suspension in a form and in an area approved by the registrar, which states the duration and reasons for the suspension, and

(g) pay any fee required by the college when due in order to remain a registrant, and any other outstanding fine, fee, debt or levy owed to the college.

(2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension.

(3) During the period of suspension, a suspended registrant may permit another registrant in good standing to practise midwifery, nursing, practical nursing or psychiatric nursing, as applicable, within premises where the registrant practised the designated health profession, provided that the suspended registrant complies with the provisions of subsection (1).

(4) Any communication under subsection (1)(d) may be made in writing in a form approved in advance by the registrar, or by employing office staff, an answering service, or other method of telecommunication specifically for that purpose.

## Maximum fine

211 The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the Act is $50,000.

## Investigation and hearing costs

212 (1) The tariff of costs set out in Schedule I, to partially indemnify the college for investigations under section 33 of the Act, is established under section 19(1)(v.1) of the Act.

(2) The tariff of costs set out in Schedule J, to partially indemnify parties for their expenses incurred in the preparation for and conduct of hearings under section 38 of the Act, is established under section 19(1)(w.1) of the Act.

(3) Any costs awarded by the inquiry committee under section 33(7) of the Act or in accordance with a proposal under section 37.1 of the Act, or by the discipline committee under section 39(4) or (5) of the Act, must be assessed by the applicable committee in accordance with Schedules H and I and the applicable tariff of costs set out therein.

## Health Canada notice requests

213 (1) If a nurse practitioner or midwife admits to a failure to comply with a relevant standard, the inquiry committee or the discipline committee may direct the registrar to deliver a written request to the Federal Minister for issuance of a notice in respect of the nurse practitioner or midwife.

(2) If the discipline committee determines under section 39(1)(b) of the Act that a nurse practitioner or midwife has failed to comply with a relevant standard, the discipline committee may direct the registrar to deliver a written request to the Federal Minister for issuance of a notice in respect of the nurse practitioner or midwife.

(3) The inquiry committee may authorize the registrar to provide a consent to retraction of a notice, other than a notice that was requested at the direction of the discipline committee, if

(a) the inquiry committee is satisfied that the consent to retraction is not contrary to the public interest, and

(b) the consent to retraction is not inconsistent with any other limits or conditions imposed on the nurse practitioner's or midwife's practice under the Act.

(4) The discipline committee may authorize the registrar to provide a consent to retraction of a notice that was requested at the direction of the discipline committee, if

(a) the discipline committee is satisfied that the consent to retraction is not contrary to the public interest, and

(b) the consent to retraction is not inconsistent with any other limits or conditions imposed on the nurse practitioner's or midwife's practice under the Act.

(5) The registrar must not issue a consent to retraction except in accordance with subsection (3) or (4).

(6) In this section:

"conduct of an activity", with reference to a listed substance, includes

(a) use, possession, compounding, dispensing, administration or prescription of the listed substance, and

(b) issuance of an order to compound, dispense or administer the listed substance;

"consent to retraction" means, in respect of a notice, a letter under section 80(b)(ii) of the *Benzodiazepines and Other Targeted Substances Regulations* (Canada), section G.04.004.3(b)(ii) of the *Food and Drug Regulations* (Canada) or section 60(b)(ii) of the *Narcotic Control Regulations* (Canada) signifying the college's consent to retraction of the notice;

**"Federal Minister"** means the Minister of Health of Canada, and includes an agent authorized to act on behalf of that Minister;

**"listed substance"** means a "listed substance" as defined in section 1 of the *New Classes of Practitioners Regulations* (Canada);

**"midwife"** means a registrant in the class of practising midwife registrants, non-practising midwife registrants, provisional midwife registrants, or temporary midwife (emergency) registrants, or any former such registrant or any former registrant who was registered in an equivalent or similar class under the former CMBC bylaws at any time before the 2020 amalgamation date;

**"notice"** means a notice under section 79(1) of the *Benzodiazepines and Other Targeted Substances Regulations* (Canada), section G.04.004.2(1) of the *Food and Drug Regulations* (Canada) or section 59(1) of the *Narcotic Control Regulations* (Canada);

**"nurse practitioner"** means a registrant in the class of practising NP registrants, non-practising NP registrants, provisional NP registrants, or temporary NP (emergency) registrants, or any former such registrant or any former registrant who was registered in an equivalent or similar class under the former CRNBC bylaws at any time before the 2018 amalgamation date or the former BCCNP bylaws at any time before the 2020 amalgamation date, as applicable;

**"relevant standard"** means a standard, limit or condition established under the standards of practice or the standards of professional ethics, or otherwise imposed under the Act, that is relevant to a nurse practitioner's or midwife's conduct of an activity with a listed substance.

## SCHEDULE A – CERTIFICATE OF ELECTION

(Section 8)

_____

# BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

# CERTIFICATE OF ELECTION TO THE BOARD

Pursuant to section 17.1 (1) of the *Health Professions Act*, R.S.B.C. 1996, c. 183, I hereby certify that

_____

*{Name of person being certified}*

of

_____

*{Their city or town of residence}*

in the Province of British Columbia has been elected as a member of the board for the British Columbia College of Nurses and Midwives in accordance with the *Health Professions Act* and the bylaws of the College made under that Act, for a term of office beginning on the ____day of _____, 20__, and ending on the ____ day of _____, 20__.

ISSUED at Vancouver, British Columbia, this ____day of _____, 20__.

_____

*{Signature of registrar}*

[Name of registrar]
Registrar of the College

## SCHEDULE B – RECOGNIZED PRACTICAL NURSING EDUCATION PROGRAMS

(Sections 88, 91, 93)

_____

TABLE A: [Table A repealed October 16, 2020]

TABLE B: EFFECTIVE ON OCTOBER 16, 2020

| *Educational Institution* | *Campus* | *Program Type* |
|---|---|---|
| Camosun College | Victoria | Generic |
| CDI College | Richmond | Generic |
| CDI College | Surrey | Generic |
| Coast Mountain College | Terrace | Generic & Access |
| College of New Caledonia | Prince George | Generic |
| College of the Rockies | Cranbrook | Generic |
| Discovery Community College | Campbell River | Generic & Access |
| Discovery Community College | Maple Ridge | Generic & Access |
| Discovery Community College | Nanaimo | Generic & Access |
| Discovery Community College | Surrey | Generic & Access |
| Nicola Valley Institute of Technology | Merritt | Access |
| North Island College | Campbell River | Generic |
| North Island College | Port Alberni | Generic |
| North Island College | Comox | Generic |
| North Island College | Courtenay | Access |
| Northern Lights College | Dawson Creek | Generic & Access |
| Okanagan College | Kelowna | Generic & Access |
| Okanagan College | Penticton | Generic & Access |

| *Educational Institution* | *Campus* | *Program Type* |
|---|---|---|
| Okanagan College | Salmon Arm | Generic & Access |
| Okanagan College | Vernon | Generic & Access |
| Selkirk College | Trail | Generic |
| Sprott Shaw College | Abbotsford | Generic & Access |
| Sprott Shaw College | Chilliwack | Generic & Access |
| Sprott Shaw College | Downtown Vancouver | Generic & Access |
| Sprott Shaw College | East Vancouver | Generic & Access |
| Sprott Shaw College | Kamloops | Generic & Access |
| Sprott Shaw College | Kelowna | Generic & Access |
| Sprott Shaw College | New Westminster | Generic & Access |
| Sprott Shaw College | Penticton | Generic & Access |
| Sprott Shaw College | Surrey | Generic & Access |
| Sprott Shaw College | Victoria | Generic & Access |
| Stenberg College | Surrey | Generic |
| Thompson Rivers University | Williams Lake | Generic |
| University of the Fraser Valley | Chilliwack | Generic |
| Vancouver Career College | Abbotsford | Generic |
| Vancouver Career College | Burnaby | Generic |
| Vancouver Community College | Vancouver (Broadway) | Generic & Access |
| Vancouver Island University | Cowichan | Generic |
| Vancouver Island University | Nanaimo | Access |
| Vancouver Island University | Nanaimo | Generic |

## SCHEDULE C – RECOGNIZED PSYCHIATRIC NURSING EDUCATION PROGRAMS

(Sections 88, 100, 102, 108)

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TABLE A: [Table A repealed October 16, 2020]

TABLE B: EFFECTIVE ON OCTOBER 16, 2020

| *Educational Institution* | *Psychiatric Nursing Education Program* |
|---|---|
| Douglas College | Bachelor of Science in Psychiatric Nursing |
| Douglas College | Psychiatric Nursing Refresher Certificate |
| Kwantlen Polytechnic University | Bachelor of Psychiatric Nursing |
| Stenberg College | Regional Diploma in Psychiatric Nursing |

## SCHEDULE D – RECOGNIZED NURSING EDUCATION PROGRAMS

(Sections 88, 110, 112, 123)

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TABLE A: [Table A repealed October 16, 2020]

TABLE B: EFFECTIVE ON OCTOBER 16, 2020

| *Educational Institution* | *Nursing Education Program* |
|---|---|
| British Columbia Institute of Technology | Baccalaureate Registered Nurse Program |
| Camosun College with University of Victoria | Baccalaureate Registered Nurse Program |
| Coast Mountain College with University of Northern British Columbia | Baccalaureate Registered Nurse Program |
| College of New Caledonia with University of Northern British Columbia | Baccalaureate Registered Nurse Program |
| College of the Rockies with University of Victoria | Baccalaureate Registered Nurse Program |
| Douglas College | Baccalaureate Registered Nurse Program |
| Kwantlen Polytechnic University | Baccalaureate Registered Nurse Program |
| Kwantlen Polytechnic University | Baccalaureate Registered Nurse Program - Second Degree |
| Kwantlen Polytechnic University | Registered Nurse Re-entry Program for Internationally Educated Nurses |
| Langara College | Baccalaureate Registered Nurse Program |
| Langara College | Registered Nurse Re-entry Program for Internationally Educated Nurses |
| North Island College with Vancouver Island University | Baccalaureate Registered Nurse Program |
| Selkirk College with University of Victoria | Baccalaureate Registered Nurse Program |
| Thompson Rivers University | Baccalaureate Registered Nurse Program |

| *Educational Institution* | *Nursing Education Program* |
|---|---|
| Thompson Rivers University — Open Learning | Registered Nurse Re-entry Program |
| Trinity Western University | Baccalaureate Registered Nurse Program |
| University of British Columbia | Baccalaureate Registered Nurse Program |
| University of British Columbia – Okanagan | Baccalaureate Registered Nurse Program |
| University of Northern British Columbia in Fort St. John | Baccalaureate Registered Nurse Program |
| University of Northern British Columbia with Coast Mountain College | Baccalaureate Registered Nurse Program |
| University of Northern British Columbia with College of New Caledonia | Baccalaureate Registered Nurse Program |
| University of Northern British Columbia in Prince George | Baccalaureate Registered Nurse Program |
| University of the Fraser Valley | Baccalaureate Registered Nurse Program |
| University of Victoria with Camosun College | Baccalaureate Registered Nurse Program |
| University of Victoria with College of the Rockies | Baccalaureate Registered Nurse Program |
| University of Victoria with Selkirk College | Baccalaureate Registered Nurse Program |
| Vancouver Community College | Baccalaureate Registered Nurse Program |
| Vancouver Island University | Baccalaureate Registered Nurse Program |
| Vancouver Island University with North Island College | Baccalaureate Registered Nurse Program |

## SCHEDULE E – RECOGNIZED NURSE PRACTITIONER EDUCATION PROGRAMS

(Sections 88, 125, 128, 129)

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| *Educational Institution* | *Nurse Practitioner Education Program* |
|---|---|
| Thompson Rivers University | Nurse Practitioner (Family)Master's Program |
| University of British Columbia | Nurse Practitioner (Family) Master's Program |
| University of Northern British Columbia | Nurse Practitioner (Family) Master's Program |
| University of Victoria | Nurse Practitioner (Family) Master's Program |

## SCHEDULE F – RECOGNIZED MIDWIFERY EDUCATION PROGRAMS

(Sections 88, 136, 143)

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| *Educational Institution* | *Midwifery Education Program* |
|---|---|
| McMaster University | Baccalaureate Midwifery Program |
| Mount Royal University | Baccalaureate Midwifery Program |
| Toronto Metropolitan University | Midwifery Education Program |
| University of British Columbia | Baccalaureate Midwifery Program |
| University of British Columbia | Internationally Educated Midwives Bridging Program |

## SCHEDULE G – FEES

(Sections 51, 80, 151, 152, 153)

| TABLE A: LICENSURE APPLICATION FEES<br>• *GST will be added*<br>• *Application fees are non-refundable* | | |
|---|---|---|
| **Practising / Provisional Licensure applications** | | |
| Initial application for any of the following classes:<br>• Practising/provisional LPN license<br>• Practising/provisional RPN license<br>• Practising/provisional RN license<br>• Practising/provisional NP license | International applicant | $690.00 |
| | Canadian applicant | $345.00 |
| | B.C. applicant | $265.00 |
| Initial application for the class of practising midwife license (all applicants) | | $265.00 |
| Reinstatement application for any of the following classes (all applicants):<br>• practising LPN license<br>• practising RPN license<br>• practising RN license<br>• practising LGN license<br>• practising NP license<br>• practising midwife license | | $265.00 |
| Reinstatement surcharge (unlicensed practice) – may apply to any application for reinstatement of practising license | | $375.00 |
| **Employed Student Licensure applications** | | |
| Application for any of the following classes (all applicants):<br>• employed student psychiatric nurse license<br>• employed student nurse license | | $175.00 |
| **Certified Practice Designation** | | |
| Application for certification (initial or reinstatement only) | | |
| • practising/MJL RPN license<br>• practising/MJL RN license | | $115.00 |

**TABLE B:** [Table B *Repealed* February 1, 2025]

| TABLE C: ANNUAL LICENSURE FEES (INITIAL, RENEWAL OR REINSTATEMENT)<br>• *GST will not be added*<br>• *Annual fees are refundable subject to BCCNM policy* | |
|---|---|
| **Nurse Licensee Classes** | Payable for the period of<br>Apr. 1, 2026 - Mar. 31, 2027 |
| • practising LPN license<br>• provisional LPN license<br>• practising RPN license<br>• provisional RPN license<br>• practising RN license<br>• provisional RN license<br>• practising LGN license<br>• provisional LGN license | $781.10 |
| • practising NP license<br>• provisional NP license | $1,131.50 |
| • employed student psychiatric nurse license<br>• employed student nurse license | $313.90 |
| **Multijurisdictional Licensee Classes** | Payable for any period of registration that commences in the period<br>Apr. 1, 2026 – Mar. 31, 2027 |
| • multijurisdictional LPN license<br>• multijurisdictional RPN license<br>• multijurisdictional RN license | $149.65 |
| **Midwife Licensee Classes** | Payable for the period of Apr. 1, 2026 – Mar. 31, 2027 |
| • practising midwife license<br>• provisional midwife license | $1,131.50 |
| • non-practising midwife license (closed class) | $135.05 |

| TABLE D: ADMINISTRATIVE FEES<br>• *GST will not be added except as indicated below*<br>• *Administrative fees are non-refundable* | |
|---|---|
| Verification of licensure or certificate of professional conduct<br>*(GST will be added)* | $60.00 |
| Not sufficient funds for cheques / pre-authorized payments<br>*(GST will not be added)* | $60.00 |
| Refund processing when licensee requests or gives written consent to cancellation of license (subject to BCCNM policy)<br>*(GST will be added)* | $85.00 |

## SCHEDULE H – CERTIFIED PRACTICES

(Sections 151, 152, 153)

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| TABLE A: RPN CERTIFIED PRACTICE | | |
|---|---|---|
| *Column 1: Certified Practice* | *Column 2: Conditions and Requirements* | *Column 3: Authorized Terms and Titles* |
| Opioid Use Disorder | • Successful completion of a BCCNM-approved certified practice course.<br>• Satisfaction of any additional conditions or requirements set out in board policy. | - Registered Psychiatric Nurse<br>- Opioid Use Disorder Certified<br>- Registered Psychiatric Nurse (Certified)<br>- RPN(C) |

| TABLE B: RN CERTIFIED PRACTICES | | |
|---|---|---|
| *Column 1: Certified Practice* | *Column 2: Conditions and Requirements* | *Column 3: Authorized Terms and Titles* |
| Remote Practice | • Successful completion of a BCCNM-approved certified practice course.<br>• Satisfaction of any additional conditions or requirements set out in board policy. | - Registered Nurse<br>- Remote Practice Certified<br>- Registered Nurse (Certified)<br>- RN(C) |
| Reproductive Health | Same as above. | - Registered Nurse<br>- Reproductive Health (STI and/or CM) Certified<br>- Registered Nurse (Certified)<br>- RN(C) |
| RN First Call | Same as above. | - Registered Nurse<br>- First Call Certified<br>- Registered Nurse (Certified)<br>- RN(C) |
| Opioid Use Disorder | Same as above. | - Registered Nurse<br>- Opioid Use Disorder Certified<br>- Registered Nurse (Certified)<br>- RN(C) |

## SCHEDULE I – TARIFF OF COSTS (INVESTIGATIONS)

(Section 212)

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For the purpose of assessing costs under this Tariff, qualifying expenses incurred by the college from the time

(a) the registrar receives a complaint in writing under section 32(1) of the Act, or

(b) the inquiry committee initiates an investigation of a matter on its own motion under section 33(4) of the Act,

until the time the inquiry committee directs the registrar to issue a citation or otherwise disposes of the complaint or matter under section 33(6) of the Act are deemed to be expenses incurred for the investigation of the complaint or matter.

| *Expense* | *Rate of Indemnity* |
|---|---|
| Legal representation for the purposes of the investigation. | Up to 50% of actual legal fees. |
| Other reasonable and necessary professional services engaged for the purposes of the investigation. | 100% of actual fees. |
| Other reasonable and necessary disbursements incurred for the purposes of the investigation (including disbursements incurred by legal counsel). | 100% of actual disbursements. |

## SCHEDULE J – TARIFF OF COSTS (DISCIPLINE COMMITTEE HEARINGS)

(Section 212)

_____

### Qualifying Expenses

1. For the purpose of assessing costs under this Tariff, qualifying expenses incurred from the time the inquiry committee directs the registrar to issue a citation under section 33(6)(d) of the Act until the time

(a) the inquiry committee accepts a written proposal for a consent order under section 37.1(2) or (5) of the Act,

(b) the discipline committee dismisses the matter under section 39(1) of the Act, or

(c) the discipline committee issues an order under section 39(2) of the Act,

are deemed to be expenses incurred in the preparation for and conduct of the hearing.

### Value of Units

2. (1) The value for each unit allowed on an assessment of costs is $120.

(2) Where maximum and minimum numbers of units are provided for in an Item in the Tariff, the discipline committee has the discretion to allow a number within that range of units.

(3) In assessing costs where the Tariff indicates a range of units, the discipline committee must have regard to the following principles:

(a) one unit is for matters upon which little time should ordinarily have been spent;

(b) the maximum number of units is for matters upon which a great deal of time should ordinarily have been spent.

| TARIFF | | |
|---|---|---|
| Item | Description | Units |
| 1. | Initiating Process in Respect of Citation<br>All process for which provision is not made elsewhere in this tariff for commencing a proceeding. | Minimum 1<br>Maximum 5 |
| 2. | Disclosure<br>All processes associated with obtaining or providing disclosure of evidence, including documents. | Minimum 1<br>Maximum 10 |

| | | |
|---|---|---|
| 3. | Experts<br>All processes and correspondence associated with retaining and consulting all experts for the purposes of obtaining opinions for use in the discipline hearing | Minimum 1<br>Maximum 5 |
| 4. | Witnesses<br>All process and correspondence associated with contacting, interviewing, and preparing summons to all witnesses | Minimum 1<br>Maximum 10 |
| 5. | Pre-Hearing Conferences<br>Preparation for attendance at a pre-hearing conference for each day of attendance | Minimum 1<br>Maximum 3 |
| 6. | Attendance at Pre-Hearing Conference for each day. | Minimum 1<br>Maximum 5 |
| 7. | Discipline Committee Hearing<br>Preparation for each day of hearing. | 8 |
| 8. | Attendance at discipline committee hearing for each day. | 10 |
| 9. | Process for making admission of fact | Minimum 1<br>Maximum 10 |
| 10. | Preparation of closing submission for the discipline committee | Minimum 1<br>Maximum 10 |
| 11. | Attendance at the hearing where party is ready to proceed and when hearing not commenced. | 3 |
| 12. | Settlement of Costs | Minimum 1<br>Maximum 5 |
| 13. | Settlement of Order | Minimum 1<br>Maximum 3 |

## Disbursements

3. In addition to the Tariff, actual reasonable disbursements are recoverable.

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ETHICS STANDARD

# Nurses & Midwives: Indigenous cultural safety, cultural humility, and anti-racism

## Introduction

The purpose of this standard is to set expectations for how nurses and midwives are to provide culturally safe and anti-racist care for Indigenous clients.

This ethics standard is organized into six core concepts. Within each concept are the standards to which nurses and midwives are held.

## Standards

### 1 SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Nurses and midwives examine the values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consider how these may impact the therapeutic relationship with Indigenous clients.

Nurses and midwives:

1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.

1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.

1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

### 2 BUILDING KNOWLEDGE THROUGH EDUCATION

Nurses and midwives continually seek to improve their ability to provide culturally safe care for Indigenous clients.

Nurses and midwives:

2.1 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.

2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health care system, and its disproportionate impact on Indigenous women and girls, and two-spirit, queer, and transgender Indigenous Peoples.[1]

2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences.

2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

## 3 ANTI-RACIST PRACTICE (TAKING ACTION)

Nurses and midwives take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

Nurses and midwives:

3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:

3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.

3.1.2 Supporting clients, colleagues and others who experience and/or report acts of racism.

3.1.3 Reporting acts of racism or discrimination to leadership and/or the relevant health regulatory college.

## 4 CREATING SAFE HEALTH CARE EXPERIENCES

Nurses and midwives facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

Nurses and midwives:

4.1 Treat clients with respect and empathy by:

4.1.1 Acknowledging the client's cultural identity.

4.1.2 Listening to and seeking to understand the client's lived experiences.

4.1.3 Treating clients and their families with compassion.

4.1.4 Being open to learning from the client and others.

4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.

[1] Turpel-Lafond, M.E. (2021). pg. 72.

4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.

4.4 Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

## 5 PERSON-LED CARE (RELATIONAL CARE)

Nurses and midwives work collaboratively with Indigenous clients to meet the client's health and wellness goals.

Nurses and midwives:

5.1 Respectfully learn about the client and the reasons the client has sought health care services.

5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.

5.3 Actively support the client's right to decide on their course of care.

5.4 Communicate effectively with clients by:

5.4.1 Providing the client with the necessary time and space to share their needs and goals.

5.4.2 Providing clear information about the health care options available, including information about what the client may experience during the health care encounter.

5.4.3 Ensuring information is communicated in a way that the client can understand.

## 6 STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE (LOOKING BELOW THE SURFACE)

Nurses and midwives have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences. Nurses and midwives focus on the resilience and strength the client brings to the health care encounter.

Nurses and midwives:

6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.

6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the health care system.

6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on the client.

## Glossary

**Indigenous:** First Nations, Inuit, and Métis Peoples in Canada.

**Nurses**: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

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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,

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.

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.

## Limits & conditions

### Blood and Blood Products

1. Nurse practitioners order blood and blood products in accordance with evidence based guidelines and recommendations (e.g., BC Communicable Disease Control Manual, Provincial Blood Coordinating Office Recommendations).

2. Nurse practitioners who order blood and blood products for transfusion must successfully complete additional education (e.g., Transfusion Camp for Nurse Practitioners or suitable equivalent).

### 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.

**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.

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ETHICS STANDARD

# Nurses: Boundaries in the Nurse-Client Relationship

## Introduction

The nurse-client relationship is the foundation of nursing practice. It is therapeutic and focuses on the needs of the **client**. It is based on trust, respect and empathy. The nurse-client relationship is conducted within boundaries that separate professional and therapeutic behaviour from non-professional and non-therapeutic behaviour. A client's dignity, autonomy and privacy are kept safe within the nurse-client relationship.

Within the nurse-client relationship, the client is often vulnerable because the **nurse** has more power than the client. The nurse has influence, access to information, and specialized knowledge and skills. Nurses have the competencies to develop a therapeutic relationship and set appropriate boundaries with their clients. Nurses who put their personal needs ahead of their clients' needs misuse their power.

The nurse who violates a boundary can harm both the nurse-client relationship and the client. A nurse may violate a boundary in terms of behaviour related to favouritism, physical contact, friendship, socializing, gifts, dating, intimacy, disclosure, chastising and coercion.

This ethics standard sets the expectations nurses must meet when establishing, maintaining and ending the nurse-client relationship.

## Standards

1. Nurses use professional judgment to determine the appropriate boundaries of a therapeutic relationship with each client. The nurse — not the client — is always responsible for establishing and maintaining boundaries.
2. Nurses are responsible for beginning, maintaining and ending a relationship with a client in a way that ensures the client's needs are first.
3. Nurses do not enter into a friendship or a romantic relationship with clients.
4. Nurses do not enter into sexual relations with clients, with or without consent.
5. Nurses are careful about socializing with clients and former clients, especially when the client or former client is vulnerable or may require ongoing care.

Last updated: September 2025

6. Nurses maintain the same boundaries with the client's family and friends as with the client.
7. Nurses help colleagues to maintain professional boundaries and report evidence of boundary violations to the appropriate person.
8. At times, a nurse *must* care for clients who are family or friends. When possible, overall responsibility for care is transferred to another health care provider. Nurses must also be aware where legislation specifically prohibits a nurse from providing care or services to friends or family members.
9. At times, a nurse may *want* to provide some care for family or friends. This situation requires caution, discussion of boundaries and the dual role[1] with everyone affected and careful consideration of alternatives.
10. Nurses who have a personal relationship with a client make it clear to clients when they are acting in a professional capacity and when they are acting in a personal capacity.
11. Nurses have access to privileged and confidential information, but never use this information to the disadvantage of clients or to their own personal advantage.
12. Nurses disclose a limited amount of information about themselves only after they determine it may help to meet the therapeutic needs of the client.
13. Nurses may touch or hug a client with a supportive and therapeutic intent and with the implicit or explicit consent of the client.
14. Nurses do not communicate with or about clients in ways that may be perceived as demeaning, seductive, insulting, disrespectful, or humiliating.
15. Nurses do not engage in any activity that results in inappropriate financial or personal benefit to themselves or loss to the client. Inappropriate behaviour includes neglect and/or verbal, physical, sexual, emotional and financial abuse.
16. Nurses do not act as representatives for clients under powers of attorney or representation agreements.
17. Nurses do not act as substitute decision maker under Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* when they:
    a. are also a "manager" (per the definition within the Act) responsible for the operation of the facility, or
    b. are responsible for admissions to a care facility.
18. Generally, nurses do not exchange gifts with clients. Where it has therapeutic intent, a group of nurses may give or receive a token gift. Nurses return or redirect any significant gift. Nurses do not accept a bequest from a client.

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1 A nurse in a dual role has both a personal and professional relationship with a client. While not desirable, a dual role is often unavoidable, particularly in small communities. Note that this may be prohibited in certain circumstances.

## Glossary

**Client**: individual, family, group, population or entire community receiving nursing care or services from a nurse.

**Nurse**: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

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ETHICS STANDARD

# Nurses: Conflict of Interest

## Introduction

A conflict of interest occurs when a **nurse's** personal, business, commercial, political, academic or financial interests, or the interests of the nurse's family or friends, interfere with the nurse's professional responsibilities or a **client**'s best interests.

## Standards

1. Nurses identify and seek to avoid actual, potential or perceived conflicts of interest.
2. Nurses avoid any behaviours including promoting private or business interests that place their personal gain ahead of their professional responsibilities.
3. Nurses handle all types of conflict of interest by identifying the problem, discussing it with the appropriate people and managing it ethically.
4. Nurses fully and accurately disclose, to the appropriate persons, any relationships, affiliations, financial interests or personal interests that may create a conflict of interest.
5. Nurses follow BCCNM's Bylaws when they advertise or promote professional services or products.
6. Nurses recognise the potential for gifts of any value to affect objectivity and use professional judgment when considering their acceptance.
7. Nurses only accept funds from **commercial sources** in the form of an **unrestricted grant** paid to the organization sponsoring the professional activity.

## Glossary

**Client**: individual, family, group, population or entire community receiving nursing care or services from a nurse.

**Commercial source:** business or organization whose primary purpose is the for-profit sale of goods or services.

**Nurses**: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

**Unrestricted grant:** funding given without constraints or conditions.

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ETHICS STANDARD

# Nurses: Consent

## Introduction

**Consent** is a voluntary, **informed** agreement to an act or purpose made by a capable individual. A client is capable if they can understand and appreciate the nature and consequences of the decision. A **client** (or the **client's representative**, if applicable) has the legal right to agree to, decline, or withdraw consent for proposed care, service, treatment, or research provided by a health professional at any time. Specific legislation may apply to consent in different settings.

## Standards

1. **Nurses** recognize, respect, and promote the client's right (or client's representative, if applicable) to be informed and make decisions about their care. This includes their right to give, decline, or withdraw consent at any time.
    a. If applicable, nurses verify the person authorized to make health-care decisions on the client's behalf.
2. Nurses understand that a client's ability to give, decline, withdraw consent may vary at different times. Nurses continually assess the client's ability to **give** consent and facilitate the client's decision-making when the client is able.
3. Nurses acknowledge the power imbalances that can occur for clients seeking care and facilitate culturally safe environments and experiences where the client (or client's representative, if applicable) can make decisions about their care.
4. Nurses recognize factors such as trauma and Indigenous-specific racism as potential barriers to consent and are aware of non-verbal cues that may indicate the client (or the client's representative, as applicable) has questions or concerns about the proposed care, service, treatment or research.
5. Nurses obtain consent according to:
    a. Relevant legislation and regulations,
    b. The BCCNM bylaws and standards, and
    c. Organizational/employer policies and processes.
6. Nurses obtain or verify consent before providing care unless legislation allows an exception.

7. Nurses inform the client about any care they provide before it is given, even if the client has been deemed incapable of consenting and consent was given by the client's representative.
8. Nurses who participate in care proposed or provided by other health professionals:
    a. Assist the client (or client's representative, if applicable) to understand the information provided by others as required, and/or
    b. Notify the health professional who proposed the care if there are concerns about consent.
9. Nurses acting within their autonomous scope of practice (acting without a client-specific order) are responsible for obtaining consent from the client (or the client's representative, if applicable) before providing care or issuing an order.
10. When acting within their autonomous scope of practice and obtaining consent, nurses:
    a. Identify, and when possible, take action to address barriers affecting a client's (or the client's representative, if applicable) ability to consent to care;
    b. Assess the client's capacity to give, decline, or withdraw consent, and document and communicate to the health-care team any findings of incapacity;
    c. Provide factual and clear information to the client (or the client's representative, if applicable) about the proposed care, service, treatment, or research appropriate to their needs, skills, and abilities, including:
        i. The reason for the proposed care,
        ii. The nature of the proposed care,
        iii. The potential risks and benefits, including those specific for the client, and
        iv. Alternative options for care, and their risks and benefits;
    d. Give the client (or the client's representative, if applicable) the opportunity to ask questions and receive answers; and
    e. Allow the client (or the client's representative, if applicable) to make voluntary decisions about the proposed care, service, treatment, or research. This includes providing sufficient time within the context of the clinical situation for the client (or the client's representative, if applicable) to make an informed decision.
11. When obtaining written consent, nurses document the consent discussion and outcome, following organizational/employer policies and processes.
12. Nurses respect the rights of the client (or the client's representative, if applicable) to seek further information or other opinions and to involve others in the decision-making and consent process.

## Glossary

**Consent:** voluntary, informed agreement to an act or purpose made by a capable individual.

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

**Client's Representative**: individual 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*,

b. 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. representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,

d. temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or

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

**Nurses:** licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

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PRACTICE STANDARD

# Nurse Practitioners: Consultation and Referral

## Introduction

This practice standard outlines the expectations for nurse practitioners when consulting with or making referrals to other health care professionals to support **client** care.

## Standards

1. Nurse practitioners are accountable for the care they provide and the decisions that they make when sharing client care with other health care professionals.
2. Nurse practitioners consult with or make a referral to other health care professionals when:
    a. They encounter client care needs beyond the scope of practice for nurse practitioners or their individual **competence**, and/or
    b. Client care would benefit from the expertise of other health care professionals.
3. Nurse practitioners make referral decisions in collaboration with the client.
4. When consulting with or making a referral to another health care professional, nurse practitioners:
    a. Present the reason for and the level of urgency of the consultation or referral,
    b. Describe the level of involvement requested,
    c. Provide relevant client health information,
    d. Confirm the health care professional's ongoing level of involvement with the client, and
    e. Document the request for and outcome of the consultation or referral in the client's health record.
5. When providing consultations to or receiving referrals from other health care professionals, nurse practitioners:
    a. Confirm the reason for and level of urgency of the request,
    b. Confirm the level of involvement requested,

c. Ensure that they have access to relevant client health information,

d. Notify the health care professional if they are unable to provide a consultation or receive a referral,

e. Confirm their ongoing level of involvement with the client, and

f. Document the request for and outcome of the consultation or referral.

## Glossary

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

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

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PRACTICE STANDARD

# Nurses: Documentation

## Introduction

Documentation is any information entered in the client record that relates to the care or services provided to a **client** by a **nurse**. Through documentation, nurses communicate nursing assessments, the plan of care, interventions ordered or carried out, and outcomes to other health professionals, supporting safe and coordinated care.

Documentation forms a comprehensive record of care provided to a client. It reflects a nurse's application of knowledge, skill, and judgment, and can influence future care decisions. Documentation is widely accepted as evidence in legal proceedings and helps nurses recall specific situations. Clients may also request access to their records.

This practice standard sets the expectations nurses must meet when documenting in the client record.

## Standards

1. Nurses document in alignment with:
    a. Relevant legislation and regulations,
    b. The BCCNM bylaws and standards, limits, and conditions, and
    c. Organizational/employer policies and processes.
2. Nurses are responsible and accountable for documenting in the client record the care they personally provide to the client. Care provided by others is documented by those individuals, unless there are exceptional circumstances such as an emergency.
3. Nurses document a decision-making process (such as assessment, planning, implementation, and evaluation), as applicable, to show the care they provided.
4. Nurses document all relevant information and communication related to the care of the client in a clear, concise, chronological, factual, timely, and legible manner.
5. Nurses document using respectful, non-discriminatory language that reflects cultural safety and anti-racism; respects the client's identity, context, and lived experience; and avoids stereotypes and assumptions.

6. Nurses document the date and time of each entry. Nurses clearly mark any late entries, recording the date and time of the late entry and the date and time of the actual event.
7. Nurses carry out more comprehensive, in-depth, and frequent documentation when clients are acutely ill, high-risk, or have complex health needs.
8. Nurses document client-specific concerns escalated to another health professional, the transfer of care (if applicable), and that professional's full name, title, and response.
9. Nurses document at the time they provide care or as soon as possible afterward.
10. Nurses do not document care before care is given.
11. Nurses ensure that unique client identifiers are on every page or part of the client record.
12. Nurses indicate their accountability and responsibility by signing each entry in the client record with a unique identifier (such as a written signature or an electronically generated identifier) and their regulated nursing title.
13. Nurses correct any documentation errors:
    a. In a timely manner,
    b. By taking the appropriate steps to mitigate any negative impacts of the documentation error, if applicable,
    c. In a manner that ensures the original information is visible/retrievable, and
    d. Following organizational/employer policies and processes.
14. Nurses respect clients' (or the **client's representative**, as applicable) right to access their own client records and request correction of the information if they believe there is an error or omission, following organizational/employer policies and processes.

## USE OF ARTIFICIAL INTELLIGENCE

15. Nurses only use artificial intelligence (AI) to assist with documentation when:
    a. They have the approval to use AI by their organization/employer, and
    b. Their organization/employer has AI policies and processes.
16. Nurses who use AI to assist with their documentation:
    a. Remain solely accountable for the accuracy, objectivity, and completeness of their documentation entry, and
    b. Review and validate their AI-assisted documentation entries at the time they provide care or as soon as possible afterward.

## Glossary

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

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

a. "committee of the patient" under the *Patients Property Act*,

b. 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*,

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ETHICS STANDARD

# Nurses: Duty to Provide Care

## Introduction

Nurses have an obligation to provide safe, competent and ethical care to their clients, in accordance with BCCNM's Standards of Practice and relevant legislation. There are, however, some circumstances in which it is acceptable for a nurse to withdraw from or decline care provision.

This ethics standard sets the expectations nurses must meet when providing care to clients and ending the nurse-client relationship.

## Standards

1. Nurses have a professional and legal obligation to provide their clients with safe, competent, and ethical care.
2. Nurses recognize that informed, capable clients have the right to be independent, make choices that put their health at risk, and direct their own care. Regardless of this right, nurses do not comply with client wishes when doing so would require a nurse to act against the law or BCCNM Standards of Practice.
3. Nurses do not provide care that is outside their scope of practice except in situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action. In emergencies, nurses are ethically obligated to provide the best care they can, given the circumstances and their level of competence. Employers and nurses should not rely on the emergency exemption when an activity is considered an expected practice in that setting.
4. Nurses do not allow their personal judgments about a client, or the client's lifestyle, to compromise the client's care by withdrawing or refusing to provide care.
5. Nurses may withdraw from care provision or refuse to provide care if they believe that providing care would place them or their clients at an unacceptable level of risk. Nurses consider relevant factors, including:
    a. the specific circumstances of the situation;
    b. their legal and professional obligations; and
    c. their contractual obligations.

6. Nurses who have a conscientious objection to a client's request for a particular treatment or procedure:
    a. listen and, when possible, explore the client's reason for the request or refusal and their understanding of options that could meet their needs;
    b. do not attempt to influence or change the client's decision based on the nurse's conscientious objection;
    c. do not allow their beliefs or values to alter or interfere with a client receiving safe, competent, and ethical care;
    d. ensure that the most appropriate person within the organization is informed of the conscientious objection well before a client is to receive the requested treatment or procedure;
    e. work with their organization/employer to ensure uninterrupted continuity of care including reporting the client's request and, if needed, safe transfer of the client's care to a replacement provider; and
    f. despite their conscientious objection, provide safe care to a client in situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action for their client's safety.
7. Nurses do not abandon their clients. Abandonment occurs when the nurse has engaged with the client or has accepted an assignment and then discontinues care without:
    a. negotiating a mutually acceptable withdrawal of service with the client; or
    b. arranging for suitable alternative or replacement services; or
    c. allowing the employer a reasonable opportunity to provide for alternative or replacement services.

## Glossary

**Client:** individual, family, group, population or entire community receiving nursing care or services from a nurse.

**Nurses:** licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

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ETHICS STANDARD

# Nurses: Duty to Report

## Introduction

**Nurses** (in all positions and settings) have a legal and ethical obligation to report incompetent or impaired practice or unethical conduct of **regulated health professionals**. It is important for nurses to understand when to report, what to report and how to report, and to know what is legally and ethically required.

In B.C., the *Health Professions and Occupations Act* establishes a legal duty for nurses to report situations in which there is a good reason to believe that a regulated health professional's practice is impaired or incompetent and may pose a danger to the public. Nurses must also report any sexual misconduct by a regulated health professional. Nurses who make a report in good faith are protected from legal liability in circumstances where the nurse has a legal duty to report under the Act.

Under this practice standard, nurses also have an expanded duty to report situations in which they have reason to believe that a regulated health professional's practice poses a danger to the public because of unethical behaviour or for other reasons.

Nurses may have obligations to report regulated health professionals under other legislation and regulations. The specific legislation or regulation that applies to a nurse's practice depends on the work setting and the nature of the work.

## Standards

1. When nurses identify that a colleague is unable to perform their duties, they take the necessary steps to protect **client** safety.
2. Nurses report, in writing, to the appropriate regulatory body when they have reason to believe that a regulated health professional is practising when they:
    a. are suffering from a mental or physical problem, an emotional disturbance, or an addiction to drugs or alcohol that impairs their ability to practise;
    b. have a pattern of incompetent practice that may pose a danger to the public;
    c. have behaved unethically in a way that may pose a danger to the public;
    d. otherwise present a danger to the public.
3. Nurses report, in writing, to the appropriate regulatory body if they believe that a regulated health professional has engaged in sexual misconduct.

4. If concerns about sexual misconduct are based on information from a client, nurses must first obtain the client's (or substitute decision-maker's) consent before making a report.
5. Nurses may have additional employment obligations to report any unprofessional conduct to their supervisor/employer and should also follow applicable employment policies. If no report has been made by the supervisor or employer, the nurse must make a direct report to the regulatory body.
6. Nurses working as employers, managers or business partners or associates of regulated health professionals report, in writing, to the appropriate regulatory body when they take any of the following actions against a regulated health professional based on a belief that their continued practice may pose a danger to the public because they are not competent to practise, or because their practise is impaired by a mental or physical problem, emotional disturbance, or an addiction to drugs or alcohol:[1]
    a. terminating the regulated health professional's employment;
    b. revoking, suspending or imposing restrictions on the regulated health professional's privileges; or
    c. dissolving a partnership or association with the regulated health professional.
7. Nurses have a legal duty to report to BCCNM when they have been charged with or convicted of a criminal offence identified by legislation as relevant to working with children or vulnerable adults. Nurses working as employers also have a legal duty to notify the appropriate regulatory body when they become aware that an employee who is a regulated health professional has been charged with or convicted of such an offence (*Criminal Records Review Act*, ss. 12 and 17).

## Glossary

**Client:** individual, family, group, population or entire community receiving nursing care or services from a nurse.

**Nurses:** licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

**Regulated Health Professional:** a registrant of BCCNM or any health profession college under the *Health Professions and Occupations Act*.

1 This duty to report also applies if a nurse intends to take such action but the regulated health professional resigns, relinquishes their privileges, or dissolves their partnership or association before the nurse acts.

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PRACTICE STANDARD

# Licensed Practical Nurses: Medical Assistance in Dying

## Introduction

The *Licensed Practical Nurse: Medical Assistance in Dying (MAiD)* standards, limits, and conditions apply to licensed practical nurses when they are aiding a physician or a nurse practitioner (NP) to provide MAiD. Licensed practical nurses do not assess clients for the eligibility to receive MAiD. Licensed practical nurses do not administer or prescribe MAiD or provide substances to a person at their request for their self administration of MAiD.

The role of licensed practical nurses may include:

- Providing information
- Acting as an independent witness, as described in the *Criminal Code of Canada*
- Acting as a proxy, for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- Acting as a witness in a virtual assessment
- Aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Licensed practical nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of medical assistance in dying. Licensed practical nurses can record information for reference use by the assessor-prescriber[1] as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Licensed practical nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of nurses in MAiD.

1 A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

## Standards

1. Licensed practical nurses ensure that a **client** has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying and other end-of-life options such as palliative care.
2. Licensed practical nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery.
3. Licensed practical nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
4. Licensed practical nurses who participate in medical assistance in dying follow legal, legislative, regulatory and organizational requirements for aiding in the provision of medical assistance in dying.
5. Licensed practical nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy, when asked by the assessor-prescriber. When asked to carry out such a request, licensed practical nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

## Limits & conditions

1. Licensed practical nurses only aid in the provision of medical assistance in dying and do not act as an **assessor** or **assessor-prescriber** or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Licensed practical nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Licensed practical nurses do not direct or counsel clients to end their lives.
4. Licensed practical nurses participate in activities related to medical assistance in dying only as permitted under the *Criminal Code of Canada* and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
5. Licensed practical nurses do not act as an independent witness if they:
    a. Provide health care services or personal care to the client, unless they are a paid personal or health care worker who provides those services as their primary occupation.
    b. Own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment

   c. Know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death

6. Licensed practical nurses do not act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.
7. Licensed practical nurses who aid in the provision of medical assistance in dying successfully complete **additional education**.
8. Licensed practical nurses who aid in the provision of medical assistance in dying follow the BC provincial **decision support tool**, in accordance with employer policy.
9. Licensed practical nurses do not aid in the provision of medical assistance in dying for a family member.
10. Licensed practical nurses do not pronounce death related to medical assistance in dying.

## Glossary

**Additional education**: 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.

**Assessor:** nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

**Assessor-Prescriber:** nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

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

**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. DSTs come in various forms and are created by organizations or specialists in a specific area of health care.

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PRACTICE STANDARD

# Nurse Practitioners: Medical Assistance in Dying

## Introduction

In accordance with the *Criminal Code of Canada* and other legislation, the BCCNM standards of practice, and provincial and organizational policies and procedures, nurse practitioners may provide a client with medical assistance in dying (MAiD).[1]

The purposeful and intended outcome of MAiD is to assist an eligible client explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal and competent manner.

For more information on MAiD, visit the BC Ministry of Health Medical Assistance in Dying website.

## Standards

1. Nurse practitioners participating in any aspect of MAiD comply with the *Criminal Code of Canada* and other applicable legislation, BCCNM standards of practice, and provincial and organizational policies and procedures related to MAiD.
2. Nurse practitioners use and follow the applicable provincial forms, prescriptions, and guidelines specific to MAiD.
3. Nurse practitioners acting as an **assessor** or **assessor-prescriber** for MAiD must have the **competence** appropriate to their role, including the competence to:
    a. Diagnose or confirm the diagnosis of a grievous and irremediable medical condition and, if applicable, the prognosis of reasonably foreseeable death.
    b. Assess the **client** against criteria in the *Criminal Code of Canada* related to MAiD.
    c. Assess the capacity of the client to consent to MAiD and determine when it is necessary to refer for further capacity assessment.

[1] NPs who aid in the provision of MAiD follow the Registered Nurses: Medical Assistance in Dying practice standard.

d. Implement the provincial MAiD substances protocols and manage the intended and unintended outcomes.

4. Nurse practitioners acting as assessor or assessor-prescriber for MAiD apply the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* standards in the context of MAiD, as applicable.

## Determining Eligibility

5. When advising anyone about their potential eligibility for MAiD, nurse practitioners:

    a. Have a complete and full discussion with the person about MAiD that provides them with the information they need to make an informed decision, including the information required by the *Criminal Code of Canada* (sections 241.2(1)(e) and 241.2(3.1)(g)),[2] and

    b. Take reasonable steps to ensure the person does not perceive coercion, inducement, or pressure to pursue or not to pursue MAiD.

6. Nurse practitioners acting as an assessor-prescriber must ensure clients requesting MAiD meet the eligibility criteria set out in the *Criminal Code of Canada* (section 241.2(1) and (2)).[3]

7. Nurse practitioners acting as an assessor or assessor-prescriber determine eligibility only when all the health information required is obtained and complete, including **collateral information** necessary for the completion of a MAiD assessment.[4]

8. Nurse practitioners acting as an assessor or assessor-prescriber must ensure that:

    a. The client requesting MAiD has the capacity to give free and informed consent to MAiD. Consent cannot be given for MAiD through an alternate or substitute decision-maker or a personal advance directive.

    b. Both assessors are satisfied that the client has the capacity to make a free and informed decision with respect to MAiD at the time of the request.

    c. The client is referred to another practitioner with expertise in capacity assessment—such as a psychologist, psychiatrist, neurologist, geriatrician, or family physician/general practitioner with additional training and expertise—for a further capacity assessment if either assessor is unsure that the client has the capacity to consent to MAiD.

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[2] Section 241.2(1)(e) sets out the requirement to inform any MAiD client of the means available to relieve their suffering, including palliative care. Section 241.2(3.1)(g) sets out additional, more specific requirements to ensure that a MAiD client whose natural death is not reasonably foreseeable is informed about available and appropriate counselling services, mental health and disability support services and community services, in addition to palliative care, and to ensure the client is offered the opportunity to consult with relevant professionals who provide those services or that care.

[3] Section 241.2(1) sets out the general eligibility criteria to receive MAiD. Section 241.2(2) set out the criteria for a "grievous or irremediable condition."

[4] This standard is adapted from standard 10.3.4.1 and 10.3.4.2 of Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023).

9. Nurse practitioners assess the cultural and spiritual needs and wishes of the client seeking MAiD and explore ways the client's needs could be met within the context of the care delivery.
10. Nurse practitioners ensure that the client requesting MAiD receives high quality, coordinated, and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
11. Nurse practitioners ensure that the client's request for MAiD:
    a. Aligns with the client's values and beliefs,
    b. Is clear,
    c. Is enduring, and
    d. Is made during a period of stability rather than crisis.[5]
12. Nurse practitioners acting as an assessor or assessor-prescriber complete a suicide risk assessment for clients who are determined to be ineligible for MAiD and make appropriate referrals for suicide prevention supports and services based on the findings of the risk assessment.[6]
13. Nurse practitioners acting as an assessor or assessor-prescriber must be familiar with and adhere to any provincial or federal requirements relating to MAiD for clients who are being involuntarily treated under the *Mental Health Act* (Section 22) or who or are incarcerated at the time of requesting MAiD.

## PROCEDURAL SAFEGUARDS

14. Nurse practitioners acting as an assessor-prescriber must comply with all applicable procedural safeguards set out in the *Criminal Code of Canada* (section 241.2(3) and (3.1))[7] before prescribing, providing, or administering MAiD to a client.
15. Immediately before providing MAiD, the nurse practitioner acting as an assessor-prescriber must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAiD, unless they meet the criteria in the *Criminal Code of Canada* for waiver of final consent (section 241.2(3.2) or (3.5)).[8]

## VIRTUAL ASSESSMENT

16. Nurse practitioners acting as an assessor or assessor-prescriber may provide their assessment virtually if they comply with the following conditions:

[5] This standard is adapted from standard 11.1 of the Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023). Serial assessments should be done as needed.
[6] This standard is adapted from standard 11.3 of the Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023).
[7] Section 241.2(3) establishes the procedural safeguards when death is reasonably foreseeable. Section 241.2(3.1) establishes the procedural safeguards when death is not reasonably foreseeable.
[8] Section 241.2(3.2) sets out criteria for a waiver of final consent for clients whose death is reasonably foreseeable. Section 241.2(3.5) sets out criteria for advance consent for clients who choose to self-administer a MAiD substance.

a. Nurse practitioners ensure that during the virtual assessment, another regulated health professional is physically present with the client to act as a witness to the assessment, unless no other regulated health professional is reasonably available to attend in person.

b. Virtual assessments must meet the requirements set out in federal legislation and all other standards and expectations that apply to in-person assessments.

c. Virtual assessments must include video of sufficient quality to ensure expected safeguards are in place.

## ADMINISTERING MAID

17. Nurse practitioners acting as an assessor-prescriber must receive the substances for MAiD directly from the dispensing pharmacist and must inform the dispensing pharmacist that the substances are intended for MAiD.

18. Nurse practitioners acting as an assessor-prescriber must personally attend the client during the self-administration or personally administer the substances for MAiD and must remain in attendance until death is confirmed. This responsibility must not be delegated or assigned to any other person.

19. Nurse practitioners acting as an assessor-prescriber are responsible for ensuring that any unused substances are returned to the pharmacy as soon as reasonably feasible, and within 72 hours of confirmation of the client's death.

    a. If a nurse practitioner acting as an assessor-prescriber is not reasonably available to return unused substances to the pharmacy themselves, they may ask another nurse practitioner, or a licensed practical nurse, registered nurse, registered psychiatric nurse, physician, or pharmacist to return the substances to the pharmacy. The nurse practitioner must document the name of the person assigned to return the substances in the client record.

## DOCUMENTATION AND REPORTING

20. Nurse practitioners communicate with the client requesting medical assistance in dying, and document in the medical record with a copy provided to the client:

    a. The client's diagnosis and prognosis,

    b. Feasible alternatives to relieve suffering (including palliative care, pain control, and other services and supports),

    c. Option to withdraw the request for medical assistance in dying at any time, and

    d. Risks of taking the prescribed substances intended to cause death.

21. Nurse practitioners acting as an assessor-prescriber who prescribe[9] or administer the substances to be used in MAiD must do so in the client's name using the provincial MAiD prescription form.
22. Nurse practitioners acting as an assessor-prescriber complete the medical certificate of death. The medical certificate of death must indicate that the manner of death involved MAiD and that the cause of death is the underlying illness/disease causing the grievous and irremediable medical condition.
23. Nurse practitioners comply with information or medical record requests made by a provincial agency tasked with a review of MAiD.
24. Nurse practitioners comply with reporting requirements established for the oversight or monitoring of MAiD. The required information must be submitted to the B.C. Ministry of Health using the applicable provincial forms and within the established timeframes for reporting.[10]
25. Nurse practitioners must ensure the following information is present in the client's medical record:
    a. All applicable provincial forms for MAiD, including the B.C. Medical Assistance in Dying Prescription form and Medication Administration Record.
    b. Copies of all relevant medical records from other medical practitioners/health care professionals involved in the client's care supporting the diagnosis and prognosis of the client's grievous and irremediable condition, disease, or disability.
    c. Documentation of all requests for MAiD with a summary of the discussion.
    d. Confirmation that the assessor-prescriber and the second assessor discussed and determined which practitioner would prescribe and/or administer the substance used for MAiD.
    e. Confirmation by the assessor-prescriber that all the requirements have been met including the steps taken and the substance prescribed.
    f. Confirmation that after the completion of all documentation, and just prior to administration, the client was offered the opportunity to withdraw their request, or that the client waived final consent and did not demonstrate refusal or resistance to the administration of MAiD by words, sounds, or gestures.

## Limits & conditions

1. To be eligible to act as an assessor, nurse practitioners must have completed the following in order to acquire the needed competencies for eligibility assessment for MAiD:

[9] When prescribing substances for MAiD, nurse practitioners also follow the Nurse Practitioners: Prescribing Drugs practice standard.
[10] Timeframes for reporting are dependent on the information being submitted. Refer to the BC Ministry of Health Medical Assistance in Dying website for more information.

   a. **Additional education** (e.g., Canadian Association of MAiD Assessors and Providers (CAMAP) Canadian MAiD Curriculum (CMC), health authority education, etc.); and

   b. A preceptorship under the guidance of a qualified practitioner with expertise in MAiD.

2. To be eligible to act as an assessor-prescriber, nurse practitioners must have completed the following in order to acquire the needed competencies for both eligibility assessment and the provision of MAiD:

   a. Additional education (e.g., CAMAP CMC, health authority education, etc.); and

   b. A preceptorship under the guidance of a qualified medical practitioner or nurse practitioner with expertise in MAiD.

3. Nurse practitioners do not participate as an assessor or assessor-prescriber in MAiD for themselves, their family members, or anyone else with whom they have a close personal relationship that may result in an actual, potential or perceived conflict of interest.[11]

## 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.

**Assessor:** nurse practitioner or medical practitioner who is responsible for completing an eligibility assessment of the client.

**Assessor-prescriber:** nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

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

**Collateral Information:** information provided about a person by the person's treating team, family members, or significant contacts (Federal Model Standards, 2022).

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

[11] See the Nurses: Conflict of Interest ethics standard for additional guidance.

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PRACTICE STANDARD

# Registered Nurses: Medical Assistance in Dying

## Introduction

The *Registered Nurse: Medical Assistance in Dying (MAiD)* practice standard applies to registered nurses when they are aiding a physician or a nurse practitioner to provide MAiD. Registered nurses do not assess clients for the eligibility to receive MAiD. Registered nurses do not administer or prescribe MAiD or provide substances to a person at their request for their self administration of MAiD.

The role of registered nurses[1] may include:

- providing information
- acting as an independent witness, as described in the Criminal Code
- acting as a proxy, for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- acting as a witness in a virtual assessment
- aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Registered nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of medical assistance in dying. Registered nurses can record information for reference use by the assessor-prescriber[2] as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Registered nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of nurses in MAiD.

## Standards

1. Registered nurses ensure that a **client** has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying and other end-of-life options such as palliative care.

1 Within this document, "registered nurse" includes a nurse practitioner who is aiding a medical practitioner or another nurse practitioner in the provision of medical assistance in dying.

2 A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

2. Registered nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery.
3. Registered nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
4. Registered nurses who participate in medical assistance in dying, follow legal, legislative, regulatory and organizational requirements for aiding in the provision of medical assistance in dying.
5. Registered nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy, when asked by the assessor-prescriber. When asked to carry out such a request, registered nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

## Limits & conditions

1. Registered nurses only aid in the provision of medical assistance in dying and do not act as an **assessor** or **assessor-prescriber** or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Registered nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Registered nurses do not direct or counsel clients to end their lives.
4. Registered nurses participate in activities related to medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
5. Registered nurses do not act as an independent witness if they:
    a. Provide health care services or personal care to the client, unless they are a paid personal or health care worker who provides those services as their primary occupation;
    b. Own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment;
    c. Know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death.
6. Registered nurses do not act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.

7. Registered nurses who aid in the provision of medical assistance in dying successfully complete **additional education**.
8. Registered nurses who aid in the provision of medical assistance in dying follow the BC provincial **decision support tool**, in accordance with employer policy.
9. Registered nurses do not aid in the provision of medical assistance in dying for a family member.
10. Registered nurses do not pronounce death related to medical assistance in dying.

## Glossary

**Additional education**: 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.

**Assessor:** nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

**Assessor-Prescriber:** nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

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

**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. DSTs come in various forms and are created by organizations or specialists in a specific area of health care.

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PRACTICE STANDARD

# Registered Psychiatric Nurses: Medical Assistance in Dying

## Introduction

The *Registered Psychiatric Nurse: Medical Assistance in Dying (MAiD)* standards, limits, and conditions apply to registered psychiatric nurses when they are aiding a physician or a nurse practitioner to provide MAiD. Registered psychiatric nurses do not assess clients for the eligibility to receive MAiD. Registered psychiatric nurses do not administer or prescribe MAiD or provide substances to a person at their request for their self administration of MAiD.

The role of registered psychiatric nurses may include:

- providing information
- acting as an independent witness, as described in the *Criminal Code of Canada*
- acting as a proxy for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- acting as a witness in a virtual assessment
- aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Registered psychiatric nurses cannot prescribe, compound, prepare, dispense, or administer any substance intended for the purpose of medical assistance in dying. Registered psychiatric nurses can record information for reference use by the assessor-prescriber[1] as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Registered psychiatric nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of registered psychiatric nurses in MAiD.

## Standards

1. Registered psychiatric nurses ensure that a **client** has access to the information that the client requires to understand all their options and to make informed decisions about medical assistance in dying and other end-of-life options such as palliative care.
2. Registered psychiatric nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery.
3. Registered psychiatric nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high-quality, coordinated, and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health-care provider.
4. Registered psychiatric nurses who participate in medical assistance in dying, follow legal, legislative, regulatory, and organizational requirements for aiding in the provision of medical assistance in dying.
5. Registered psychiatric nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy when asked by the assessor-prescriber. When asked to carry out such a request, registered psychiatric nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

## Limits & conditions

1. Registered psychiatric nurses only aid in the provision of medical assistance in dying and do not act as an **assessor** or **assessor-prescriber** or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense, or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Registered psychiatric nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Registered psychiatric nurses do not direct or counsel clients to end their lives.
4. Registered psychiatric nurses participate in activities related to medical assistance in dying only as permitted under the *Criminal Code of Canada* and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
5. Registered psychiatric nurses do not act as an independent witness if they:
    a. Provide health care services or personal care to the client, unless they are a paid personal or health-care worker who provides those services as their primary occupation
    b. Own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment

   c. Know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death

6. Registered psychiatric nurses do not act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.
7. Registered psychiatric nurses who aid in the provision of medical assistance in dying successfully complete **additional education**.
8. Registered psychiatric nurses who aid in the provision of medical assistance in dying follow the B.C. provincial decision support tool, in accordance with employer policy.
9. Registered psychiatric nurses do not aid in the provision of medical assistance in dying for a family member.
10. Registered psychiatric nurses do not pronounce death related to medical assistance in dying.

## Glossary

**Additional education**: 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.

**Assessor:** nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

**Assessor-Prescriber:** nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

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

**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. DSTs come in various forms and are created by organizations or specialists in a specific area of health care.

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PRACTICE STANDARD

# Nurse Practitioners: Mental Health & Capacity Assessments

## Introduction

This practice standard outlines the expectations that must be met when nurse practitioners conduct assessments under provincial legislation, including the Mental Health Act (involuntary admissions), Adult Guardianship Act (financial incapability), and the Health Care (Consent) and Care Facility (Admission) Act (incapability assessments for care facility admission).

### MENTAL HEALTH ACT – INVOLUNTARY ADMISSIONS

The Mental Health Act sets out the criteria for the involuntary admission of a person to a provincial mental health facility, psychiatric unit, or observation unit (a "designated facility") for up to 48 hours for examination and psychiatric treatment.

Under the Mental Health Act, nurse practitioners are authorized to complete:

- The first medical certificate to support a person's involuntary admission under section 22(1) (Involuntary Admission);
- An examination of a person requested by a police officer or constable under section 28 (Emergency Procedures) and, if required, the first medical certificate to support that person's involuntary admission under section 22(1) (Involuntary Admission).

Nurse practitioners complete Form 4.1 (First Medical Certificate [Involuntary Admission]) after examining the person in accordance with section 22(3) of the Mental Health Act.

Under the Mental Health Act, nurse practitioners are not permitted:

- To complete a second medical certificate (Form 4.2) under section 22(2) to support a person's continued involuntary admission and treatment,
- To complete Form 6 (Medical Report on Examination of Involuntary Patient [Renewal Certificate]),
- To provide a second medical opinion, or
- To authorize or take responsibility for an Extended Leave (Form 20).

A person examined by a nurse practitioner under sections 22 or 28 is considered to be their client for the purposes of BCCNM standards, limits, and conditions.

Before requesting involuntary admission of a client under the *Mental Health Act*, nurse practitioners must meet the following limits and conditions.

### ADULT GUARDIANSHIP ACT – FINANCIAL INCAPABILITY ASSESSMENTS

Under the Statutory Property Guardianship Regulation, nurse practitioners are authorized to conduct the functional component of an assessment for financial capability (the adult's ability to manage their own financial affairs – section 32(3) of the Adult Guardianship Act). A medical component must also be completed and only a medical practitioner may do that assessment.

### HEALTH CARE (CONSENT) AND CARE FACILITY (ADMISSION) ACT – INCAPABILITY ASSESSMENTS FOR CARE FACILITY ADMISSION

Under section 16 of the Health Care Consent Regulation, nurse practitioners are prescribed as assessors for the purposes of Part 3 of the Health Care (Consent) and Care Facility (Admission) Act. This authority allows a nurse practitioner to assess an adult for capability to give consent to admission to, or continuing residence in, a care facility (section 26 of the Health Care [Consent] and Care Facility [Admission] Act).

## Standards

1. When completing a medical certificate for involuntary admission under the Mental Health Act or a capacity assessment, nurse practitioners act in compliance with the nurse practitioner standards of practice (including BCCNM's Indigenous Cultural Safety, Cultural Humility, & Anti-Racism practice standard), relevant legislation, employer policies, and their individual competence
2. Nurse practitioners completing a medical certificate for involuntary admission under the Mental Health Act or a capacity assessment discuss with the **client** the reasons for completing the medical certificate or the findings of the capacity assessment.
3. Nurse practitioners who perform assessments for involuntary admission under the Mental Health Act assess the client in person if possible, unless the nurse practitioner determines:
    a) that another assessment method (e.g., virtual assessment) together with any other available records and collateral information provide a sufficient basis for diagnosis and to establish the client's need for treatment and protection, and
    b) that an in-person assessment of the client would not provide additional useful information.

# Limits & conditions

### MENTAL HEALTH ACT – INVOLUNTARY ADMISSIONS

1. Nurse practitioners successfully complete the following course before completing a Form 4.1 (First Medical Certificate [Involuntary Admission]) under the Mental Health Act:
    a. *Protecting People's Rights: Mandatory Mental Health Act Forms (Physicians and Nurse Practitioners)*[1]
2. Nurse practitioners act in accordance with the B.C. Ministry of Health document, *Guide to the Mental Health Act*.

### ADULT GUARDIANSHIP ACT – FINANCIAL INCAPABILITY ASSESSMENTS

1. Nurse practitioners 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, *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act*.
2. Nurse practitioners 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, *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act.*

### HEALTH CARE (CONSENT) AND CARE FACILITY (ADMISSION) ACT – INCAPABILITY ASSESSMENTS FOR CARE FACILITY ADMISSION

1. Nurse Practitioners 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:
    a. Have successfully completed the Ministry of Health course, *Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors*; and
    b. Follow the Ministry of Health guidelines, *Practice Guidelines for Seeking Consent to Care Facility Admission*.

# Glossary

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

1 Available through the PHSA Learning Hub.

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PRACTICE STANDARD

# Nurse Practitioners: Screening and Diagnostic Tests & Imaging

## Introduction

This practice standard sets the expectations that nurse practitioners must meet when ordering, performing, and managing screening and diagnostic tests and imaging. Screening and diagnostic services that nurse practitioners order may include:

- Laboratory,
- Miscellaneous services (such as cardiac stress tests, echocardiograms, Holter monitoring, amniocentesis, etc.), and
- Imaging (including X-ray, ultrasound, nuclear medicine, computerized tomography scans and magnetic resonance imaging).

## Standards

1. Nurse practitioners order screening and diagnostic services, provide appropriate follow-up, diagnose and manage diseases, disorders and conditions within the scope of practice for nurse practitioners and their individual **competence**.
2. Nurse practitioners engage in evidence-informed diagnosing and management considering best practice guidelines and other relevant guidelines and resources.
3. Nurse practitioners:
    a. Provide the appropriate clinical information when ordering screening and diagnostic tests and imaging.
    b. Establish mechanisms within their practice setting(s) to track and follow-up on screening and diagnostic tests and imaging results.
    c. Ensure **clients** are informed, in a timely manner, of screening and diagnostic test and imaging results, implications and needed follow-up.

   d. Communicate, as needed, screening and diagnostic test and imaging results with key providers involved in the client's care.

4. Nurse practitioners document follow-up (and follow-up attempts) with the client and key providers on significant screening and diagnostic test and imaging results, next steps and the care and treatment needed.

## Limits & conditions

1. Nurse practitioners apply X-rays[1] only after completing **additional education**, and when organizational supports, including policies and procedures, are in place to support the safe application of X-rays.
2. Nurse practitioners applying X-rays also follow the standards for Error! Reference source not found..
3. Nurse practitioners apply X-rays in an appropriate clinical setting that is suitable to safely perform the procedure and includes the equipment and supplies needed to manage any emergency situations.
4. Nurse practitioners only use Health Canada-approved devices when applying X-rays.
5. Nurse practitioners do not take responsibility for the final interpretation of medical imaging studies. Nurse practitioners may initiate appropriate treatment while waiting for the final interpretation from a diagnostic radiologist.

## 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.

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

[1] Per the Nurses and Midwives Regulation, nurse practitioners do not apply X-rays for the purpose of computerized axial tomography.

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PRACTICE STANDARD

# Nurse Practitioners: Prescribing Drugs

## Introduction

Nurse practitioners prescribe drugs in accordance with relevant federal and provincial legislation and the BCCNM Standards of Practice. In particular, nurse practitioners have the authority to prescribe Schedule I, IA, and II drugs, subject to the standards, limits and conditions set by BCCNM.

This practice standard applies when nurse practitioners are initiating, continuing or discontinuing the prescribing of a drug. Continuation prescribing includes re-ordering and/or making adjustments to the drug therapy, ongoing assessment and monitoring, and consulting with and/or referring clients to other health care professionals as needed.

Nurse practitioners are authorized to compound, administer, and dispense all drugs that they have the authority to prescribe. For drugs that nurse practitioners do not have the authority to prescribe, they are authorized to compound, dispense or administer them with a client-specific order from a regulated health professional who is authorized to prescribe the drug in British Columbia.

### AUTHORIZING MEDICAL CANNABIS

Under section 272 of the *Cannabis Regulations*, a nurse practitioner may authorize medical cannabis for a client if it is required for the condition for which the client is receiving treatment. Nurse practitioners may provide a medical document or, if practising in a hospital, issue a written order for medical cannabis, in accordance with the requirements of Part 14 of the *Cannabis Regulations*. This practice standard applies to the authorization of medical cannabis. Nurse practitioners who plan to authorize medical cannabis first familiarize themselves with the *Cannabis Act* and *Cannabis Regulations* (in particular, Part 14), review the information about cannabis that is available from the Canadian Nurses' Protective Society (CNPS), and review and comply with their organization's policies about medical cannabis.

## Standards

1. Nurse practitioners prescribe drugs within nurse practitioners' scope of practice, relevant legislation and their individual competence.
2. Nurse practitioners are accountable for their prescribing decisions.
3. Before prescribing, nurse practitioners ensure their competence to:

   a. Establish or confirm a diagnosis for the client,
   b. Manage the treatment and care of the client, and
   c. Monitor and manage the client's response to the drug.

4. Nurse practitioners use current evidence to support decision-making when prescribing.
5. Nurse practitioners apply relevant guidelines[1] when prescribing.
6. When prescribing, nurse practitioners:
   a. Consider the client's health history and other relevant factors (e.g. age, sex, gender, past medical and mental health history, lifestyle, risks factors and the client's perspective on their health),
   b. Undertake and document an appropriate clinical evaluation (e.g. physical examination, mental health examination, review of relevant tests, imaging and specialist reports),
   c. 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,
   d. Ask about the client's drug allergies and ensure drug allergy information is accurately and appropriately documented,
   e. Document the drugs prescribed to the client and the indication(s) for the drugs,
   f. Establish a plan for reassessment/follow-up, and
   g. Monitor and document the client's response to the drugs prescribed (as appropriate).
7. Nurse practitioners undertake medication reconciliation to ensure accurate and comprehensive medication information is communicated consistently across health care transitions.
8. When prescribing, nurse practitioners provide information to clients about:
   a. The expected action of the drug,
   b. The duration of the drug therapy,
   c. Specific precautions or instructions for the drug,
   d. Potential side-effects and adverse effects (e.g. allergic reactions) and action to take if they occur,

1 Guidelines include those from BC Cancer, BC Centre for Excellence in HIV/AIDS, BC Centre on Substance Use, Perinatal Services BC, and BC Centre for Disease Control.

e. Potential interactions between the drug and certain foods, other drugs, or substances, and

f. Recommended follow-up.

9. Nurse practitioners complete prescriptions 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 or interval, maximum daily dose, route of administration, duration of drug therapy),

    g. Refill authorization if applicable, including number of refills and interval between refills,

    h. Prescriber's name, address, telephone number, written (not stamped) signature, and prescriber number,

    i. Date of transmission, the name and fax number of the pharmacy intended to receive the transmission, and the practitioner's fax number if the prescription is being faxed[2], and

    j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaption would be clinically inappropriate.

10. When notified of a pharmacist-initiated prescription adaption, nurse practitioners document the adaption in the client record.

11. Nurse practitioners report adverse drug reactions to the Canada Vigilance Program.

12. Nurse practitioners prescribe controlled drugs and substances in accordance with the Controlled Prescription Program.

13. When prescribing controlled drugs and substances, nurse practitioners meet the Prescribing Drugs standards and also:

    a. Assess the client in person, or by telehealth with visual assessment if clinically appropriate, except in cases where the client is:

        i. Known to the nurse practitioner, and/or

        ii. Being assessed in person by another health care provider

2 Effective April 17, 2023, when a verbal or faxed CPP prescription is issued to a pharmacy, a faxed copy of the CPP form is now acceptable. A hard copy of the original CPP prescription form no longer needs to be sent to the pharmacy.
Prescriptions for long-term care and extended care licenced facility patients do not require the use of controlled prescription forms and may be faxed to the authorized community pharmacy.

b. Document their review of the client's PharmaNet medication profile

c. Document the indication and duration for which the drug 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

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

f. Advise clients about the side effects and risks of controlled drugs and substances as applicable (e.g. physical tolerance, psychological dependence, addiction, diversion)

g. Implement evidence-informed strategies for minimizing risk (e.g. treatment agreements, pill counts, urine drug screens, client education about safe storage and disposal)

h. Follow the requirements of the British Columbia 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.

14. When authorizing medical cannabis, nurse practitioners meet the Prescribing Drugs standards and also:

    a. Review the client's medication profile and history through PharmaNet and other sources,

    b. Document their review of the client's PharmaNet medication profile,

    c. Document the indication and duration for which medical cannabis is being authorized, the goals of treatment, and the rationale for its use over alternatives,

    d. Advise clients about the side effects and risks of medical cannabis,

    e. Complete medical documents or written orders for cannabis in accordance with the requirements set out in the *Cannabis Regulations*[3], and

    f. Retain any copy of the medical document for cannabis in the client health record.

15. Before changing to non-practising or inactive registration with BCCNM (and therefore relinquishing prescribing authority), nurse practitioners take steps to ensure prescription refills and part-fills are managed for clients.

[3] Requirements for completing a medical document or written order for cannabis are set out in sections 273 and 274 of the *Cannabis Regulations*.

## Limits & conditions

| Prescribing | | |
|---|---|---|
| 1. | Nurse practitioners do not prescribe controlled drugs and substances or authorize medical cannabis[4] for themselves, a family member, or anyone else who is not a client the nurse practitioner is treating in their professional capacity. | |
| 2. | Nurse practitioners do not prescribe non-controlled drugs and substances for themselves or a family member except for a minor/episodic condition and only when there is no other prescriber available. | |
| 3. | Nurse practitioners do not provide any person with a blank, signed prescription. | |
| 4. | Nurse practitioners do not provide any person with a blank, signed medical document for cannabis. | |
| 5. | Antiretroviral therapy for the prophylaxis or treatment of HIV infection | a) Nurse practitioners who prescribe antiretroviral therapy for the prophylaxis or treatment of HIV infection must meet the education requirements of the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE).<br>b) Nurse practitioners apply the clinical practice guidelines of the BC-CfE when prescribing antiretroviral therapy for the prophylaxis or treatment of HIV infection. |
| 6. | Blood and blood products | a) Nurse practitioners who prescribe blood and blood products must meet the standards, limits and conditions set out in *NP: Advanced Procedures and Activities* practice standard. |
| 7. | Medical aesthetics | a) See the limits and conditions for medical aesthetics set out in *NP: Advanced Procedures and Activities* practice standard. |
| 8. | Cancer drug treatment[5] | a) Nurse practitioners who prescribe cancer drug treatment must meet the education requirements of BC Cancer.<br>b) Nurse practitioners apply the clinical practice guidelines of BC Cancer when prescribing cancer drug treatment. |
| 9. | General anesthetics | a) Nurse practitioners do not prescribe general anesthetics for the purpose of inducing general anesthesia.<br>b) Nurse practitioners who prescribe general anesthetics for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in *NP: Medical Assistance in Dying* practice standard. |

[4] "Medical cannabis" does not include Schedule 1 drugs containing cannabis.

5 Cancer drug treatment: treatment using drugs which inhibit or prevent the proliferation of cancers, including chemotherapy, hormonal therapy, immunotherapy, targeted therapy and others (BC Cancer).

| Prescribing | |
|---|---|
| 10. Controlled drugs and substances | a) Before prescribing controlled drugs and substances, nurse practitioners must register for PharmaNet access appropriate to the practice sites where they will be prescribing controlled drugs and substances (e.g. Community Health Practice Access to PharmaNet).<br>b) Nurse practitioners who prescribe controlled drugs and substances must successfully complete one of the following courses:<br>i. University of Ottawa: Prescribing Narcotics and Controlled Substances<br>ii. Athabasca University: Prescribing Controlled Drugs<br>iii. Saskatchewan Polytechnic: Controlled Drugs and Substances Act (CDSA) Module for Nurse Practitioners<br>iv. University of Toronto: Controlled Drugs and Substances Essential Management and Prescribing Practices<br>c) Nurse practitioners who prescribe controlled drugs and substances must complete BCCNM's Controlled Drugs and Substances (CDS) Prescribing Module.<br>d) Nurse practitioners who prescribe controlled drugs and substances must meet the BCCNM Competencies for NP Prescribing of Controlled Drugs and Substances for the context or contexts in which they are prescribing.<br>**Note**: See prescribing limits 1, 2, 3 and 4 above. |
| 10.1 Chronic Non-Cancer Pain[6] | In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe controlled drugs and substances for chronic non-cancer pain must complete **additional education**. |
| 10.2 Methadone for analgesia | In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe methadone for analgesia must complete:<br>a) The Methadone for Pain in Palliative Care course offered by the Canadian Virtual Hospice<br>b) A preceptorship with an experienced methadone for analgesia prescriber |

6 Chronic non-cancer pain is pain with a duration of three months or longer that is not associated with a diagnosis of cancer (National Pain Centre, 2017).

| Prescribing | | |
|---|---|---|
| 10.3 | Opioid Agonist Treatment for Opioid Use Disorder/ Prescribed Alternatives | In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe opioid agonist treatment for opioid use disorder and/or pharmaceutical alternatives for safer supply must meet the standards, limits and conditions set out in *NP: Prescribing for Opioid Use Disorder and/or Prescribed Alternatives* practice standard. |
| 10.4 | Medical Assistance in Dying | In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe drugs for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in *NP: Medical Assistance in Dying* practice standard. |
| 10.5 | Coca leaves | Nurse practitioners **do not** prescribe coca leaves as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b). |
| 10.6 | Opium | Nurse practitioners **do not** prescribe opium as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b). |

## 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.

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

**Medical cannabis:** cannabis that is authorized by a medical document or written order issued under Part 14 of the Cannabis Regulations. It does not include prescription drugs containing cannabis, which are listed in in Schedule I of the Drug Schedules Regulation and are regulated under Part 8 of the Cannabis Regulations.

**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.

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PRACTICE STANDARD

# Nurse Practitioners: Prescribing for Opioid Use Disorder and/or Prescribed Alternatives

## Introduction

The standards, limits and conditions in this document set out the requirements for prescribing[1]:

- Opioid agonist treatment for opioid use disorder; and/or
- Regulated, pharmaceutical-grade medications of known quality and dosage to people at high risk of harm from the unregulated drug supply (**prescribed alternatives**).

These standards, limits and conditions do not apply to prescribing opioid agonists for pain and other symptoms.

## Standards

1. Nurse practitioners prescribing opioid agonist treatment and/or prescribed alternatives meet the requirements in the *Nurse Practitioners: Prescribing Drugs* practice standard.
2. Nurse practitioners prescribing opioid agonist treatment and/or prescribed alternatives apply knowledge about:
    a. Substance use disorders including opioid use disorder,
    b. Treatment strategies for opioid use disorder (e.g. opioid agonist treatment, psychosocial treatment interventions), and
    c. Harm reduction strategies for substance use and opioid use disorder.
3. Nurse practitioners prescribe opioid agonist treatment and/or prescribed alternatives in a manner that promotes client and public safety.

[1] Includes initiating, continuing, or discontinuing the prescribing of a drug.

## Limits and Conditions

1. Nurse practitioners who prescribe opioid agonist treatment for opioid use disorder and/or prescribed alternatives must:
    a. Meet the education requirements of the British Columbia Centre on Substance Use; and
    b. Complete a preceptorship that meets the requirements of the British Columbia Centre on Substance Use.
2. Nurse practitioners who prescribe opioid agonist treatment for opioid use disorder must apply the clinical practice guidelines for the treatment of opioid use disorder established by the British Columbia Centre on Substance Use.
3. Nurse practitioners who prescribe prescribed alternatives must:
    a. Follow clinical protocols as per the Ministry of Health Access to Prescribed Alternatives in British Columbia policy or the guidance of the British Columbia Centre on Substance Use; and
    b. Participate in evaluation and monitoring of prescribed alternatives for safer supply as per the Ministry of Health Access to Prescribed Alternatives in British Columbia policy.

## Glossary

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

**Prescribed alternatives:** regulated, pharmaceutical-grade medications of known quality and dosage prescribed to people at high risk of harm from the unregulated drug supply.

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ETHICS STANDARD

# Nurses: Privacy and Confidentiality

## Introduction

**Nurses** have ethical and legal responsibilities to protect the privacy and confidentiality of clients' **personal information**. Federal and provincial legislation protect a person's right to privacy and confidentiality of personal information. The specific legislation that applies to a nurse's practice depends on the work setting and the nurse's role. The BCCNM bylaws provide additional direction.

## Standards

1. Nurses collect, use, access, and share clients' personal information:
    a. Only as needed to fulfill their professional responsibilities, and
    b. In alignment with:
        i. Relevant legislation and regulations,
        ii. The BCCNM bylaws and standards, and
        iii. Organizational/employer policies and processes.
2. Nurses 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. Nurses 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. Nurses 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. Nurses use strategies to prevent unauthorized access to client's personal information.
6. When possible in their practice setting, nurses use strategies that prevent others from overhearing the client's health information.
7. Nurses do not discuss clients' personal information in public areas (e.g., cafeteria, elevators) or on social media.

8. Nurses 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:** individual receiving nursing care or services from a nurse.

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

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

**Nurses:** licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

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

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ETHICS STANDARD

# Licensed Practical Nurses: Professional Standards

## Introduction

The professional standards for LPNs clarify the minimum requirements for LPN practice in any setting or nursing domain (clinical practice, administration, education or research) and provide **indicators** that BCCNM uses to measure LPN practice in British Columbia (BC).

A **standard** is an expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

**Indicators** are used to measure the actual performance of an individual nurse. The indicators found in this document are not written in order of importance, nor are they intended to be an exhaustive list.

## Standards

### STANDARD 1: RESPONSIBILITY AND ACCOUNTABILITY

The licensed practical nurse maintains **standards** of nursing practice and **professional conduct** established by BCCNM.

Indicators

1. Maintains current registration
2. Maintains own competence to practise
3. Maintains own physical, psychological and emotional **fitness to practise**
4. Practises within own level of competence, employer policies, the LPN **scope of practice** and all relevant legislation
5. Is accountable and responsible for own nursing decisions, actions and professional conduct
6. Seeks guidance and direction as required
7. Takes action to promote safe, competent and ethical care for clients
8. **Advocates** for and/or helps to develop policies and procedures consistent with BCCNM Standards of Practice

9. Understands the role of BCCNM and its relationship to one's own practice

## STANDARD 2: COMPETENCY-BASED PRACTICE

The licensed practical nurse applies appropriate **knowledge**, skills, **judgment** and attitudes consistently in nursing practice.

### Indicators

1. Bases nursing practice on current **evidence** from **nursing science**, other sciences and the humanities
2. Knows how and where to access information to support and provide safe, competent and ethical nursing practice and care for clients
3. Uses **critical thinking** when collecting and interpreting data, planning, implementing and evaluating nursing care
4. Collects information on **client status** and care needs from a variety of sources using assessment skills and a review of pertinent clinical data
5. Identifies, analyzes and uses relevant decision support tools and data when making decisions about client status and care requirements
6. Documents client assessments, care needs, planned interventions and outcomes in a timely manner
7. Communicates client status to other members of the **health care team** as appropriate
8. Evaluates client responses to care and revises the plan of care as necessary
9. Responds and adapts to changes in the practice environment
10. Shares nursing knowledge with clients, colleagues, students and others
11. Communicates professionally in interactions with clients, colleagues, students and others

## STANDARD 3: CLIENT-FOCUSED PROVISION OF SERVICE

The licensed practical nurse provides nursing services and works with others in the best interest of clients.

### Indicators

1. Makes the client the primary focus when providing nursing care
2. Involves clients in identifying and prioritizing their own health goals and learning needs
3. Supports clients to learn about the health care system and to access appropriate health care services
4. Understands and communicates the contribution of nursing to the **health** of clients

5. Communicates, **collaborates** and consults with clients and other members of the health care team about client care
6. Coordinates and facilitates continuity of care services for the client
7. Supervises, leads and assigns appropriately to other members of the health care team
8. Supports and guides other members of the health care team to meet client care needs
9. Participates in and advocates for changes that improve client care and nursing practice
10. Recognizes and reports the **incompetent** or impaired practice or unethical conduct of another health professional to the appropriate person or body

## STANDARD 4: ETHICAL PRACTICE

The licensed practical nurse understands, upholds and promotes the ethical standards of the nursing profession.

Indicators

1. Demonstrates honesty and integrity at all times
2. Represents self clearly and accurately with respect to name, title and role
3. Respects and protects client worth, dignity, uniqueness and **diversity**
4. Protects client information and maintains privacy and confidentiality
5. Recognizes, respects and promotes the client's right to be informed and make informed choices
6. Begins, maintains and ends nurse-client relationships in a way that puts the client's needs first
7. Identifies the effect of own values, beliefs and experiences when providing nursing care
8. Identifies ethical issues, recognizes potential conflicts; takes action to prevent or resolve them by communicating with the health care team and consulting with the appropriate people; and evaluates effectiveness of actions
9. Makes decisions about the allocation of resources under one's control based on the needs of the client
10. Recognizes and respects the contribution of others on the health care team
11. Treats colleagues, students and other health care workers in a respectful manner

## Glossary

**Advocate:** speak or act on behalf of self or others with the intent of influencing or adding voice and enhancing autonomy.

**Assign:** allocate clients or client care activities among care providers in order to meet client care needs.

**Client:** individuals (or their designated representative), families, groups and communities in receipt of nursing care. In some clinical settings, the client may be referred to as a patient or resident. In research, the client may be referred to as a participant.

**Client status:** clear, concise statement of a judgment made by a licensed practical nurse based on a holistic assessment, including the client's perspective of his or her health and/or illness responses. Other terms may be used for client status such as nursing diagnosis, clinical judgment, signs and symptoms, patient problems, patterns of health or goals.

**Collaborate:** joint communication and decision-making process with the expressed goal of working together toward identified outcomes while respecting the unique qualities and abilities of each member of the group or team. Each member of the health care team contributes within the limits of his or her legislated scope of practice and range of competencies.

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

**Confidentiality:** action taken to ensure, respect and preserve a person's privacy within ethical and legal protocols.

**Critical thinking:** purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting using interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome.

**Decision support tools:** evidence-based documents used by licensed practical nurses to guide the assessment, diagnosis and treatment of client-specific problems.

**Diversity:** encompasses acceptance and respect based on the understanding that each individual is unique. These differences include culture, race, ethnicity, gender, sexual orientations, socio-economic status, age, physical abilities and political beliefs or ideologies.

**Ethical:** fundamental disposition of the licensed practical nurse toward what is good and right. Action toward what the licensed practical nurse recognizes or believes to be the best and most appropriate practice in a particular situation.

**Evidence:** data derived from various sources including research, national guidelines, policies, consensus statements, expert opinion and quality improvement.

**Fitness to practise:** all the qualities and capabilities of an individual relevant to their capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition or a dependence on alcohol or drugs that impairs their ability to practise nursing.

**Health:** state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological and social health.

**Health care team:** clients, health care professionals, unregulated care providers, students and others who may be involved in providing care.

**Incompetent practice:** practice that does not demonstrate the integration and application of the knowledge, skills, attitudes and judgment required for safe, competent and ethical practice.

**Indicator:** illustration of how a standard is applied and met. Indicators provide specific criteria that are used, when applicable, to measure the actual performance of an individual nurse.

**Judgment:** intellectual process exercised in forming a conclusion, decision and plan-of-action based upon a critical analysis of relevant evidence.

**Knowledge:** broadly interpreted to extend beyond information, facts and "knowing about," to include cognitive, experiential and intuitive sources of knowledge applied in nursing practice.

**Nursing science:** knowledge (e.g., concepts, constructs, principles, theories) of nursing derived from systematic observation, study and research.

**Professional conduct:** behaviour that upholds the profession, including, but not limited to, practising in accordance with BCCNM standards, policies and bylaws and all legislation relevant to LPN practice.

**Scope of practice:** activities nurses are educated and authorized to perform as set out in the *Nurses and Midwives Regulation* under the *Health Professions and Occupations Act* and complemented by standards, limits and conditions established by BCCNM.

**Standard:** expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

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ETHICS STANDARD

# Registered Nurses & Nurse Practitioners: Professional Standards

## Introduction

The Registered Nurses & Nurse Practitioners: Professional Standards establish the levels of performance that RNs and NPs are required to achieve in their practice.

Indicators provide specific criteria for meeting each standard in each of the four main areas of practice: clinical, education, administration and research. Indicators are used to measure the actual performance of an individual RN or NP. The indicators are not written in order of importance, nor are they intended to be an exhaustive list of criteria for each standard.

## Standards

### STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Maintains standards of nursing practice and **professional conduct** determined by BCCNM.

Indicators: Clinical Practice

1. Is accountable and takes responsibility for own nursing actions and professional conduct.
2. Functions within own level of **competence**, within the legally recognized **scope of practice** and within all relevant legislation.[1]
3. Assesses own practice and undertakes activities to improve practice and meet identified learning goals on an ongoing basis.[2, 3]

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[1] Examples of relevant legislation include the Health Professions Act and the regulations under it, and other legislation governing nursing practice, such as the Health Care (Consent) and Care Facility (Admission) Act. Nurses are also required to comply with other federal and provincial legislation that may not be within BCCNM's regulatory mandate, but which may be enforceable by other regulatory bodies, tribunals or the courts.

[2] Requires investment of own time, effort and other resources.

[3] Requires investment of own time, effort and other resources.

4. Takes action[4] to promote the provision of safe, appropriate and ethical care to **clients**.
5. Advocates for and/or helps to develop policies and practices consistent with the standards of the profession.
6. Maintains own physical, psychological and emotional **fitness to practice**.
7. Maintains current registration.
8. Understands the role of the regulatory body and the relationship of the regulatory body to one's own practice.

Indicators: Education

1. Is accountable and takes responsibility for own nursing actions and professional conduct.
2. Functions within own level of **competence**, within the legally recognized **scope of practice** and within all relevant legislation.[2]
3. Assesses own practice and undertakes activities to improve practice and meet identified learning goals on an ongoing basis.[3, 4]
4. Takes action[5] to promote the provision of safe, appropriate and ethical care.
5. Advocates for and/or helps to develop policies, practices and education consistent with the standards of the profession.
6. Maintains own physical, psychological and emotional **fitness to practice**.
7. Maintains current registration.
8. Understands the role of the regulatory body and the relationship of the regulatory body to one's own practice.

Indicators: Administration

1. Is accountable and takes responsibility for own nursing actions and professional conduct.
2. Functions within own level of **competence**, within the legally recognized **scope of practice** and within all relevant legislation.[2]
3. Assesses own practice and undertakes activities to improve practice and meet identified learning goals on an ongoing basis.[3, 4]
4. Takes action[5] to promote the provision of safe, appropriate and ethical care.
5. Advocates for and develops policies and practices consistent with the standards of the profession.
6. Maintains own physical, psychological and emotional **fitness to practice**.

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[4] Taking action includes advocacy. Nurses advocate in ways that are consistent with their role and responsibilities. For example, nurses in clinical practice are expected to advocate for their client if the client's perspective is not being considered by another professional involved in their care, but not expected to lobby for legislative change.

7. Maintains current registration.
8. Understands the role of the regulatory body and the relationship of the regulatory body to one's own practice.

Indicators: Research

1. Is accountable and takes responsibility for own nursing actions and professional conduct.
2. Functions within own level of **competence**, within the legally recognized **scope of practice** and within all relevant legislation.[2]
3. Assesses own practice and undertakes activities to improve practice and meet identified learning goals on an ongoing basis.[3, 4]
4. Takes action[5] to promote the provision of safe, appropriate and ethical care.
5. Advocates for and/or helps to develop policies and practices that support research and the integration of research findings and other **evidence** into client care.
6. Maintains own physical, psychological and emotional **fitness to practice**.
7. Maintains current registration.
8. Understands the role of the regulatory body and the relationship of the regulatory body to one's own practice.

## STANDARD 2: KNOWLEDGE-BASED PRACTICE

Consistently applies knowledge, skills and judgment in nursing practice.

Indicators: Clinical Practice

1. Bases practice on current **evidence** from **nursing science** and other sciences and humanities.
2. Knows how and where to access information to support the provision of safe, competent and ethical client care.
3. Uses **critical thinking** when collecting and interpreting data, planning, implementing and evaluating nursing care.
4. Collects information on client status from a variety of sources[5] using assessment skills, including observation, communication, physical assessment and a review of pertinent clinical data.
5. Identifies, analyzes and uses relevant and valid information when making decisions about client status.

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[5] Whenever possible, nurses involve clients in assessment, decision-making about client status, care planning, implementation and evaluation.

6. Communicates client status, using verifiable information, in terminology used in the practice setting.
7. Develops and communicates plans of care that include assessment data, decisions about client status, planned interventions and measurement of client outcomes.
8. Sets client-centred priorities when planning and providing care.
9. Uses **decision support tools** appropriately to assess and make decisions about client status and plan care.
10. Implements the plan of care, evaluates client's response and revises the plan as necessary.
11. Documents timely[6] and appropriate reports of assessments, decisions about client status, plans, interventions and client outcomes.
12. Shares nursing knowledge with clients, colleagues, students and others.
13. Communicates appropriately[7] in interactions with clients, colleagues, students and others.

Indicators: Education[8]

1. Bases education on current **evidence** from **nursing science** and other sciences and humanities.
2. Knows how and where to access information to support the delivery of safe, competent and ethical nursing and health education.
3. Uses **critical thinking** when collecting and interpreting data on learning needs and planning, implementing and evaluating nursing and health education programs.
4. Collects information on individual and group learning needs from a variety of sources.
5. Identifies, analyzes and uses relevant and valid information when planning education.
6. Communicates learning needs of individuals and groups using verifiable information.
7. Uses appropriate processes to plan education that address learning needs and strengths and include evaluation criteria.
8. Sets priorities when planning and providing education.
9. Engages learners using appropriate instructional methods, educational technologies and relevant learning theory.

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6 The timeliness of documentation will vary. When client acuity, complexity and variability is high, more frequent documentation is required than when clients are less acute, less complex and/or less variable.

7 Involves applying knowledge and skills related to such things as relationship-building, assertiveness, problem-solving and conflict resolution.

8 The indicators in the education, administration and research areas describe criteria for meeting the standard in an educator, administrator or research role. If clients are involved during the course of performing these roles, the Indicators in the clinical practice area would also apply.

10. Evaluates attainment of learning objectives using valid and reliable measures, and revises strategies as necessary.
11. Establishes and maintains appropriate education records.
12. Shares nursing knowledge with clients, colleagues, students and others.
13. Uses knowledge about learning and communications[8] to create a professional learning environment.

Indicators: Administration[9]

1. Bases administrative decisions on current **evidence** from **nursing science** and other sciences and humanities.
2. Knows how and where to access information to support the provision of safe, competent and ethical nursing practice and client care.
3. Uses **critical thinking** when collecting and interpreting data to make administrative decisions and planning, implementing and evaluating organizational strategies.
4. Collects information about organizational status from a variety of sources.
5. Identifies, analyzes and uses relevant and valid information when determining organizational problems or status.
6. Communicates organizational problems and status using verifiable information.
7. Plans administrative and other strategies to address organizational problems and strengths with accompanying evaluation criteria.
8. Sets priorities when planning and implementing administrative and other strategies.
9. Implements administrative and other identified strategies appropriately.
10. Evaluates process and/or outcomes of strategies and revises as necessary.
11. Establishes and maintains appropriate systems to manage clinical and administrative information.
12. Shares nursing knowledge with clients, colleagues, students and others.
13. Uses knowledge of organizational behaviour and communication[8] to create an environment in which cooperation, professional growth and mutual respect can flourish.

Indicators: Research[9]

1. Conducts or participates in research to create or refine evidence in the field of **nursing science** and/or other sciences and humanities.
2. Knows how and where to access information to support knowledge development for evidence-informed, safe, competent and ethical nursing practice.
3. Uses **critical thinking** when collecting and interpreting data to plan, conduct and evaluate research.

4. Develops and communicates research questions or hypotheses that are relevant and researchable.
5. Writes research proposals to address stated questions or hypotheses.
6. Collects research information from a variety of sources using valid and reliable data collection instruments and methods.
7. Identifies, analyzes and uses relevant information in conducting research.
8. Conducts research in accordance with accepted research methods and procedures.
9. Analyzes and interprets qualitative and quantitative data.
10. Writes appropriate reports and articles for publication.
11. Uses knowledge of communication[8] to share the practice implications and policy relevance of research in a meaningful way with nurses and others.
12. Shares nursing knowledge with clients, colleagues, students and others.

## STANDARD 3: CLIENT-FOCUSED PROVISION OF SERVICE

Provides nursing services and works with others to provide health care services in the best interest of clients.

Indicators: Clinical Practice

1. Communicates, **collaborates** and consults with clients and other members of the **health care team**[9] about the client's care.
2. Coordinates client care in a way that facilitates continuity for the client.
3. **Assigns** clients and client care activities to other members of the health care team to meet client care needs.
4. **Delegates** appropriately to other members of the health care team.
5. Provides appropriate regulatory supervision of student activities.
6. Instructs and guides other members of the health care team to meet client care needs.
7. Participates in changes that improve client care and nursing practice.
8. Reports incompetent or impaired practice or unethical conduct to appropriate person or body.
9. Understands and communicates the role of nursing in the health of clients.
10. Assists clients to learn about the health care system and accessing appropriate health care services.

[9] Team members may be from more than one practice setting.

### Indicators: Education[10]

1. Communicates, **collaborates** and consults with nurses, students and others about education.
2. Educates students and others about the nurse's role in the coordination of client care.
3. Educates nurses, students and others regarding **assignment** of clients and client care activities to meet client needs.
4. Educates nurses, students and others regarding appropriate **delegation** of nursing activities to other members of the **health care team**.
5. Educates others about appropriate **regulatory supervision**.
6. Instructs, guides and directs educational staff and students to meet client care needs.
7. Acts to implement changes that improve client care and educational practice.
8. Reports incompetent or impaired practice or unethical conduct to appropriate person or body; educates nurses and students to recognize and report such practices.
9. Understands and communicates the role of nursing in the health of clients.
10. Assists colleagues, students and others to learn about nursing practice and health care services.

### Indicators: Administration[12]

1. Communicates, **collaborates** and consults with nurses and other members of the **health care team** about the provision of health care services.
2. Educates others about the nurse's role in the coordination of client care.
3. Develops policies that outline the responsibility and accountability for all involved in the appropriate assignment of clients and client care activities.
4. Develops policies that provide direction for nurses on appropriate **delegation** of nursing activities to other members of the health care team.
5. Develops supporting policies for appropriate regulatory supervision.
6. Guides, directs and seeks feedback from staff and others involved in the planning, delivery and evaluation of health care services as appropriate.
7. Directs and participates in changes to improve client care and administrative practice.
8. Takes appropriate action in situations of incompetent or impaired practice or unethical conduct up to and including reporting to the regulatory body; guides others in reporting such practices.

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[10] The indicators in the education, administration and research areas describe criteria for meeting the standard in an educator, administrator or research role. If clients are involved during the course of performing these roles, the Indicators in the clinical practice area would also apply.

9. Understands and communicates the role of nursing in the health of clients.
10. Assists clients, colleagues, students and others to learn about nursing practice and health care services.

Indicators: Research[12]

1. Communicates, **collaborates** and consults with nurses and others to plan, conduct and evaluate research.
2. Articulates and supports the translation of knowledge gained from research into policy and practice.
3. Guides and directs members of the research team as appropriate.
4. Participates in changes that promote evidence-based nursing practice.
5. Reports incompetent or impaired practice or unethical conduct to appropriate person or body.
6. Understands and communicates the role of nursing in the health of clients.
7. Assists colleagues, students and others to learn about the influence of research on nursing practice and health care services.

## STANDARD 4: ETHICAL PRACTICE

Understands, upholds and promotes the ethical standards of the nursing profession.

Indicators: Clinical Practice

1. Makes the client the primary concern in providing nursing care.
2. Provides care in a manner that preserves and protects client dignity.
3. Demonstrates honesty and integrity.
4. Clearly and accurately represents self with respect to name, title and role.
5. Protects client privacy and confidentiality.
6. Recognizes, respects and promotes the client's right to be informed and make informed choices.

1. Promotes and maintains respectful communication in all professional interactions.[11]
2. Treats colleagues, students and other health care workers in a respectful manner.
3. Recognizes and respects the contribution of others on the health care team.
4. Makes equitable decisions about the allocation of resources[12] under one's control based on the needs of clients.

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[11] This includes interactions with clients, colleagues, students and others. It includes appropriate recognition of power differentials.

[12] The term "resources" is used broadly and includes the nurse's time and skills as well as equipment and supplies.

5. Identifies the effect of own values, beliefs and experiences in carrying out clinical activities; recognizes potential conflicts and takes action to prevent or resolve.
6. Identifies ethical issues; consults with the appropriate person or body; takes action to resolve and evaluates the effectiveness of actions.
7. Initiates, maintains and terminates nurse-client relationships in an appropriate manner.

Indicators: Education[13]

1. Educates others to learn about ethical practice.
2. Educates others to provide care in a manner that preserves and protects client dignity.
3. Demonstrates honesty and integrity.
4. Clearly and accurately represents self with respect to name, title and role.
5. Educates others to protect client privacy and confidentiality.
6. Educates others to recognize, respect and promote the client's right to be informed and make informed choices.
7. Promotes and maintains respectful communication in all professional interactions;[14] educates others to do the same.
8. Treats colleagues, students and other health care workers in a respectful manner; educates others about respectful communication and ways to effect positive behaviour change in the workplace.
9. Recognizes and respects the contribution of others on the health care team.
10. Makes equitable decisions about the allocation of resources[15] under one's control based on the needs of learners.
11. Identifies the effect of own values, beliefs and experiences in carrying out educational activities; recognizes potential conflicts and takes actions to prevent or resolve.
12. Assists others in identifying ethical issues; consults with the appropriate person or body; takes action to prevent or resolve and evaluates the effectiveness of actions.
13. Implements educational activities that support the initiation, maintenance and termination of nurse-client relationships in an appropriate manner.

Indicators: Administration[15]

1. Actively supports the creation of a practice environment that enables nurses to meet their ethical obligations.

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[13] The indicators in the education, administration and research areas describe criteria for meeting the standard in an educator, administrator or research role. If clients are involved during the course of performing these roles, the indicators in the clinical practice area would also apply.

2. Guides nurses and others in providing care in a manner that preserves and protects client dignity.
3. Demonstrates honesty and integrity.
4. Clearly and accurately represents self with respect to name, title and role.
5. Protects client privacy and confidentiality.
6. Creates a practice environment that supports the client's right to be informed and make informed choices.
7. Promotes and maintains respectful communication in all professional interactions;[14] guides others to do the same.
8. Treats colleagues, students and other health care workers in a respectful manner; addresses concerns related to disrespectful behaviour[14] in the workplace.
9. Recognizes and respects the contribution of others on the health care team.
10. Makes equitable decisions about the allocation of resources[15] under one's control based on the needs of clients.
11. Identifies the effect of own values, beliefs and experiences in carrying out administrative activities; recognizes potential conflicts and takes actions to prevent or resolve.
12. Supports the establishment of mechanisms that assist nurses in recognizing and resolving ethical issues.
13. Guides nurses to initiate, maintain and terminate nurse-client relationships in an appropriate manner.

Indicators: Research[15]

1. Advocates for and participates in processes that promote ethical and accountable research practices.
2. Ensures ethical guidelines are followed to protect research participants.
3. Demonstrates honesty and integrity.
4. Clearly and accurately represents self with respect to name, title and role.
5. Protects client privacy and confidentiality.
6. Ensures clients have the information necessary to make informed choices about their participation in research.
7. Promotes and maintains respectful communication in all professional interactions.[14]
8. Treats colleagues, students and other health care workers in a respectful manner.

[14] Includes bullying, harassment and inappropriate use of power.

9. Recognizes and respects the contribution of others on the research and health care teams.
10. Identifies the effect of own values, beliefs and experiences in carrying out research activities; recognizes potential conflicts and takes actions to prevent or resolve.
11. Identifies ethical issues; consults with the appropriate person or body; takes action to resolve and evaluates the effectiveness of actions.
12. Initiates, maintains and terminates nurse-client relationships in an appropriate manner.

## Glossary

**Assignment:** allocation of clients or client care activities among care providers in order to meet client care needs. Assignment occurs when the required care falls within the employing agency's policies and role descriptions and within the regulated health care provider's scope of practice. Assignment to unregulated care providers occurs when the required care falls within the employing agency's policies and role description.

**Client:** individual, family, group, population or entire community that requires nursing expertise. In some clinical settings, the client may be referred to as a patient or resident. In research, the client may be referred to as a participant.

**Collaboration:** joint communication and decision-making process with the expressed goal of working together toward identified outcomes while respecting the unique qualities and abilities of each member of the group or team.

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

**Critical thinking:** purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting through the use of interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome.

**Decision support tools:** evidence-based documents used by registered nurses to guide the assessment, diagnosis and treatment of client-specific problems.

**Delegation:** process by which a nurse may authorize an activity to be performed by an unregulated care provider who does not otherwise have authority to perform the activity.

**Evidence:** data derived from various sources including research, national guidelines, policies, consensus statements, expert opinion and quality improvement.

**Fitness to practice:** qualities and capabilities of an individual relevant to their capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs their ability to practise nursing.

**Health care team:** clients, health care professionals, unregulated care providers, students and others who may be involved in providing care.

**Indicator:** illustration of how a standard is applied and met. Indicators provide specific criteria that are used, when applicable, to measure the actual performance of an individual RN or NP.

**Nursing science:** knowledge (e.g., concepts, constructs, principles, theories) of nursing derived from systematic observation, study and research.

**Professional conduct:** Behaviour consistent with actions that uphold the profession. This includes, but is not limited to, practising in accordance with BCCNM's Standards of Practice.

**Scope of practice:** activities RNs and NPs are educated and authorized to perform as set out in the Nurses and Midwives Regulation under the Health Professions and Occupations Act and complemented by standards, limits and conditions established by BCCNM.

**Standard:** expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance.

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ETHICS STANDARD

# Registered Psychiatric Nurses: Professional Standards

## Introduction

The *Registered Psychiatric Nurses: Professional Standards* describe, in broad terms, the expected level of performance of all registered psychiatric nurses (RPNs). Professional Standards, along with the *Registered Psychiatric Nurses: Code of Ethics*, address the overarching professional requirements for all registered psychiatric nurses practicing in B.C. Under each standard there are a number of indicators that help determine how to meet the professional standard. The indicators are representative but not comprehensive for each standard.

## Standards

### STANDARD 1. THERAPEUTIC RELATIONSHIPS

The registered psychiatric nurse establishes collaborative professional, interpersonal, and therapeutic relationships with clients.

A registered psychiatric nurse:

1. Continually applies the therapeutic use of self within professional practice.
2. Recognizes and addresses power imbalances in therapeutic relationships.
3. Ensures client needs remain the focus of the therapeutic relationship.
4. Does not exploit the vulnerability of persons encountered through their practice.
5. Will not engage in any sexual behaviour while in a therapeutic relationship with a client, with or without consent.
6. Will not enter into a close personal or intimate relationship with a client or a former client who has received psychotherapeutic treatment from the registered psychiatric nurse.
7. Uses professional judgment, effective communication and interpersonal skills, and practices with integrity to establish, maintain and terminate the therapeutic relationship.

8. Recognizes and addresses transference and counter-transference and their impact on the therapeutic relationship.
9. Applies critical thinking and professional judgment in therapeutic relationships.
10. Establishes and negotiates boundaries in therapeutic relationships.
11. Practices according to the principles of informed consent and confidentiality.
12. Will make best efforts to find suitable alternatives to treating their own family or friends.
13. Develops partnerships using a client-centred, integrated and holistic approach.

## STANDARD 2. COMPETENT, EVIDENCE-INFORMED PRACTICE

The registered psychiatric nurse continually acquires and integrates evidence-informed knowledge and builds on psychiatric nursing education and lifelong learning.

A registered psychiatric nurse:

1. Applies evidence-informed knowledge, skill, critical thinking and professional judgment to assess, plan, implement, and evaluate in the practice of psychiatric nursing.
2. Incorporates evidence-informed knowledge to promote safety and quality in psychiatric nursing practice.
3. Uses communication skills effectively.
4. Integrates cultural safety and cultural humility into their practice with diverse clients.
5. Recognizes potential risks and hazards, and implements interventions to promote a safe environment.
6. Integrates infection prevention and control principles in providing psychiatric nursing care.
7. Documents the application of the clinical decision-making process in a responsible, accountable and ethical manner.
8. Applies documentation principles to ensure effective written/electronic communication.
9. Remains current in knowledge relevant to their practice.
10. Incorporates knowledge of therapeutic modalities and conceptual models of psychiatric nursing.
11. Coordinates client care and/or health services throughout the continuum of care.
12. Establishes, maintains and coordinates a plan of care based on a comprehensive psychiatric nursing assessment.

## STANDARD 3. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The registered psychiatric nurse is accountable and responsible for safe, competent and ethical psychiatric nursing practice that meets the standards of the profession and legislated requirements.

A registered psychiatric nurse:

1. Maintains current registration/licensure.
2. Practises in accordance with all relevant legislation and regulation including the Professional Standards for Registered Psychiatric Nurses.
3. Exercises professional judgment when agency policies and procedures are unclear or absent.
4. Assumes responsibility and accountability for continuing competence.
5. Seeks out the necessary resources using skill and professional judgment to address personal and professional limitations.
6. Recognizes the competencies and limitations of colleagues and/or students when assigning responsibilities.
7. Responds to and/or reports unsafe practice, professional incompetence, professional misconduct, and incapacity or fitness-to-practice issues to the appropriate authority.
8. Complies with any legal duty to warn and report, including abuse or potential harm to the public.
9. Self-reports to the regulatory body conditions that compromise their fitness to practice.
10. Uses technology, electronic communication and social media responsibly and professionally.

## STANDARD 4. LEADERSHIP AND COLLABORATION IN QUALITY PSYCHIATRIC NURSING PRACTICE

**The registered psychiatric nurse enhances the safety, quality and effectiveness of psychiatric nursing practice through leadership and collaboration.**

A registered psychiatric nurse:

1. Engages in practices that promote physical, environmental and psychological safety.
2. Evaluates the effectiveness of interventions in psychiatric nursing practice.
3. Participates in quality improvement activities to initiate change in psychiatric nursing practice and in the health care system.
4. Collaborates with client, team members, families and other stakeholders to develop comprehensive psychiatric nursing care to achieve the client's health goals.
5. Mentors colleagues and stakeholders for the advancement of psychiatric nursing practice and quality health care.
6. Promotes collaborative practice among health care professionals through respectful working relationships and appropriate documentation practices.
7. Acts as a leader, teacher and role model to students, beginner practitioners and colleagues, supporting, Instructing and/or mentoring them in their professional development.

8. Takes action to resolve professional practice issues.
9. Collaborates with and advocates for clients.
10. Demonstrates professional leadership through:
    a. Building trusting relationships
    b. Creating empowering environments
    c. Supporting knowledge development and integration within the health care team
    d. Advancing psychiatric nursing practice and quality health care
    e. Leading and sustaining change and balancing competing values and priorities

### STANDARD 5. PROFESSIONAL ETHICAL PRACTICE

The registered psychiatric nurse understands, upholds and incorporates the profession's Code of Ethics into their professional practice.

A registered psychiatric nurse:

1. Practises with honesty, integrity and respect, demonstrating the ethics, standards, principles, guidelines and values of the profession.
2. Applies the RPN: Code of Ethics in all areas of their practice.
3. Identifies the effect of their own values, beliefs and experiences in relationships with clients, recognizes potential conflicts, and takes action to prevent or resolve them.
4. Applies ethical and legal considerations in maintaining confidentiality in all forms of communication.
5. Supports the human, legal and moral rights of clients, including the right to make informed decisions and the right to live at risk.

## Glossary

**Client:** individual, family, group, population or entire community that requires nursing expertise.

**Competencies:** integrated knowledge, skills, professional judgment and attitudes required by a registered psychiatric nurse to practice competently, ethically and safely (Verma, Paterson & Medves, 2006).

**Continuing Competence**: ongoing ability of a registered psychiatric nurse to integrate and apply the knowledge, skills, professional judgment, attitudes, values and interpersonal attributes required to practice safely and ethically in their current role and setting (CRPNA, September 2013).

**Continuum of Care:** comprehensive system of services and programs, ranging from mental health promotion and illness prevention to specialized services, and designed to match the needs of individuals and populations with appropriate care and treatment, and which vary according to levels of service, structure, and intensity of care. (Austin et al. 2019).

**Counter-Transference:** nurse's reactions to a client that are based on the nurse's unconscious needs, conflicts, problems, and views of the world. See also **Transference** (Austin & Boyd, 2010).

**Evidence-Informed:** care based on the collection, interpretation and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence. (Halter, 2014).

**Professional Judgment:** evaluation of evidence to a make a clinical decision. It is the ability to make critical distinctions and achieve a balanced viewpoint, including the reaction of the registered psychiatric nurse to the client. (RPNRC Entry Level Competencies, November 2014).

**Therapeutic Relationship**: interpersonal process that is purposeful, goal directed and focused on achieving outcomes in the best interest of the client, in which the nurse maximizes their communication skills, understanding of human behaviour, and personal strengths to advance the client's interests and personal growth, and to promote health and well-being.

**Therapeutic Use of Self**: complex process of self-awareness through one's own growth and development, as well as one's interactions with others, that guides the process of developing, maintaining and terminating the therapeutic relationship.

**Transference**: client's experience of feelings toward the nurse, that were originally held toward significant others in their life. See also **Counter-Transference** (Halter, 2014).

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ETHICS STANDARD

# Registered Psychiatric Nurses: Code of Ethics

## Introduction

The BCCNM *RPN Code of Ethics* articulates the ethical principles and values that guide all members of the Psychiatric Nursing profession. It sets out the framework for professional responsibility and accountability while promoting high ethical standards in practice and providing a benchmark for Registered Psychiatric Nurses to use for self-evaluation.

Through the *Code of Ethics*, Registered Psychiatric Nurses uphold the values of:

- Safe, competent, and ethical practice to ensure the protection of the public;
- Respect for the inherent worth, right of choice, and dignity of persons;
- **Health**, **mental health**, and well-being; and,
- Quality practice.

## Standards

### 1. SAFE, COMPETENT, AND ETHICAL PRACTICE TO ENSURE THE PROTECTION OF THE PUBLIC

The Registered Psychiatric Nurse:

a. Knows the difference between personal and professional relationships and assumes responsibility for those relationships.

b. Commits to building therapeutic relationships and behaves in a manner that protects the integrity of those relationships.

c. Ensures that the vulnerabilities of others are not exploited for one's own interests.

d. Practices within one's own level of competence and seeks out additional information or guidance when required.

e. Strives to ensure evidence-based practice while ensuring **continuing competence** throughout one's professional career.

f. Strives to maintain a level of personal health, mental health, and well-being in order to provide competent, safe, and ethical care.

g. Ensures that one neither initiates nor participates in any practice that is considered harmful to the welfare of others.

h. Protects the confidentiality of all information gathered in the context of the professional relationship.

i. Practices within relevant legislation that governs privacy, access, use, and disclosure of personal information.

j. Conducts one's self in a manner that reflects honesty, integrity, reliability, impartiality, and diligence.

k. Recognizes the expertise and limitations of co-workers/ colleagues or students when assigning or delegating responsibilities.

l. Recognizes one's own limitations and uses professional judgment when accepting responsibilities.

m. Reports, in good faith, any incompetent or unethical behaviour of health care providers to the appropriate authorities.

n. Accepts responsibility and accountability for one's own actions taking all necessary steps to prevent or minimize harm.

o. Refrains from permitting one's professional designation to be used for personal gain in connection with the endorsement of products or services.

p. Conducts one's self in a manner that promotes a positive image of the profession at the local, community, provincial, and national levels.

q. Practices according to provincial and federal statutes/acts/regulations/bylaws and the BCCNM standards of practice.

r. Understands, promotes, and upholds the ethical values of the profession.

## 2. RESPECT FOR THE INHERENT WORTH, RIGHT OF CHOICE, AND DIGNITY OF PERSONS

The Registered Psychiatric Nurse:

a. Respects people's autonomy and their right to choose by recognizing them as full partners in decision-making.

b. Strives to ensure that a person's choices are understood, expressed, and promoted.

c. Respects the unique, inherent worth and dignity of all persons and strives to ensure that the rights of individuals are upheld.

d. Recognizes and respects diversity and that a person's culture may influence health practices and decision making.

e. Upholds the person's legal and moral right to refuse treatment and to choose to live at risk as long as those decisions are in keeping with the law.

f. Knows, applies, and upholds the elements of informed consent.

g. Ensures psychiatric nursing decisions are consistent with the person's choices or the choices of a substitute decision maker, where applicable.

h. Provides opportunities for persons to make choices and decisions even when the capacity for self-determination is reduced.

### 3. HEALTH, MENTAL HEALTH, AND WELL-BEING

The Registered Psychiatric Nurse:

a. Respects the needs and values of each person within the physiological, psychological, developmental, socio-cultural, and spiritual dimensions.

b. Understands that physical health and mental health are interconnected and are a dynamic process that fluctuates across the lifespan.

c. Recognizes the complex relationships between emotional, developmental, physical, and mental health and the influence of social factors on physical and mental health and on illness.

d. Understands that perception, lifestyle, and expectations influence physical and mental health.

e. Recognizes the role of culture and spirituality in health promotion, illness prevention, and in **recovery**.

f. Strives to ensure equality in physical and mental health services.

### 4. QUALITY PRACTICE

The Registered Psychiatric Nurse:

a. Recognizes that community, socio-economic, and political systems influence all aspects of health.

b. Ensures that approaches to physical and mental health are collaborative, holistic, and dynamic and include promoting health, preventing illness, and ensuring interventions that promote rehabilitation and recovery.

c. Uses and contributes to research that promotes the ongoing development of Psychiatric Nursing knowledge, evidence-based practice, and improvements in mental health care.

d. Contributes to quality practice by promoting positive, healthy, and ethical working environments.

e. Contributes to promoting and maintaining safe practice environments.

f. Ensures that safe and competent practice is a priority by advocating for human and material resources.

g. Advocates for fair and equitable access to services and benefits and for equal treatment and protection of all persons.

h. Respects and values the knowledge and contributions of other health care providers and works in collaborative partnerships with others.

## Glossary

**Continuing competence:** ongoing ability of an RPN to integrate and apply the knowledge, skills, judgment, and interpersonal attributes required to practice safely and ethically in a designated role and setting.

**Health:** state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization).

**Mental Health:** a state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community (World Health Organization).

**Recovery:** process in which people living with mental health problems and illnesses are empowered and supported to be actively engaged in their own journey of well-being.

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PRACTICE STANDARD

# Midwives: Consultation, Referral, and Transfer of Care

## Introduction

This practice standard sets the expectations midwives must meet when requesting or receiving a consultation, referral or transfer of care.

## Standards

1. Midwives **consult, refer,** and/or **transfer care** to another health professional:
    a. In alignment with relevant legislation and regulations and BCCNM's standards, limits, and conditions,
    b. In alignment with organizational policies and processes,
    c. When the client's care needs are beyond the midwife's **scope of practice,** and/or
    d. When the expertise of other health professionals would be in the best interest of the client.
2. Midwives communicate with their clients when a consultation, referral, and/or transfer care is indicated.
3. Midwives ensure timely initiation of and follow-up on consultations, referrals, or transfers of care, taking into consideration clinical urgency, geography, and other factors.
4. Midwives collaborate with their clients and the health-care team to coordinate care.
5. When consulting, referring, and/or transferring care, midwives ensure the **most responsible provider (MRP)** is clearly identified to the client and the health-care team and is documented in the client's record.
6. Midwives may continue to provide midwifery care within their scope of practice when transfer of care is necessary.

7. When consulting with, referring, to or transferring care to another health-care professional, midwives:

    a. Present the reason for and urgency of the request,
    b. Describe the level of involvement requested,
    c. Provide relevant, complete, and accurate client health information, including details of any informed choice decisions made by the client,
    d. Confirm the health professional's ongoing level of involvement with the client, and
    e. Document the request for and outcome of the consultation, referral, or transfer.

8. When responding to a consultation, referral, or transfer of care request from another health professional, midwives:

    a. Confirm the reason for and urgency of the request,
    b. Confirm the level of involvement requested,
    c. Ensure access to relevant client health information and notify the health professional if they are unable to provide a consultation or accept the referral or transfer,
    d. Confirm their ongoing level of involvement with the client and MRP if the request is accepted, and
    e. Document and communicate the outcome to the MRP.

9. Midwives confirm with the client the completion of midwifery care and facilitate a transfer of care to another primary care provider if indicated.

## Glossary

**Consultation:** request from one health professional (e.g., midwife, physician, nurse practitioner, physiotherapist) to another to provide input, advice, or guidance on the management of client care.

**Most Responsible Provider (MRP):** regulated health professional who is responsible for the overall management and coordination of client care.

**Referral:** request from one health professional (e.g., midwife, physician, nurse practitioner) to another to assume responsibility for management of one or more aspects of a client's care.

**Scope of practice:** activities that registered midwives are educated, competent, and authorized to perform.

**Transfer of Care:** transfer of overall responsibility, management, and coordination of client care to another regulated health professional who then becomes the client's MRP.

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PRACTICE STANDARD

# Midwives: Home & Community Birth

## Introduction

This practice standard sets the expectations that midwives must meet when providing intrapartum and postpartum care in home and community settings. Midwives offer care in a variety of settings such as hospitals and community settings such as homes, clinics, or birthing centres, where specialized medical, obstetrical, neonatal, surgical, and anaesthetic services are not available on site. In all settings, midwives must follow relevant regulations, BCCNM's standards, and applicable policies and processes.

## Standards

When providing intrapartum and postpartum care to clients in home and community settings, midwives:

1. Carry and maintain the equipment, medications, and supplies as listed by Perinatal Service of British Columbia Equipment, Medications and Supplies for Home and Community Labour and Birth.
2. Follow evidence-informed procedures to prevent and control infection, including cleaning, disinfecting, and sterilizing equipment appropriately.
3. Ensure equipment and supplies are working correctly and that equipment, supplies, and medications are stored appropriately and not expired.
4. Ensure they maintain competency to provide care, including recognizing and managing complications and emergencies.
5. Maintain situational awareness and recommend transfer to a setting that offers higher level of care (e.g. a setting where medical, obstetrical, neonatal, surgical, and/or anaesthetic services are available), when necessary, based on the evolving situation including but not limited to emerging risk factors, poor or changing weather conditions, availability of an additional attendant, etc.
6. Initiate consultation and/or transfer of care when appropriate or required.
7. Ensure that at least one qualified additional attendant is present to assist for the birth and immediate postpartum period. The qualified additional attendant must:
    a. Be either:
        i. a licensed or regulated health professional holding practising/current registration or licensure, whose regulated scope of practice includes the services described in 7c. below,[1] OR

[1] This would ordinarily be a midwife, registered nurse, or nurse practitioner with current practicing registration with BCCNM, a physician with current practicing registration with the College of Physicians and Surgeons of British Columbia, or a paramedic currently licensed by the Emergency Medical Assistants Licensing Board.

ii. a fourth-year midwifery student in their final semester or a student in an internationally educated midwives bridging program in their supervised clinical practicum; and

b. Hold current cardiopulmonary resuscitation (CPR) certification, neonatal resuscitation (NRP) and obstetrical emergencies skills training; and

c. Be competent in the clinical skills necessary to support a primary midwife with intrapartum and postpartum care in home and community settings, including performing venipuncture, intravenous and intramuscular medication administration, resuscitation, oxygen therapy and documentation.

8. Supervise the provision of care provided by an additional attendant who is a student.

9. Communicate and collaborate with additional attendant(s) regarding the clinical situation, roles, and responsibilities, and provide orders or instructions as required.

10. Contact emergency health services if there is an emergency or a need for urgent transport.

11. Ensure there is an agreed upon emergency transport plan with the receiving hospital and emergency health services, which includes communication channels, processes, and the roles and responsibilities of all involved.

12. Contemporaneously document informed choice discussions, recommendations, plans, decisions, and actions to maintain complete records.

## Limits and conditions

1. A midwife must hold hospital privileges in the community where they offer home and/or community birth OR they must work with at least one other perinatal care provider who has intrapartum hospital privileges and can be on call and available for clients in case of hospital transfer (as per BCCNM's Hospital Privileges practice standard).

2. Until a midwife meets the Policy on New Registrant Requirements, their additional attendant must be a practicing, provisional, or temporary emergency midwife registrant who has met the Policy on the New Registrant Requirements and is competent to provide home and/or community intrapartum care.

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ETHICS STANDARD

# Midwives: Termination of care

## Introduction

In rare occasions, a midwife or client may need to terminate care prior to the natural end of the midwifery-client relationship. Reasons for terminating care include but are not limited to a midwifery practice unexpectedly closing, an irreconcilable breakdown in the midwife-client relationship, or a client request for care outside of midwifery standards[1] that the midwife cannot accommodate. This practice standard outlines the requirements of midwives when terminating care or receiving notice of care termination from a client.

## Standards

1. If the midwife decides to terminate care, either prenatally or during the postpartum period, the midwife must:
    a. inform the client of being unable to continue to provide midwifery care, provide a reasonable period of notice for the client to find alternate care (e.g. ten days to two weeks of notice, ideally in pregnancy prior to 37 weeks gestation, however, this may vary according to location and circumstances) and make a reasonable attempt to assist the client to find appropriate alternate care;
    b. follow-up immediately with a hand delivered or registered letter, or an alternative appropriate form of communication to the client, confirming termination of care by a date which provides the client with a sufficient amount of time to find another caregiver;
    c. continue to provide care within scope to the client for regularly scheduled visits during the notice period unless the client declines care;

[1] Refer to the Policy on *Requests for Care Outside Standards*

d. transfer care as soon as the client has identified a named caregiver who has agreed to assume responsibility for care, providing a copy of the client's health record to the new care provider upon transfer or directly to the client to bring to the first visit with the new care provider;

e. if the client has not identified a caregiver by the end of the notice period, the midwife may transfer care to an obstetrician, family physician or midwife who has agreed to take the client into care and who is appropriate to provide care suitable to the client's risk status, or a care facility or service if specific care providers cannot be identified. The midwife must notify the client that the care and records have been transferred, and provide contact information for the new provider(s) or service;

f. maintain in the client's health record a copy of the letter and/or the alternative form of communication notifying the client that care is being terminated, together with the proof of receipt, as well as a record of all care provided during the notice period;

g. provide an updated version of the PSBC Antenatal Records 1 and 2 to the referring local hospital if termination has taken place prenatally. This is in addition to the requirement of sending the 20 week and 36 week Antenatal Records 1 and 2 to the local hospital;

h. waive any fees that would typically be charged for transferring records to a new provider.

2. If the client decides to terminate care with the midwife, the midwife should:

a. record the termination of care and the reason given, if any, in the client's health record;

b. provide the client with a copy of their medical records to take to the new provider or release a copy of the client's medical record to the new caregiver if that provider sends a request for a copy of the client's health records signed by the client;

c. if no new caregiver information was provided, notify the hospital if it is a prenatal termination and/or notify public health if it is a postpartum termination and transfer the client's records to the client's family physician if possible.

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ETHICS STANDARD

# Midwives: Boundaries in the midwife-client relationship

## Introduction

The midwife-client relationship develops in a safe, comfortable environment of trust and mutual respect. It is that trust that gives midwives the power of their professional position and access to private knowledge. Establishing boundaries allows a safe connection for midwives to meet the needs of clients.

This ethics standard sets the expectations midwives must meet when establishing, maintaining and ending the midwife-client relationship.

## Standards

1. Midwives treat all clients professionally.
2. Midwives act in clients' best interests.
3. Midwives respect clients' dignity and promote their autonomy.
4. Midwives must refrain from inappropriate involvement in clients' personal relationships.
5. Midwives avoid, as much as possible, any professional relationships with clients where the midwives' objectivity or competence could reasonably be expected to be impaired because of the professional's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or with another relevant person associated with or related to the client.
6. Midwives are restricted from providing midwifery care to family and/or household members. When it is unavoidable and a midwife must provide midwifery care to family or household members (e.g., emergencies or in small communities), midwives should:
    a. document the specific circumstances, an account of why the dualities or conflicts were unavoidable,
    b. document the informed consent of the clients for all services, and
    c. whenever possible, transfer overall responsibly for care to another health care provider.
7. Midwives decline to enter into a midwife-client relationship where a conflict of interest or potential conflict of interest exists.

8. Midwives do not enter into a sexual relationship with any client.
    a. If one year has passed since the last professional contact with the client, the former client will no longer be considered a client and a sexual relationship with the former client may be permitted.
    b. If there has been a previous sexual or romantic relationship, at least one year must have passed since the relationship ended before the midwife may accept the person into care.
    c. In the event that a former client requires midwifery care while engaged in a sexual relationship with a midwife, the midwife is not authorized to provide any midwifery services to the former client.
9. Midwives are expected to:
    a. Ensure that informed consent is an ongoing process, rather than a single discussion.
    b. Maintain appropriate and culturally sensitive eye contact.
    c. Respect clients' personal sense of space.
    d. Employ appropriate vocabulary for body parts and procedures while respecting clients' gender identity and preferred vocabulary.
    e. Be sensitive to words that could cause misunderstanding.
    f. Know when to recommend a translation service, and speak directly with clients when working with interpreters and members of the clients' support networks.
    g. Avoid inappropriate discussion of their personal life to clients, in a manner that seems to create an uncomfortable or inappropriate intimacy with clients.
    h. Acknowledge clients' fear and embarrassment which are natural emotions during pregnancy and childbirth.
    i. Avoid making comments that might be interpreted as inappropriate about clients' bodies or clothing.
    j. Provide clients with an opportunity to ask questions.
    k. Avoid inappropriately affectionate words and behaviour.
    l. Be sensitive to clients when discussing intimate issues or probing for personal or private information.
    m. Remain non-judgemental if clients discuss boundary violations.

10. Midwives avoid causing unnecessary distress or embarrassment to clients by inappropriate touching.

11. When doing vaginal examinations, midwives wear a glove on the opposite hand if that hand is touching the labia.

12. Midwives communicate appropriately with their clients when using physical touch by:

    a. obtaining their clients' consent;

    b. providing explanations throughout a procedure; and

    c. checking the level of understanding and consent of clients.

13. To ensure privacy, midwives:

    a. Discuss draping with clients and allow a choice of coverings for clinical procedures such as Pap tests and physical assessment;

    b. Allow clients enough time and privacy while disrobing; and

    c. Request clients' permission for students or others to observe procedures.

14. Midwives do not initiate or accept an invitation to become personal online friends with clients or clients' family members at any time during the period when a client is under their care.

15. Midwives refrain from exchanging gifts, hospitality or other benefits to avoid creating expectations for the type of care clients will receive and prevent the perception that the midwife's integrity may be compromised.

16. Midwives in clinical practice or in charitable or publicly funded settings do not accept or give commissions, rebates, fees, other benefits or anything of value for receiving or making a referral of a client to or from another person.

17. Midwives avoid selling or promoting products to clients, particularly if the products or similar substitutes are not medically required and readily available elsewhere for purchase.

18. Gifts are never solicited from clients. It may be acceptable on some occasions to accept a modest gift from clients.

19. If a gift must be refused, midwives explain why in a sensitive manner.

20. When deciding whether or not to accept a gift, midwives consider:

    a. whether the gift will change the nature of the relationship,

    b. the context in which the gift is offered, including the monetary value and appropriateness of the gift,

    c. the client's intent in offering the gift, and

    d. whether the client will expect a different level or nature of care.

## Glossary

**Conflict of Interest:** arises where a reasonable person could form the view that a midwife's ability and obligation to act in the client's best interests may be affected or influenced by other competing interests. Such conflicts of interest can be real, potential or perceived. Conflicts of interest occur in a variety of circumstances including financial, non-financial, direct and indirect transactions with clients and others.

**Family and/or household members:** spouse, common-law partner, child (stepchild), parent (step-parent or parent-in-law), grandparent, grandchild, sibling or spouses of any of these, or any person who is a member of the midwife's household.

**Professional Misconduct:** includes **Sexual Abuse** or **Sexual Misconduct**, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession.

**Sexual Abuse or Sexual Misconduct:** sexual intercourse or other forms of physical sexual relations between a registrant and a client, touching, of a sexual nature, of a client by a registrant, or behaviour or remarks of a sexual nature by a registrant towards a client, but does not include touching, behaviour and remarks by a registrant towards a client that are of a clinical nature appropriate to the service being provided.

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PRACTICE STANDARD

# Midwives: Hospital Privileges

## Introduction

This practice standard sets expectations related to **hospital privileges** for midwives.

## Standards

1. Midwives are required to have hospital privileges when **on call**.
2. Midwives who carry a **caseload** and do not have hospital privileges must share care with at least one other maternity health care provider who has hospital privileges and can provide continuous on call coverage to their shared clients.
3. All newly registered midwives, locum midwives, midwives relocating, and non-practising midwives returning to practice must apply for hospital privileges as soon as possible. Midwives must apply for and make every reasonable effort to obtain hospital privileges in the geographic area in which they intend to provide midwifery services.
4. Midwives must immediately notify BCCNM of any changes to their hospital privileges.

## Limits & Conditions

1. During the period of time that it takes for a hospital privileges application to be processed, a midwife may carry a caseload and remain a practising registrant without hospital privileges. During this time, the midwife must work collaboratively with at least one other maternity health care provider who has hospital privileges and can be on call for clients. Once their hospital privileges application has been adjudicated, the midwife must immediately notify BCCNM of the outcome.

## Glossary

**Hospital privileges**: formal approval from a facility with perinatal services in the geographic region where their clients plan to give birth and/or may require care that allows a midwife to provide specific clinical services within that facility. They are based on qualifications, training, and experience, and may include responsibilities like admitting and discharging patients, conducting births, prescribing medications, and managing emergencies.

**On call**: primary care provider available on an urgent basis to provide care.

**Caseload**: client or group of clients for whom the midwife (and/or their team) has agreed to provide primary care.

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ETHICS STANDARD

# Midwives: Informed choice

## Introduction

An informed choice discussion is a collaborative, non-authoritarian, culturally sensitive and on-going exchange of information between a midwife and client. This discussion supports understanding and decision making in clinical care.

Midwives have a duty to recommend care they determine is in the best interest of their client; the client may accept or decline their recommendation. The informed choice process ultimately results in either informed consent or informed refusal.

## Standards

1. Midwives provide each client with information regarding relevant treatments, procedures, tests and medications throughout their care. Information should include:
    a. what is being proposed/offered and its risks/benefits;
    b. any alternatives to what is being proposed/offered and their risks/benefits;
    c. what would happen if no treatment/procedure/test/medication is chosen;
    d. relevant research evidence including any deficiency of clear evidence;
    e. relevant community standards of care and practices;
    f. their recommendation for the client, supported by evidence, BCCNM standards and community standards.
2. Midwives make reasonable efforts to ensure that the client has adequate opportunity and time to engage in the informed choice process.
3. If a midwife is concerned that the client may be incapacitated and cannot make informed choices, they consult an appropriate health professional.
4. Midwives document informed choice discussions in the medical record and communicate the client's choices with the health care team.

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PRACTICE STANDARD

# Midwives: Medical records

## Introduction

This practice standard sets expectations for midwives related to the creation, content, ownership, custody, confidentiality and ongoing accessibility of medical records for themselves and their clients.

## Standards

### RECORD CONTENT

1. Midwives are expected to maintain comprehensive medical records that document all aspects of care provided during the antepartum, intrapartum and postpartum periods for each individual client. This includes copies of the following:
    a. all laboratory results;
    b. operative procedures;
    c. prescriptions issued;
    d. consultation reports; and
    e. discharge summaries.
2. Medical records must be legible, in English and include documentation of the following:
    a. relevant medical history;
    b. all clinical assessments and observations;
    c. informed choice discussions;
    d. recommendations;
    e. plans of management;
    f. consultations requested; and
    g. transfers of care.
3. All verbal and written communication (including but not limited to in-person, telephone, video chat, text message, email message, letter and fax) related to clinical care must be clearly documented and maintained as part of the medical record.
4. Medical records may be maintained in paper or electronic format.

5. Completion of relevant standardized perinatal forms[1] issued by Perinatal Services BC (PSBC) is mandatory.
6. Additional narrative notes should be maintained in a consistent, timely and organized format. All entries should be legible, logical and include the date, the midwife's identification (initials, signature and/or BCCNM number) and where required, the time.
7. Midwives must co-sign entries made by learners in the medical record.
8. Midwives may amend or alter a medical record, but in doing so they must clearly identify themselves as well as the time, date and reason for the changes made. Medical records may not be altered after a complaint or legal action has been initiated, unless a clinical fact is missing and a clear late entry is made to the record.

## CONFIDENTIALITY

9. Midwives must maintain and store their medical records in a confidential, secure and systematically organized manner (paper or electronic format[2]) and in accordance with relevant legislation.

## DATA STEWARDSHIP

10. In all situations where a midwife is creating or contributing to medical records in a group or shared medical record environment, an associated ***practice protocol must be in place.*** The protocol must address physical security, data sharing with other health care providers, backup of electronic data, user-based levels of access, how ownership, custody, confidentiality and enduring access by individual midwives and clients are addressed, including following relocation, retirement or death of the midwives.

## RECORDS RETENTION AND DESTRUCTION

11. As required by the *Limitation Act*, medical records must be retained for a minimum period of sixteen years from either the date of the last entry or from the age of majority (19 years of age in British Columbia), whichever is later (i.e. 35 years), except as otherwise required by law.
12. Midwives have a responsibility to ensure that records are properly disposed of ***after*** the legal retention period has expired. As per the *Bylaws for the British Columbia College of Nurses and Midwives (BCCNM)*, paper records may be destroyed by secure shredding or controlled incineration, and electronic records must be erased in a manner that ensures all traces of original data are destroyed.
13. Original records are considered the best evidence in the case of a complaint or a lawsuit; midwives should consider retaining original client records for any case where an incident

[1] Or equivalent in hospitals with electronic medical records that do not use PSBC forms.

[2] Records may be retained in electronic form as long as the electronic record is complete, permanent and unalterable.

report has been filed or a complaint has been made. Likewise, if the image quality compromises the legibility of the client record, then an original paper copy of the record should be kept.

## CUSTODY AND ACCESS

### Sharing of Records and Records Requests

14. Midwives must make copies of medical records available as follows:
    a. to an inspector or a quality assurance assessor for BCCNM under sections 26.1, 27, 28, 29, and 30 of the *Health Professions Act*;
    b. to another midwife or health care provider upon request by the client;
    c. to Perinatal Services BC (PSBC) (specifically, the standard perinatal forms) following a home birth for the purposes of perinatal data collection and analysis to the BC Perinatal Data Registry or alternate agency designated by BCCNM;
    d. to a client's legal representative when provided with a written, dated authorization from the client or client's legal representative specifying the records that are requested; and
    e. to the Coroner upon request. Coroners have the responsibility and authority under the *Coroners Act* to obtain copies of the complete medical record. Midwives are advised to consider seeking legal advice when involved in a coroner's investigation.
15. Midwives must also provide a copy of medical records to the client within thirty (30) days of the client's request. However, in accordance with section 29 of the *Personal Information Protection Act* (PIPA) the midwife may withhold parts of the client record which:
    a. are subject to solicitor-client privilege;
    b. contain confidential commercial information;
    c. contain investigative information on a matter still under investigation;
    d. contain information obtained in the conduct of a mediation or arbitration;
    e. through disclosure, could threaten the safety or physical or mental health of the patient or another individual; or
    f. contain personal information about another person.
16. Midwives may, for the purpose of providing or assisting in the provision of health care to a client, permit a health care provider within the client's circle of care to examine the client's medical record and may share with them information contained in the record. Client consent in this scenario is considered implicit.

## Enduring Access

17. Midwives must have access to copies of or the original medical records for any clients who were previously or are currently under their professional care for the length of the legal retention period. When a copy of a medical record is retained by a midwife, that midwife has the same responsibility for ensuring that it continues to be maintained in a confidential and secure manner as if it were the original.
18. Clients must have access their medical records for the length of the legal retention period.

## Changing Practices

19. When a midwife leaves a practice, the midwife may either retain copies of the medical records in which they documented care, or formally transfer custody of these records to another midwife. The original records may be kept at the midwifery practice or taken with the leaving midwife provided that all midwives involved in the client's care have access to a complete record that is properly stored and secure.

## Ceasing Practice

20. When a midwife ceases to practice (no longer holds practising licensure), BCCNM's Bylaws stipulate that all medical records for any previous or current clients under their professional care that remain within the legal retention period, must be transferred to another midwife, health care provider, person or organization who has been retained to take custody of the records. The midwife transferring the records must ensure the transfer of records is secure and retain documentation of this transfer. The receiving midwife, health care provider, person or organization must confirm acceptance of custody of those records in writing. The receiving midwife, health care provider, person or organization assuming custody of the original records is also then responsible for the secure storage, retention and enduring access to both the BCCNM and clients to those records.
21. Midwives who transfer custody of original medical records must obtain and retain a written contract for service that assures for the duration of the legal retention period:
    a. the safety and confidentiality of the records;
    b. that the midwife, health care provider, person or organization assuming custody of the records notify the transferring midwife and the BCCNM if the location or access details of the records changes;
    c. the transferring midwife right of access;
    d. the client's right of access; and
    e. the duration of record storage required and appropriate means of disposing of records.
22. Midwives who cease to practice and transfer medical records to another location must also take reasonable steps to notify clients of the location of their medical records.

## LOST AND STOLEN RECORDS

23. If medical records containing personal information are stolen or lost, the midwife must notify the Midwives Protection Program, the midwifery practice's privacy officer, the police and the Office of Information and Privacy Commissioner (OIPC) immediately. The midwife must also notify the individual(s) whose personal information has been stolen or lost, telling them the kind of information that has been compromised and steps that are being taken to recover it.

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ETHICS STANDARD

# Midwives: Requests for care outside standards

## Introduction

Midwives in British Columbia respect the rights of each client to make informed choices about their care that the client determines is in their own best interest. In some cases, a client will request care considered outside standards when making informed choices. This practice standard sets out the requirements of a midwife in the case that such a request for care outside standards is made.

## Standards

1. Should a client request care outside standards, the midwife must:
    a. Engage the client in an informed choice discussion[1] as related to their request for care outside standards, with the understanding that this discussion may need to take place over a series of encounters,
    b. Initiate discussion, consultation or transfer of care if indicated,
    c. Consider their own ability to safely and reasonably offer the care that has been requested,
    d. Determine whether providing care as requested would place them or their client at an unacceptable level of risk, and
    e. Ensure contemporaneous documentation in the medical record.
2. If the midwife is unable to safely or reasonably provide the care requested, and/or has determined that providing the care requested creates an unacceptable level of risk, they must then take the following additional steps:
    a. Respectfully inform the client of their limited ability/inability to safely and/or reasonably provide the care requested and/or the risk(s) associated with their request,
    b. Offer a consultation with another midwife, physician or nurse practitioner for a second opinion,
    c. Provide the client with an opportunity to respond and ask any outstanding questions,

[1] Refer to the practice standard *Midwives: Informed Choice*.

d. Confirm the client's decision, and

e. Ensure contemporaneous documentation in the medical record.

3. If a client requests care outside of standards during an urgent or emergency situation, the midwife must:

   a. continue to provide the best care possible, and

   b. notify the hospital, request consultation if required, and if appropriate, call additional midwives and/or an ambulance.

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PRACTICE STANDARD

# Midwives: Complementary and alternative therapies

## Introduction

The British Columbia College of Nurses and Midwives (BCCNM) recognizes that clients have the right to choose complementary and alternative therapies while receiving midwifery care. As well, midwives may have knowledge of and may offer complementary and alternative therapies within their scope of practice.

## Standards

1. Midwives who offer, refer to, discuss or have professional affiliation with providers of complementary or alternative therapies are expected to:
    a. provide sufficient information regarding the evidence, efficacy, risks and benefits of the conventional and proposed complementary or alternative therapy so that the client may make an informed choice decision, and document this discussion appropriately in the medical record;
    b. respect the autonomy of clients to choose or decline complementary or alternative therapies;
    c. recognize the potential effects of their position as a trusted, regulated medical professional on their client's choice to accept or decline the proposed therapy; and
    d. not withhold indicated medical examinations, investigations, therapies and/or physician consultation.
2. Midwives who practice complementary or alternative therapies must do so in an ethical manner that remains within their scope of care and level of competence.

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PRACTICE STANDARD

# Midwives: Preventing Transmission of Blood-borne Viruses

## Introduction

This standard sets the expectations for midwives to safeguard the health of their clients by minimizing the risk of transmitting **blood-borne viruses (BBVs)**.

## Standards

1. Midwives follow relevant legislation and regulations, BCCNM's standards and bylaws, and organizational policies and processes.
2. Midwives take action to prevent the transmission of BBVs from themselves to their clients.
3. Midwives maintain their own wellness by:
    a. Knowing their serological and infectious status.
    b. Being appropriately immunized.
    c. Following up-to-date guidance on BBV self-testing frequencies according to level of risk.
    d. Testing for BBV whenever an exposure occurs.
4. Midwives comply with current organizational, provincial, and national authorities' guidance regarding:
    a. Preventing BBV transmission.
    b. Mitigating the risks of BBV transmission.
    c. BBV exposure management.
    d. Reporting obligations, including to the client, should an accidental BBV exposure occur.
5. Midwives who test positive for a BBV must:
    a. Consult with an expert in infectious diseases when appropriate.
    b. Seek advice on how to reduce the risk of transmission in their midwifery practice.

c. Take appropriate measures to prevent transmission to clients.

d. Only perform or assist to perform **exposure-prone procedures** when their health and viral loads make it safe.

## Glossary

**Blood-borne virus (BBV):** 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.

**Exposure-prone procedures (EPPs):** invasive procedures that have a higher-than-average risk of injury to the midwife that may expose the client to the midwife's blood or vice versa. EPPs include when a midwife's fingers and a needle or other sharp instrument are in a difficult-to-visualize or highly confined anatomic site, such as vaginal laceration repair with hand-guided sharps.

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ETHICS STANDARD

# Midwives: Code of Ethics

## Introduction

The BC College of Nurses and Midwives' *Code of Ethics* is founded in and affirms the core values of midwifery. It articulates the ethical responsibilities of a midwife, in order to guide their professional practice and conduct in all situations.

Midwives are bound to this code as part of a regulatory process that serves in the interest of public safety.

## Standards

### PROFESSIONAL PRACTICE

1. The midwife's primary responsibility is to safeguard the well-being of the client and their newborn. To do so, the midwife:

    a) Accepts and provides care to each client without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not preclude instances where a midwife may reasonably refuse a client (such as where there are safety concerns, caseload, geographic or scope constraints).

    b) Uses their knowledge, judgment and expertise to provide a high standard of midwifery care which respects individuals' needs, values and dignity.

    c) Consults and/or transfers care in accordance with the standards and as necessary when a client's needs exceed the midwife's professional expertise or scope of practice.

    d) Promotes physiologic birth and birth close to home within the context of safe clinical practice and client choice.

    e) Ensures that no act or omission within their sphere of influence places a client at risk.

    f) Does not compromise care for reasons of personal or institutional expedience.

    g) Does not abandon a client in labour.

h) Does not practice midwifery while their ability to do so is impaired.

i) Acts in accordance with relevant legislation and the bylaws, standards and policies of their regulatory body.

## RELATIONSHIPS AND ACCOUNTABILITY

2. The midwife develops a relationship of trust and partnership with the client. To do so, the midwife:

a) Informs the client of the scope and limitations of their midwifery practice.

b) Respects, upholds and practices informed choice and consent, leading to an evolving plan of care, in order to ensure the client's acceptance of responsibility for the outcomes of their choices.

c) Respects the autonomy and rights of each client to make decisions about their care that the client determines is in their best interest.

d) Advocates for the client.

e) May respectfully choose to not provide care to which they conscientiously object; however, the emphasis on individual conscience should not deprive anyone of essential health services.

f) Informs the client if for any reason the midwife is unable to provide care and assists the client in finding a suitable alternate care provider.

g) Does not abuse the privileged midwife-client relationship.

h) Recognizes the inherent power imbalance that exists within the midwife-client relationship and takes care to not take advantage of this imbalance for any reason.

i) Collects, uses and discloses only as much health information as necessary; shares information only to benefit the client and only with those within the client's circle of care.

j) Refrains from disclosing confidential information about a client without the consent of the client or the client's authorized representative, except where disclosure is required or authorized by the law.

k) Provides midwifery care to each client until time of discharge, care is no longer wanted, or care has been terminated with appropriate notice.

l) Commits to collaborative and respectful relationships with Indigenous clients through efforts to understand and implement the recommendations relevant to health care made in the report *Truth and Reconciliation Commission of Canada: Calls to Action*.

## KNOWLEDGE, COMPETENCY AND LEARNING

3. The midwife maintains and facilitates safe and competent midwifery practice in all environment and cultures. To do so, the midwife:

a) Uses up-to-date, evidence-based professional knowledge and continuous professional development to maintain their own competence.

b) Facilitates ethical research in practice.

c) Assists learners, including students and colleagues, to develop and maintain professional competence.

d) Works with policy and funding agencies to define needs for health services and to ensure that resources are fairly allocated considering priorities and availability.

## CONDUCT

4. **Midwives act as effective role models by maintaining both professional and ethical conduct. Midwives should not engage in any activity that would adversely affect the honour, dignity, or credibility of the profession. To do so, the midwife:**

    a) Interacts respectfully and honestly with the people with whom they work and practice.

    b) Builds a professional reputation based on their ability and integrity and advertises professional services only in a manner that upholds the dignity of the profession.

    c) Does not take advantage of publicly funded programs for personal financial gain.

    d) Does not use professional qualifications in the promotion of commercial products.

    e) Does not accept any gift, favour or hospitality which might be reasonably seen to create a conflict of interest.

    f) Is responsive in their communication and compliance with the requirements of their regulatory and professional bodies.

    g) Treats all colleagues, regardless of health care discipline or training, with respect.

    h) Recognizes the contribution and expertise of colleagues from other health care disciplines.

    i) Recognizes human interdependence within their field of practice and seeks to resolve inherent conflicts.

    j) Values their own personal health and wellness and takes steps to optimize meaningful co-existence of their professional and personal life.

    k) Supports and sustains other midwives in their professional roles, and actively nurtures their own and others' sense of self-worth.

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PRACTICE STANDARD

# Midwives: Postpartum care

## Introduction

The postpartum period is a critical time for the physical, emotional, and social well-being of the newborn and family. The intention of postpartum care is to promote optimal health for the newborn, mother, and family in both the short and long term, and to help prevent issues such as hospital readmissions or adverse outcomes. Typically, midwives offer postpartum care for up to six weeks following birth.

## Standards

1. Midwives are expected to provide comprehensive care throughout the postpartum period, including a regular schedule of postpartum visits and 24-hour on call availability. Midwifery care in the postpartum period includes:
    a. Assessing maternal physical well-being, self-care and overall functioning during the postpartum period, and providing preventive care and advice;
    b. Assessing the physical well-being and development of the newborn;
    c. Conducting, collecting and/or referring for standard newborn screening tests in accordance with provincial guidelines, community standards and client choice
    d. Supporting the initiation and continuation of infant feeding, including interventions, complementary therapies or supplemental feeding as required, to ensure newborn well-being;
    e. Providing support, information and resources to the family regarding newborn care, growth, development, behaviour, nutrition, feeding and immunizations;
    f. Detecting complications and disease and arranging appropriate referral when required;
    g. Assessing mental and emotional well-being, in particular assessing for the occurrence and severity of postpartum depression; and arranging timely and appropriate referral when needed;
    h. Supporting the family in their sense of competence in parenting and in adopting healthy lifestyles;
    i. Counseling the family on issues such as nutrition, sexuality in the postpartum period and in the choice and use of contraceptive methods;
    j. Assessing need for and referral to various community resources.

2. In the immediate postpartum period, the midwife should remain in attendance until maternal and newborn well-being and stability are assured.
3. When coordinating ongoing postpartum visits, the midwife must take into account the clinical situation, antepartum history, intrapartum history, the socioeconomic, cultural, psychological and environmental circumstances, and as such should tailor visits to the needs of the individual family.
4. The midwife establishes a discharge plan with appropriate, community-based health care providers to ensure care is available when needed.
5. The midwife transfers care to another primary care provider if the midwife is unable to complete a full six-week course of postpartum care.
6. At discharge, the midwife provides copies of pertinent records to the client and appropriate primary health care provider.

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ETHICS STANDARD

# Midwives: Professional Standards

## Introduction

Midwives in British Columbia are autonomous health care professionals who provide perinatal and newborn care. The midwifery model is grounded in a holistic and evidence-informed approach that views pregnancy and childbirth as normal physiologic processes. Central to this model are the principles of continuity of care, informed choice, collaborative practice, and respect for clients as primary decision-makers. Midwives in BC practice across a range of settings and in partnership with clients, supporting families throughout the reproductive journey with dignity and respect.

The British Columbia College of Nurses and Midwives (BCCNM) holds registrants to the following standards to ensure safe and consistent practice and conduct within the midwifery scope in British Columbia.

## Standards

1. **The midwife is an autonomous primary care provider within midwives' scope of practice.**

   The midwife:

   a. complies with all relevant legislation, BCCNM standards, limits and conditions, and BCCNM policies and bylaws;

   b. practises within scope;

   c. takes full responsibility for the care provided; and

   d. works cooperatively and collaboratively with other health care professionals and consults, refers, or transfers care when the client's care needs are beyond the midwife's scope of practice and/or it is in the client's best interest.

2. **The midwife is accountable to the client, the midwifery profession and the public for safe, competent and ethical care.**

   The midwife:

   a. conducts themselves professionally and with integrity at all times, and never in a way that puts the profession of midwifery in disrepute;

   b. ensures that the results from all tests, treatments, consultations and referrals are followed

up and acted upon in a timely manner;

c. never abandons a client in labour;

d. disclosures appropriate information to the client related to any harm or injury they experience while receiving midwifery care;

e. informs the client as to complaint and review procedures established under the *Act* and the bylaws;

f. participates in mortality and morbidity reporting and review processes as required; and

g. complies with the quality assurance program as established by BCCNM.

3. **The midwife works in partnership with the client recognising individual and shared responsibilities.**

   The midwife:

   a. develops a plan for care together with the client;

   b. discusses the scope of midwifery care with the client;

   c. involves the client's family accordingly;

   d. respects the client's value system; and

   e. practises in a culturally safe and competent manner.

4. **The midwife upholds the client's right to informed choice and consent.**

   The midwife:

   a. shares relevant information with clients in a non-authoritarian, cooperative manner;

   b. recognizes the client as the primary decision maker in their care;

   c. encourages clients to actively participate in care and to make informed choices;

   d. advocates for clients within their scope;

   e. respects the client's right to accept or decline treatments or procedures; and

   f. advises the client of their professional standards and recommendations with respect to safe care.

5. **The midwife provides continuity of care to the client.**

   The midwife:

   a. provides comprehensive care during pregnancy, labour, birth, and postpartum;

   b. either individually or within an established group, provides care with 24 hour on-call availability;

   c. either individually or within an established group, maintains a coordinated approach to clinical practice;

   d. ensures, within reason, that care is provided by a midwife or small group of health

professionals who are known to the client;

e. informs every client early in care of their on-call schedule and how care is organized and provided within their practice; and

f. endeavours to develop a relationship of therapeutic trust with each client.

6. **The midwife respects the client's right to make informed choices about the setting for birth and shall provide care in all appropriate settings.**

   The midwife:

   a. provides the client with the required information as the clinical situation evolves, including that related to safety, to make an informed choice about appropriate settings in which to give birth;

   b. provides care in a variety of settings including hospitals, homes and alternate community-based locations;

   c. ensures a safe environment in which to give birth; and

   d. notifies the appropriate agencies when any safety concerns arise.

7. **The midwife ensures that no act or omission places the client at unnecessary risk.**

   The midwife:

   a. follows current evidence and up to date clinical guidance;

   b. uses their knowledge, skills and judgement as well as local policies and protocols to plan and implement care;

   c. provides ongoing assessment and modifies planned care as required;

   d. responds promptly and appropriately to emergency situations;

   e. maintains access to appropriate equipment and supplies;

   f. recognizes when their ability to provide safe care is impaired due to factors such as fatigue, stress or illness, and refers the client to another health professional if available; and

   g. always complies with up-to-date guidance regarding infection prevention and control in all settings and takes additional precautions when routine practices are insufficient to prevent infection transmission.

8. **The midwife maintains complete and accurate health care records.**

   The midwife:

   a. uses records that facilitate accurate communication of information to and from consultants and institutions;

   b. reviews and updates records at each clinical contact with the client;

   c. ensures prompt review and entry of screening and diagnostic test results, treatments and

consultations into health care records;

d. ensures that records are legible, signed and dated;

e. documents decisions and professional actions;

f. documents informed choice discussions and recommendations;

g. documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;

h. documents contemporaneously; and

i. refers to the BCCNM bylaws for additional requirements regarding client records.

9. **The midwife ensures confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client.**

   The midwife:

   a. maintains, stores and disposes of records in accordance with the law; and

   b. maintains, stores and disposes of records in a manner that protects the confidentiality of information.

10. **The midwife participates in ongoing education and evaluation of self, colleagues, and the community.**

    The midwife:

    a. involves the client in evaluating midwifery practice and integrates the results of evaluation into practice;

    b. adjusts clinical practice after review of current literature and appropriate education or training;

    c. shares knowledge with colleagues and students and assists in developing mechanisms to promote this sharing; and

    d. maintains current knowledge of academic and professional research based on developments that are directly related to midwifery practice.

11. **The midwife critically assesses research findings for use in practice and supports research activities.**

    The midwife:

    a. complies with the BCCNM bylaws when engaged in any research activities;

    b. identifies areas for research, shares research findings and incorporates these appropriately into practice; and

    c. ensures that the research in which midwives participate meets acceptable standards of research methodology and design and is consistent with BCCNM's *Code of Ethics*.

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PRACTICE STANDARD

# Midwives: Practice protocols

## Introduction

A practice protocol is a written plan that explains how client care is coordinated. It describes how the practice manages specific areas of care during pregnancy, birth, and postpartum. Protocols can be community specific and adopt guidance from evidence-based sources. They promote transparency, informed choice for clients, and consistency among midwives sharing care. Protocols must align with the Midwives Regulation, BCCNM bylaws, and BCCNM Standards, and should be based on current evidence.

## Standards

1. Each practice is required to have the following written protocols:
    a. A protocol describing how care of clients and their newborns is coordinated in the practice. This practice protocol must include:
        i. a way for current information on each client to be communicated to the on-call midwife;
        ii. regular review of each client's chart to ensure that an appropriate schedule of visits is maintained and clinical concerns are followed up in a timely manner; and
        iii. a process for evaluating the system's effectiveness.
    b. Clear protocols around the use of social media in midwifery practice, and the use of email, fax and text message with regard to communication with clients and the sharing of client information.
    c. A protocol for outlining responsibility for confidential and secure record storage and retention. Records must be accessible to all midwives who were involved with the provision of care. This practice protocol must include:
        i. where and how original client records or unalterable copies of those records are securely stored;
        ii. how the midwife or the client can access or obtain a copy of those records;
        iii. how original records and/or copies will be made available to all midwives who provided care to the clients in the event of a midwife leaving the practice or the practice closing;

iv. in the event a midwife ceases to practice or resigns from practice, how records will be stored, shared and retained for the duration of the legal retention period;

v. an outline of any fee charging process.

2. Protocols should be accessible to all practice members, including locums, and to clients upon request, reviewed regularly to ensure currency, and revised as necessary using available evidence, relevant community standards and client feedback.

3. Practices should maintain a written record of the protocols that are or have been followed by the practice for at least the previous five years. Any of the following systems is acceptable:

    a. A record of protocols that includes the date that each protocol came into effect within the practice, or

    b. A list of protocols, along with the dates that they were in effect within the practice, and an indication of where the protocol is located.

4. Practice protocols should be reviewed at least every three years to ensure compliance with best practices.

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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).[1]

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.[2]

[1] 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.

[2] 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.[3]

**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*.

[3] 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.

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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.[1]

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).[2]

**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.

[1] 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.

[2] 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.[3]

**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.[4]

**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.

[3] 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.

[4] 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.

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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.[1]

## 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

[1] 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. [2]

**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.

[2] 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.

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.

# MIDWIVES:

# MEDICATIONS AND SUBSTANCES

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## 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 adaption 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 polices 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[1], 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:

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

| Drug Category | Purpose | BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions)* |
|---|---|---|
| | | *Benzodiazepines: Safe Prescribing for Midwives*. |
| Benzodiazepine receptor antagonists | Treatment of benzodiazepine overdose | |
| Corticosteroids | Treatment of skin inflammation and hemorrhoids | |
| Galactagogues | Enhancement of breast milk production | |
| Histamine Antagonists | Manage symptoms associated with allergic reactions Treat signs and symptoms of gastrointestinal discomfort | |
| Immune globulins | Prophylaxis in the neonate<br>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.<br>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. |
| Inhalants | Pain relief in labour or the immediate postpartum period | |
| Narcotic Antagonists | Reversal of narcotic-induced depression | |
| Narcotics | Pain relief in labour or the postpartum period | Midwives must successfully complete the UBC CPD course titled *Opioids and* |

| Drug Category | Purpose | BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions)* |
|---|---|---|
| | | *Benzodiazepines: Safe Prescribing for Midwives*.<br>Midwives order or administer narcotics for pain relief in labour, in hospital only, and in accordance with hospital protocols/guidelines.<br>Midwives only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum.<br>Midwives do not prescribe extended-release narcotics. |
| Nitrates | Treatment of hypertonic uterine contractions with non-reassuring fetal status | |
| Nonsteroidal Anti-Inflammatories | Relief of inflammation and pain | |
| Sympathomimetics | Treatment of anaphylaxis or allergic reaction following the administration of a drug, vaccine, or serum | |
| | Neonatal resuscitation | Midwives follow current Neonatal Resuscitation Program (NRP) guidelines when conducting neonatal resuscitation. |
| Uterotonic Agents | Prophylaxis and treatment of uterine atony and postpartum hemorrhage | Midwives follow current guidelines for prophylaxis and treatment of uterine atony and postpartum hemorrhage. |
| Vaccines | Establishing an immune response | Midwives follow the BC Centre for Disease Control (BCCDC) *Immunization Manual*. |
| Vitamin and Mineral Supplements | 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 |
|---|---|---|
| Antibiotics | Treatment of infection other than topical, breast or urinary tract infections | • Certification is required.<br>• Midwives follow the practice standard Certified Midwives: Sexually Transmitted Infections Management and the *Canadian STI Guidelines*. |
| Antivirals | HIV/AIDS management | • Midwives do not prescribe/order for HIV/AIDS management. |
| Cervical Ripening Agents | Preparation of the cervix for labour | • Certification is required.<br>• Midwives follow local hospital guidelines, policies, and protocols for induction of labour.<br>• Midwives follow the practice standard *Certified Midwives:* Induction and Augmentation of Labour. |
| Contraceptives | Prevention of conception | • Certification is required.<br>• Midwives follow the practice standard *Certified Midwives:* Hormonal Contraceptive Therapy.<br>• Additional specialized practice certification required for intrauterine contraception insertion. Midwives follow the practice standard *Certified Midwives:* Intrauterine Contraception Insertion. |
| Epidural Analgesia (Continuous Infusion Maintenance) | Pain relief during labour and delivery, in a hospital only | • Certification is required.<br>• Midwives follow the practice standard *Certified Midwives:* Epidural Maintenance. |
| Uterotonic agents | Induction or augmentation of labour | • Certification is required.<br>• In hospital only<br>• Midwives follow the practice standard *Certified* Midwives: Induction and Augmentation of Labour. |

# 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.*

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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[1].

## 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,

[1] 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.

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# 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.

Last updated: January 2026

## 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.[1]

**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.[2]

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

[2] 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

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[1].

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 post-partum 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.

[1] 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[2].

[2] 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[3] ;
- 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[4] ;
- 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[5] , 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.

[3] Pre-labour rupture of membranes is not an indication for consultation for a midwife with this specialized certification.
[4] Non-progressive labour is not an indication for consultation for a midwife with this specialized certification.
[5] 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[6] 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

[6] 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.

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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.

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:<br>i. With stable or predictable states of health<br>ii. After successfully completing **additional education**<br>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:<br>i. For clients with stable or predictable states of health<br>ii. After successfully completing additional education<br>iii. By following **decision support tools** |
| **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[1]**<br>• **Do not change dressings on central venous access devices or central venous lines** | a. Licensed practical nurses *do not* 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):<br>i. After successfully completing additional education<br>ii. By following established organizational processes and procedures for HIV POCT<br>iii. When an authorized health professional is available for consultation and referral. |

[1] 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) |
|---|---|
| **7. Procedures on tissue**<br>• **Perform wound care**<br>• **Do not perform sharps debridement including conservative sharps wound debridement** | **Wounds above the dermis:**<br>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.<br><br>**Wounds below the dermis:**<br>b. Licensed practical nurses provide wound care below the dermis if a wound care treatment plan is in place.<br>c. Licensed practical nurses probe, irrigate, pack or dress a tunneled wound:<br>i. After successfully completing additional education<br>ii. By following decision support tools<br>d. Licensed practical nurses ***do not*** carry out any form of sharps debridement including conservative sharps wound debridement (CSWD). |
| **8. Administer a substance by inhalation**<br>• **Administer oxygen** | a. Licensed practical nurses administer oxygen by following decision support tools. |
| **9. Administer a substance by injection**<br>• **Administer purified protein derivative by injection for tuberculosis (TB) screening** | a. Licensed practical nurses administer purified protein derivative (PPD), read the results and refer the client to an appropriate health professional when they:<br>i. Possess the **competencies** (BCCDC: TB Screening Competencies) for tuberculosis (TB) screening established by BC Centre for Disease Control (BCCDC).<br>ii. Follow BCCDC decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening). |
| **10. Insertion into the external ear canal**<br>• **Assess integrity of the eardrum** | a. Licensed practical nurses assess the integrity of the eardrum after successfully completing additional education. |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
|---|---|
| **11. Insertion beyond the anal verge**<br>• **Digital stimulation**<br>• **Rectal disimpaction** | a. Licensed practical nurses carry out digital stimulation or rectal disimpaction:<br>ii. After successfully attaining competence as part of an entry-level practical nursing program, OR<br>iii. After successfully completing additional education.<br>b. Licensed practical nurses carry out digital stimulation or rectal disimpaction by following decision support tools. |
| **12. Hazardous energy**<br>• **Use an automated external defibrillator (AED)** | 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. |
| **13. Hazardous energy**<br>• **Do not apply electricity to destroy tissue or affect the heart or nervous system (except AED)** | a. Licensed practical nurses *do not* apply electricity to destroy tissue or affect the heart or nervous system (exception: automated external defibrillators). |
| **14. Apply transcutaneous electrical nerve stimulation (TENS)** | a. LPNs apply transcutaneous electrical nerve stimulation (TENS) after successfully completing additional education. |
| **15. Compound, dispense, or administer a Schedule I or II drug**<br>• **Treat anaphylaxis**<br>(*Drug Schedules Regulation*) | a. Licensed practical nurses diagnose and treat anaphylaxis:<br>i. After successfully completing additional education<br>ii. By following decision support tools<br>b. Licensed practical nurses only administer epinephrine to treat anaphylaxis. |
| **16. Compound, dispense or administer a Schedule I or II drug**<br>• **Treat respiratory distress in a known asthmatic**<br>(*Drug Schedules Regulation*) | a. Licensed practical nurses treat respiratory distress in a known asthmatic:<br>i. In a **team approach**<br>ii. Under a client-specific order. |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
|---|---|
| **17. Compound, dispense or administer a Schedule I or II drug**<br>• **Treat hypoglycemia**<br>**(*Drug Schedules Regulation*)** | a. Licensed practical nurses who make a nursing diagnosis and treat hypoglycemia follow decision support tools.<br>b. Licensed practical nurses only administer glucagon to treat hypoglycemia. |
| **18. Compound, dispense or administer a Schedule I or II drug**<br>• **Prevent disease:**<br>○ **Administer immunoprophylactic agents**<br>○ **Do not *autonomously* compound, dispense or administer immunoprophylactic agents for preventing disease in travellers**<br>**(*Drug Schedules Regulation*)** | a. Licensed practical nurses who autonomously compound or administer immunoprophylactic agents, in a team approach, for the purpose of preventing disease:<br>i. Administer immunoprophylactic agents to clients four years of age and older who have stable or predictable states of health<br>ii. Successfully complete the additional education established by the BC Centre for Disease Control (BCCDC: Immunization Courses)<br>iii. Follow the decision support tools established by the BC Centre for Disease Control (BCCDC: Immunization Manual)<br>b. Licensed practical nurses *do not autonomously* compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travellers. |
| 19. **Compound, dispense, and administer naloxone to treat an opioid overdose emergency** | a. Licensed practical nurses compound, dispense and administer naloxone *without* an order, when used to treat an opioid overdose emergency. |
| 20. **Compound, dispense, or administer Schedule II drugs**<br>• **Treat a disease or disorder**<br>**(*Drug Schedules Regulation*)** | a. Licensed practical nurses compound, dispense or administer Schedule II drugs to treat a disease or disorder under *a* client-specific order. |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
|---|---|
| 21. **Medical aesthetics**[2] | a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order, and<br>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. |

## 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. Ambulatory Care** | a. Licensed practical nurses working in ambulatory care clinics or offices where surgical procedures are performed:<br>**i.** Require a unit orientation that is consistent with LPN entry-level **competencies**<br>ii. Assist with surgical procedures<br>○ After successfully completing additional education<br>○ When an authorized health professional is immediately available<br>b. Licensed practical nurses *do not* administer:<br>i. IV push medications<br>ii. IV medications through a central venous access device (CVAD), or a central venous line<br>iii. Intrathecal medications |

2 "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 |
|---|---|
| | iv. Intra-osseous medications<br>v. Medications into epidural spaces<br>vi. Medications into perineural spaces<br>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>c. Licensed practical nurses work in a **team nursing approach** to provide care and monitor clients under:<br>i. General anesthesia<br>ii. Intrathecal anesthesia<br>iii. Epidural anesthesia<br>iv. Procedural sedation<br>d. Licensed practical nurses work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education. |
| **2. Antenatal Care** | a. Licensed practical nurses working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.<br>b. Licensed practical nurses provide antenatal care:<br>i. To healthy clients with an uncomplicated pregnancy<br>ii. In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners |
| **3. Emergency Room** | a. Licensed practical nurses working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.<br>b. Licensed practical nurses *do not* triage clients in emergency rooms (ERs).<br>c. Licensed practical nurses work in a team nursing approach to provide care for clients with stable or predictable states of health. |
| **4. Hemodialysis** | a. Licensed practical nurses working in hemodialysis settings carry out hemodialysis:<br>i. For clients with stable or predictable states of health<br>ii. After successfully completing **post-basic education** through an in-house program offered by a health authority affiliated with BC Renal<br>iii. By following decision support tools established by a health authority affiliated with BC Renal<br>iv. When a registered nurse is immediately available<br>v. Using an arteriovenous (AV) fistula or AV graft |

| Practice Setting | BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings |
|---|---|
| | 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:<br>i. Changing dressings on central venous access lines specific to dialysis access only<br>ii. Measuring visible central venous access lines specific to dialysis access only<br>iii. Carrying out dialysis through a central venous access line specific to dialysis access only<br>c. Licensed practical nurses working in hemodialysis settings administer solutions, substances and Schedule I, IA, II and III drugs (*Drug Schedules Regulation*) by any route, including intravenous and IV push, as part of routine hemodialysis procedures.<br>d. Licensed practical nurses working in hemodialysis settings *do not* administer:<br>i. Intrathecal medications<br>ii. Intra-osseous medications<br>iii. Medications into epidural spaces<br>iv. Medications into perineural spaces<br>v. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>e. Licensed practical nurses working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.<br>f. Licensed practical nurses working in hemodialysis settings ***do not*** start transfusions of blood or blood products. |
| **5. Medical Aesthetics[3]** | a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order from an authorized health professional, and<br>ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, |

3 "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. |
| **6. Mental Health and Substance Use** | 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.<br>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. |
| **7. Perioperative** | a. Licensed practical nurses work in a scrub or circulating role in the operating room (OR):<br>i. After successfully completing formal post-basic education<br>ii. When a registered nurse is immediately available<br>b. Licensed practical nurses *do not* administer:<br>i. IV push medications<br>ii. IV medications through a central venous access device (CVAD), or a central venous line<br>iii. Intrathecal medications<br>iv. Intra-osseous medications<br>v. Medications into epidural spaces<br>vi. Medications into perineural spaces<br>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>c. Licensed practical nurses working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:<br>i. General anesthesia<br>ii. Intrathecal anesthesia<br>iii. Epidural anesthesia<br>iv. Procedural sedation |
| **8. Postpartum Care** | a. Licensed practical nurses working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes:<br>i. Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals<br>ii. The Neonatal Resuscitation Program (NRP) modules 1-4 and 9<br>iii. Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway (PSBC Newborn Guideline 13: Newborn |

| Practice Setting | BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings |
|---|---|
| | Nursing Care Pathway) and the Postpartum Clinical Pathway (Perinatal Services BC: Perinatal Services BC Obstetrics Guideline 20 Postpartum Nursing Care Pathway)<br>b. Licensed practical nurses provide care for mothers and newborns:<br>i. With stable or predictable states of health<br>ii. When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available<br>c. Licensed practical nurses take heel pricks after successfully completing additional education. |

## 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 licenced 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[4] 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),

4 "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 |
|---|---|
| **1. Use of restraints** | a. Licensed practical nurses apply restraints only under a client-specific order. |
| **2. Take an electrocardiogram (ECG)** | a. Licensed practical nurses take electrocardiograms (ECGs):<br>i. After successfully completing additional education<br>ii. When a health care professional authorized to read the ECG is immediately available<br>b. Licensed practical nurses are not responsible for reading or interpreting ECG results. |
| **3. Procedures on tissue**<br>• **Perform wound care except conservative sharps wound debridement** | 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:<br>i. If a wound care treatment plan is in place<br>ii. After successfully completing additional education<br>iii. By following decision support tools<br>b. Licensed practical nurses ***do not*** carry out any form of sharps debridement including conservative sharps wound debridement (CSWD). |
| **4. Procedures on tissue Administer a substance**<br>• **Peritoneal dialysis by irrigation** | a. Licensed practical nurses act under a client-specific order to carry out peritoneal dialysis:<br>i. For clients with stable or predictable states of health<br>b. After successfully completing additional education |
| **5. Venipunctures**<br>• **Collect blood sample or blood donation** | a. Licensed practical nurses act under a client-specific order and perform phlebotomy:<br>i. To collect blood samples from clients 14 years of age and older<br>ii. After successfully completing additional education<br>iii. By following decision support tools<br>b. By using a peripheral evacuated system |
| **6. Venipuncture** | 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 |
|---|---|
| • **Establish intravenous (IV) access** | i. After successfully attaining competence as part of an entry-level practical nursing program, OR<br>ii. After successfully completing additional education<br>b. Licensed practical nurses establish IV access using a short peripheral device |
| **7. Apply a cast for a fracture of a bone** | 1. Licensed practical nurses apply casts for a fracture of a bone:<br>I. Under a client-specific order only from a medical practitioner or nurse practitioner<br>b. After successfully completing additional education |
| **8. Care of clients under anesthesia and sedation** | a. Licensed practical nurses work in a **team nursing approach** to provide care and monitor clients under:<br>i. General anesthesia<br>ii. Intrathecal anesthesia<br>iii. Epidural anesthesia<br>iv. Procedural sedation |
| **9. Administer a substance by inhalation**<br>• **Do not administer nitrous oxide**<br>• **Do not monitor clients taking nitrous oxide**<br>• **Do not administer substances for purposes of anesthesia or procedural sedation** | a. Licensed practical nurses ***do not:***<br>i. Administer nitrous oxide<br>ii. Monitor clients taking nitrous oxide<br>iii. Administer inhaled substances for purposes of anaesthesia or procedural (conscious) sedation |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders |
|---|---|
| **10. Administer a substance by mechanical ventilation**<br>• **Care of clients requiring mechanical ventilation**<br>• **Care of clients who use continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP)** | a. Licensed practical nurses care for clients requiring mechanical ventilation:<br>i. With stable or predictable states of health<br>ii. After successfully completing additional education<br>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. |
| **11. Administer a substance by irrigation**<br>• **Irrigate percutaneous tubes** | a. Licensed practical nurses act under a client-specific order and irrigate only those percutaneous tubes they are permitted to irrigate at entry-level. |
| **12. Administer a substance by irrigation**<br>• **Do not irrigate ostomies** | a. Licensed practical nurses *do not* irrigate ostomies. |
| **13. Administer a substance by parenteral instillation**<br>• **Administer parenteral solutions**<br>• **Change IV bags** | c. Licensed practical nurses act under a client-specific order to:<br>i. Administer parenteral solutions to clients with stable or predictable states of health<br>ii. Change IV bags infusing via peripheral access (not central venous access) |
| **14. Do not access central venous access devices (CVAD) or central venous lines**[5] | a. Licensed practical nurses *do not* access central venous access devices or central venous lines |
| **15. Administer a substance by parenteral instillation**<br>• **Care of clients receiving blood or blood products**<br>• **Do not start transfusions of blood or blood products** | a. Licensed practical nurses monitor clients receiving blood or blood products in a team nursing approach.<br>b. Licensed practical nurses *do not* start transfusions of blood or blood products |
| **16. Administer a substance by parenteral instillation** | a. Licensed practical nurses *do not* administer radiopaque dyes via parenteral instillation. |

[5] 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 |
|---|---|
| • **Do not administer radiopaque dyes by parenteral instillation** | |
| **17. Therapeutic diets**<br>• **Care of clients receiving parenteral nutrition**<br>• **Do not start or monitor parenteral nutrition** | a. Licensed practical nurses provide care to clients receiving parenteral nutrition in a team nursing approach<br>b. Licensed practical nurses *do not* start or monitor parenteral nutrition |
| **18. Insertion into the external ear canal**<br>• **Do not insert a curette or other instrument into the external ear canal** | a. Licensed practical nurses *do not* insert a curette or other instrument into the external ear canal to remove:<br>i. Foreign objects<br>ii. Earwax |
| **19. Insertion beyond the point in the nasal passages where they normally narrow**<br>• **Suction nasal passages beyond the point where they normally narrow**<br>• **Do not insert nasogastric (NG) or orgastric tubes (OG)**<br>• **Do not carry out nasopharyngeal washes** | a. 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.<br>b. Licensed practical nurses *do not*:<br>i. Insert nasogastric (NG) tubes<br>ii. Insert orogastric (OG) tubes<br>iii. Carry out nasopharyngeal washes |
| **20. Insertion beyond the pharynx**<br>• **Do not insert laryngeal mask airways (LMAs)** | a. Licensed practical nurses *do not* insert laryngeal mask airways (LMAs). |
| **21. Insertion beyond the opening of the urethra**<br>• **Insert coude tip catheters** | a. Licensed practical nurses act under a client-specific order to insert coude tip catheters after successfully completing additional education. |
| **22. Insertion beyond the labia majora:**<br>• **Remove vaginal packing** | a. Licensed practical nurses act under a client-specific order to remove vaginal packing after successfully completing additional education. |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders |
|---|---|
| • **Insert or remove pessaries**<br>• **Do not insert vaginal packing**<br>• **Do not carry out pelvic or vaginal examinations**<br>• **Do not perform cervical cancer screening**<br>• **Do not insert an instrument, substance or medication into or beyond the cervix** | b. Licensed practical nurses act under a client-specific order to insert or remove pessaries after successfully completing additional education.<br>c. Licensed practical nurses *do not:*<br>i. Insert vaginal packing<br>ii. Carry out pelvic or vaginal examinations<br>iii. Perform cervical cancer screening<br>iv. Insert an instrument, substance or medication into or beyond the cervix |
| **23. Insertion beyond the anal verge**<br>• **Insert tubes into the rectum**<br>• **Do not insert or advance scopes for rectal/bowel examination** | a. Licensed practical nurses act under a client-specific order to insert tubes into the rectum:<br>i. After successfully completing additional education<br>ii. By following decision support tools<br>b. Licensed practical nurses *do not* insert or advance scopes for rectal/bowel examinations. |
| **24. Insertion into an artificial opening into the body**<br>• **Care of clients with tracheostomies** | a. Licensed practical nurses provide tracheostomy care to clients:<br>i. With well-established tracheostomies<br>ii. After successfully completing additional education |
| **25. Insertion into an artificial opening into the body:**<br>• **Digital examination of colostomies**<br>• **Insert Suprapubic catheters**<br>• **Insert Gastrostomy tubes** | a. Licensed practical nurses act under a client-specific order to carry out digital examination of colostomies for clients:<br>i. With well-established stomas<br>ii. After successfully completing additional education<br>b. Licensed practical nurses act under a client-specific order to insert suprapubic catheters and gastrostomy tubes for clients:<br>i. With well-established stomas<br>ii. After successfully completing additional education |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders |
|---|---|
| **26. Hazardous energy**<br>• **Do not perform fetal heart monitoring** | a. Licensed practical nurses *do not* carry out fetal heart monitoring using an intermittent Doppler, or any related activities including palpation and auscultation of the fetal heart. |
| **27. Hazardous energy**<br>• **Do not apply electricity to destroy tissue or affect the heart or nervous system (except AED)** | a. Licensed practical nurses *do not* apply electricity to destroy tissue or affect the heart or nervous system except automated external defibrillators (AEDs) |
| **28. Hazardous energy**<br>• **Do not apply laser that cuts or destroys tissue** | a. Licensed practical nurses *do not a*pply laser that cuts or destroys tissue. |
| **29. Administer a Schedule I, IA or II drug**<br>• **Administer intravenous (IV) medications**<br>(Drug Schedules Regulation) | a. Licensed practical nurses act under a client-specific order to administer IV medications:<br>i. After successfully attaining competence as part of an entry-level practical nursing program, OR<br>ii. After successfully completing additional education<br>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 |
| **30. Administer a Schedule I, IA or II drug**<br>**Administer a substance by inhalation**<br>• **Do not administer medications or substances by these routes or these purposes** | a. Licensed practical nurses *do not* administer:<br>i. IV push medications<br>ii. IV medications through a central venous access device<br>iii. Intrathecal medications<br>iv. Intra-osseous medications<br>v. Medications into epidural spaces<br>vi. Medications into perineural spaces<br>vii. Inhaled substances or medications for purposes of anaesthesia or procedural sedation |

| Activity | BCCNM Limits and Conditions for Licensed Practical Nurses: Acting under Client-specific Orders |
|---|---|
| **31. Compound, dispense, administer a Schedule I, IA or II drug**<br>• **Treat clients with known asthma who are in respiratory distress**<br>(Drug Schedules Regulation) | a. Licensed practical nurses treat respiratory distress in a known asthmatic:<br>**i.** In a **team approach**<br>ii. Under a client-specific order |
| **32. Compound, dispense, administer a Schedule II drug to treat a disease or disorder**<br>(Drug Schedules Regulation) | a. Licensed practical nurses compound, dispense or administer Schedule II drugs to treat a disease or disorder under a client-specific order. |
| **33. Allergies**<br>• **Do not conduct challenge testing or desensitizing treatments for allergies** | a. Licensed practical nurses *do not* administer allergy challenge testing or desensitization treatments. |
| **35. Medical aesthetics**[6] | a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order, and<br>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. |

[6] "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 |
|---|---|
| **1. Ambulatory Care** | a. Licensed practical nurses working in ambulatory care clinics or offices where surgical procedures are performed:<br>iii. Require a unit orientation that is consistent with LPN entry-level competencies<br>iv. Assist with surgical procedures:<br>○ After successfully completing additional education<br>○ When an authorized health professional is immediately available<br>b. Licensed practical nurses *do not* administer:<br>i. IV push medications<br>ii. IV medications through a central venous access device (CVAD), or a central venous line<br>iii. Intrathecal medications<br>iv. Intra-osseous medications<br>v. Medications into epidural spaces<br>vi. Medications into perineural spaces<br>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>c. Licensed practical nurses work in a team nursing approach to provide care and monitor clients under:<br>i. General anesthesia<br>ii. Intrathecal anesthesia<br>iii. Epidural anesthesia<br>iv. Procedural sedation<br>d. Licensed practical nurses work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education. |
| **2. Antenatal Care** | a. Licensed practical nurses working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.<br>b. Licensed practical nurses provide antenatal care:<br>iii. To healthy clients with an uncomplicated pregnancy<br>iv. In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners |
| **3. Emergency Room** | a. Licensed practical nurses working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.<br>b. Licensed practical nurses *do not* triage clients in emergency rooms (ERs). |

| Practice Setting | BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings |
|---|---|
| | c. Licensed practical nurses work in a team nursing approach to provide care for clients with stable or predictable states of health. |
| **4. Hemodialysis** | a. Licensed practical nurses working in hemodialysis settings carry out hemodialysis:<br>vi. For clients with stable or predictable states of health<br>vii. After successfully completing **post-basic education** through an in-house program offered by a health authority affiliated with BC Renal<br>viii. By following decision support tools established by a health authority affiliated with BC Renal<br>ix. When a registered nurse is immediately available<br>x. Using an arteriovenous (AV) fistula or AV graft.<br>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:<br>i. Changing dressings on central venous access lines specific to dialysis access only<br>ii. Measuring visible central venous access lines specific to dialysis access only<br>iii. Carrying out dialysis through a central venous access line specific to dialysis access only<br>c. Licensed practical nurses working in hemodialysis settings administer solutions, substances and Schedule I, IA, II and III drugs (Drug Schedules Regulation) by any route, including intravenous and IV push, as part of routine hemodialysis procedures.<br>d. Licensed practical nurses working in hemodialysis settings *do not* administer:<br>vi. Intrathecal medications<br>vii. Intra-osseous medications<br>viii. Medications into epidural spaces<br>ix. Medications into perineural spaces<br>x. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>e. Licensed practical nurses working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.<br>f. Licensed practical nurses working in hemodialysis settings *do not* start transfusions of blood or blood products. |

| Practice Setting | BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings |
|---|---|
| **5. Medical Aesthetics** | a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order, and<br>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. |
| **6. Mental Health and Substance Use** | 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.<br>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. |
| **7. Perioperative** | a. Licensed practical nurses work in a scrub or circulating role in the operating room (OR):<br>iii. After successfully completing formal post-basic education<br>iv. When a registered nurse is immediately available<br>b. Licensed practical nurses *do not* administer:<br>i. IV push medications<br>ii. IV medications through a central venous access device (CVAD), or a central venous line<br>iii. Intrathecal medications<br>iv. Intra-osseous medications<br>v. Medications into epidural spaces<br>vi. Medications into perineural spaces<br>vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation<br>c. Licensed practical nurses working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:<br>i. General anesthesia<br>ii. Intrathecal anesthesia<br>iii. Epidural anesthesia<br>iv. Procedural sedation |
| **8. Postpartum Care** | a. Licensed practical nurses working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes: |

| Practice Setting | BCCNM Limits and Conditions for Licensed Practical Nurses Specific Practice Settings |
|---|---|
| | iv. Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals<br>v. The Neonatal Resuscitation Program (NRP) modules 1-4 and 9<br>vi. Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway (PSBC Newborn Guideline 13: Newborn Nursing Care Pathway) and the Postpartum Clinical Pathway (Perinatal Services BC: Perinatal Services BC Obstetrics Guideline 20 Postpartum Nursing Care Pathway)<br>b. Licensed practical nurses provide care for mothers and newborns:<br>i. With stable or predictable states of health<br>ii. When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available<br>c. Licensed practical nurses take heel pricks after successfully completing additional education. |

## 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[1] 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);*[2]
- Performing the **restricted activities** outlined in sections 12 to 20 of the *Nurses and Midwives Regulation* that do not require a client-specific order;[3] 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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[1] References to registered nurses include registered nurses, licensed graduate nurses and certified registered nurses.

[2] 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.

[3] 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) |
|---|---|
| **1. Financial incapability assessment** | 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 *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act* (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals).<br>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, *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act* (Public Guardian and Trustee of British Columbia: Certificate of Incapability process for healthcare professionals). |
| **2. Incapability assessment for care facility admission** | 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:<br>i. Have successfully completed the Ministry of Health course, *Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors* (LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors) and<br>ii. Follow the Ministry of Health guidelines, *Practice Guidelines for Seeking Consent to Care Facility Admission* (Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission). |

| Activity | BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
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| | |
| **3. Procedures on tissue**<br>• **Perform wound care:**<br>○ *Conservative sharp wound debridement*<br>○ *Negative pressure wound therapy*<br>○ *Maggot debridement therapy*<br>○ *Compression therapy*<br>○ *Suture uncomplicated skin lacerations* | a. Giving a client-specific order for conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy:<br>i. May be given only by those registered nurses who have successfully completed one of the following wound management education programs (or an equivalent):<br>○ Nurse Specializing in Wound Ostomy Continence Education Program NSWOCC-EP<br>○ International Interdisciplinary Wound Care Course<br>○ University of Toronto Master of Science in Community Health: Wound Prevention and Care<br>○ University of Western Ontario Master of Clinical Science: Wound Healing<br>○ Wound Ostomy Continence Nursing Education Program.<br>b. Carrying out conservative sharp wound debridement, negative pressure wound therapy, maggot debridement therapy or compression therapy<br>i. May be performed within autonomous scope of practice by registered nurses who have successfully completed the education requirements in a(i). (above).<br>ii. *All other* registered nurses must:<br>○ act under a client-specific order, and<br>○ successfully complete additional education.<br>c. Diagnosing conditions associated with wounds below the dermis or below the surface of a mucous membrane<br>i. May be done by registered nurses who have successfully completed the education requirements in a(i) (above).<br>ii. *All other* registered nurses must:<br>○ follow an established **decision support tool**, and<br>○ successfully complete additional education.<br>d. *All* registered nurses, including those who have successfully completed the education requirements in a(i) (above):<br>i. May *only* suture uncomplicated skin lacerations as outlined in the Provincial Nursing Skin and Committee decision support tool (British Columbia |

| Activity | BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
|---|---|
| | Provincial Nursing Skin and Wound Committee Guideline: Treating Minor Uncomplicated Lacerations in Adults),<br>ii. Must follow this decision support tool when suturing such lacerations, and<br>iii. Must successfully complete additional education. |
| **4. Venipuncture**<br>• **Insert a central venous catheter (CVC)[4]** | a. Registered nurses act under a client-specific order to insert a central venous catheter. |
| **5. Administer a substance by inhalation**<br>• **Mixture of oxygen and nitrous oxide administered for the purpose of pain management during labour** | a. Registered nurses who administer a mixture of oxygen and nitrous oxide must follow decision support tools established by Perinatal Services BC (PSBC) (PSBC: Core Competencies for Management of Labour). |
| **6. Administer a substance by injection**<br>• **Administer purified protein derivative by injection for tuberculosis (TB) screening** | a. Registered nurses administering purified protein derivative must possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC (BCCDC Clinical Prevention Services Decision Support Tool: Non- - Tuberculosis Screening). |
| **7. Insertion beyond the pharynx**<br>• **Do not perform endotracheal Intubation** | a. Registered nurses *do not* carry out endotracheal intubation. |
| **8. Insertion beyond the labia majora**<br>• **Pelvic exams**<br>• **Cervical cancer screening** | 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 (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool & |

[4] 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) |
|---|---|
| • **Fit a pessary**<br>• **Apply fetal scalp electrodes** | Competencies (Appendix C).<br>b. Registered nurses act under client-specific order to fit a pessary.<br>c. Registered nurses act under a client-specific order to apply fetal scalp electrodes. |
| **9. Manage labour** | a. Registered nurses who manage labour in an institutional setting in the absence of the primary maternal care provider must demonstrate competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour). |
| **10. Hazardous energy**<br>• **Manual defibrillation** | 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 (Providence Health Care: Clinical tools & resources). |
| **11. Authorizations**<br>• **Ultrasound or X-rays for diagnostic or imaging purposes except computed tomography scan (CT scan)** | a. Registered nurses issue an authorization[5] for X-ray or ultrasound only under the following circumstances:<br>i. Registered nurses who issue an authorization for X-ray or ultrasound must follow established decision support tools.<br>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.<br>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.<br>iv. Registered nurses who issue an authorization for chest X-ray for the purpose of tuberculosis screening must possess the competencies (BCCDC: TB Screening Competencies) established by the B.C. |

[5] 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) |
|---|---|
| | Centre for Disease Control (BCCDC) and follow decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) established by BCCDC. |
| **12. Prescribe a Schedule I, IA, or II drug**<br><br>(*Drug Schedules Regulation*) | a. Registered nurses only prescribe medications[6] when they:<br>i. Have a current BCCNM certification; and<br>ii. Meet the requirements for certified registered nurses to prescribe.<br>*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.* |
| **13. Compound, dispense or administer a Schedule I drug**<br>• **Treat anaphylaxis**<br>• **Treat cardiac dysrhythmia**<br>• **Treat respiratory distress (clients with known asthma)**<br>• **Treat hypoglycemia**<br>• **Treat post-partum hemorrhage**<br><br>(***Drug Schedules Regulation*** | a. Registered nurses may compound or administer:<br>i. Epinephrine to treat anaphylaxis<br>ii. Epinephrine, atropine, amiodarone or lidocaine to treat cardiac dysrhythmia<br>iii. Salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics<br>iv. Oral corticosteroids to treat respiratory distress in known asthmatics in emergency care settings<br>v. D50W to treat hypoglycemia<br>vi. Oxytocin to treat post-partum hemorrhage<br>b. Registered nurses who administer epinephrine to treat anaphylaxis must follow an established decision support tool.<br>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 decision support tools established by Providence Health Care (Providence Health Care: Clinical tools & resources).<br>d. Registered nurses who administer salbutamol, ipratropium bromide, *or* oral corticosteroids must successfully complete |

[6] 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) |
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| | additional education and must follow an established decision support tool.<br>e. Registered nurses who administer D50W must follow an established decision support tool.<br>f. Registered nurses who administer oxytocin must possess the competencies established by Perinatal Services BC (PSBC) and follow decision support tools established by PSBC (PSBC: Core Competencies for Management of Labour). |
| **14. Compound, dispense or administer a Schedule I drug**<br>• **Treat conditions symptomatic of influenza-like illness**<br><br>(***Drug Schedules Regulation***) | a. Registered nurses who compound, dispense or administer antivirals to treat symptoms of influenza-like illness must successfully complete additional education and follow the decision support tool established by the Provincial 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*. |
| **15. Compound, dispense or administer a Schedule I drug**<br>• **Prevent disease:**<br>○ *Immunoprophylactic agents or post-exposure chemoprophylactic agents*<br><br>(***Drug Schedules Regulation***) | a. Registered nurses compound, dispense or administer immunoprophylactic or chemoprophylactic agents only under the following circumstances:<br>i. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents identified by the BC Centre for Disease Control (BCCDC) must possess the competencies (BCCDC: Immunization Competencies for BC Health Professionals) established by BCCDC and follow decision support tools established by BCCDC (BCCDC: Communicable Disease Control).<br>ii. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers must successfully complete BCCDC's basic immunization course (BCCDC: Immunization Competency Course) and additional education in the area of travel health. These registered nurses must follow the Canadian Immunization Guide in |

| Activity | BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
|---|---|
| | conjunction with the Canada Communicable Disease Reports (Government of Canada: Canada Communicable Disease Report (CCDR) Weekly). They must be employed, on contract to an employer or have a written collaborative agreement with an authorized prescriber.<br>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 basic immunization course (BCCDC: Immunization Competency Course) as well as additional education related to the specific experimental vaccine. They must follow established decision support tools.<br>iv. Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:<br>• possess the competencies established by the B.C. Women's Sexual Assault Service (BCW SAS) and follow decision support tools established by BCW SAS (Note: This will apply to sexual assault nurse examiners) (BC Women's Hospital + Health Centre: Sexual Assault Service Resources for Health Professionals),<br>OR<br>• possess the competencies (Core Nursing Practice Competencies for Dispensing Prophylactic Medications Post Sexual Assault) established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools (BCCDC Non-Certified Practice Decision Support Tool Dispensing Prophylactic Medications Post-sexual Assault) established by BCCDC (Note: This will apply to registered nurses who hold BCCNM certification in STI management). |

| Activity | BCCNM Limits and Conditions for Registered Nurses: Acting within Autonomous Scope of Practice (Without an Order) |
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| | b. Registered nurses who compound, dispense or administer immunoprophylactic agents for the purpose of preventing respiratory syncytial virus infection must possess the competencies established by the Provincial Health Services Authority and follow decision support tools established by the Provincial Health Services Authority.<br>• Palivizumab (PVZ) for immunoprophylaxis of infant RSV infection (PDF)<br>○ RSV vaccines for adults |
| **16. Compound, dispense, or administer Schedule II drugs**<br>(***Drug Schedules Regulation***) | a. Registered nurses only compound, dispense or administer Schedule II medications within autonomous scope of practice to treat a *condition* following an assessment and nursing diagnosis.<br>b. Registered nurses act under a client-specific order to compound, dispense, or administer Schedule II medications to treat a *disease or disorder.* |
| **17. Compound, dispense or administer Schedule II drugs**<br>• **Insulin dose adjustment** | a. Registered nurses who carry out insulin dose adjustment must possess the competencies and follow the decision support tools set out by Fraser Health Authority (Fraser Health Authority: Diabetes - Insulin dose adjustment). |
| **18. Therapeutic diets**<br>• **Compound, dispense, administer a therapeutic diet by enteral installation** | a. Within autonomous scope of practice, registered nurses administer enteral feeds *only* to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients.<br>b. Within autonomous scope of practice, registered nurses compound and dispense a therapeutic diet administered through enteral instillation *only* to stable clients with an established diet. Registered nurses act under a client-specific order for all other clients. |
| **19. Medical aesthetics**[7] | a. Registered nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Registered nurses administering injectable drugs or |

[7] "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:<br>i. Under a client-specific order and<br>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.<br>c. Registered nurses *do not* 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[8] 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.[9]

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

[8] References to registered nurses include registered nurses, licensed graduate nurses and certified registered nurses.

[9] 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[10] 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,

10 "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 |
|---|---|
| **1. Cardiac stress testing** | a. Registered nurses may only carry out cardiac stress testing under a physician's direction and only following successful completion of additional education. |
| **2. Venipuncture**<br>• **Insert a central venous catheter (CVC)**[11] | a. Registered nurses act under a client-specific order to insert a central venous catheter. |
| **3. Procedures on tissue**<br>• **Surgical suturing or harvesting veins** | 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. |
| **4. Apply a cast for a fracture of a bone** | a. Registered nurses who cast a fracture of a bone:<br>i. Act under a client-specific order only from a physician or nurse practitioner<br>ii. Must successfully complete additional education. |
| **5. Insertion beyond the pharynx**<br>• **Do not perform endotracheal intubation** | a. Registered nurses *do not* carry out endotracheal intubation. |
| **6. Insertion beyond the labia majora**<br>• **Pelvic exams**<br>• **Cervical cancer screening**<br>• **Fit a pessary**<br>• **Apply fetal scalp electrodes** | 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 (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool & Competencies (Appendix C)).<br>b. Registered nurses act under a client-specific order to fit a pessary.<br>c. Registered nurses act under a client-specific order to apply fetal scalp electrodes. |
| **7. Hazardous energy**<br>• **Electrocautery** | a. Registered nurses must successfully complete an RN First Assist Program before doing electrocautery under a physician's client-specific order. |

[11] *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 |
|---|---|
| **8. Administer a Schedule I, IA or II drug**<br>**Administer a substance by inhalation**<br>• **Do not induce general anesthesia** | a. Registered nurses do not induce general anesthesia or give the first dose of anesthetic agents administered through a catheter. |
| **9. Administer experimental medications** | 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. |
| **10. Compound, dispense, administer a Schedule II drug**<br>• **Treat a disease or disorder**<br>(*Drug Schedules Regulation*) | a. Registered nurses act under a client-specific order before compounding, dispensing or administering Schedule II medications to treat a disease or disorder. |
| **11. Therapeutic diets**<br>• **Compound, administer, or dispense a therapeutic diet by enteral instillation** | a. Within autonomous scope of practice, registered nurses compound, administer, or dispense a therapeutic diet administered through enteral instillation *only* to clients who are stable and have an established diet.<br>b. Registered nurses act under a client-specific order for all other clients |
| **12. Medical aesthetics**[12] | c. Registered nurses successfully complete additional education before providing medical aesthetic procedures.<br>d. Registered nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order, and<br>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.<br>c. Registered nurses *do not* prescribe dermal fillers. |

[12] "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[13] 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*[14],
    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

[13] References to registered nurses in this standard include registered nurses, licensed graduate nurses and certified registered nurses.

[14] 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**[15] 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[16] 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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15 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.

16 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[1] 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);*[2]
- 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;[3] 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 s*tandards, limits, and conditions when performing activities that are not within their autonomous scope of practice.

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[1] References to registered psychiatric nurses include registered psychiatric nurses and certified registered nurses.

[2] 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.

[3] 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 cope 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 polices, 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 |
|---|---|
| **1. Use of restraint and seclusion interventions** | a. When using restraint or seclusion[4] interventions, registered psychiatric nurses must follow applicable legislation[5] specific to their practice setting.<br>b. When using mechanical restraint[6] or seclusion interventions with clients certified under the *Mental Health Act,* registered psychiatric nurses must act under a client-specific order, except in an emergency situation. |
| **2. Pronounce death** | a. Registered psychiatric nurses must follow a decision support tool approved by their employer when pronouncing unexpected death.<br>b. Registered psychiatric nurses ***must not*** pronounce death related to medical assistance in dying (MAiD). |
| **3. Financial incapability assessment** | a. Registered psychiatric nurses must successfully complete the educational program titled *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act,* provided by the Ministry of Health (Certificate of Incapability process for healthcare professionals \| Public Guardian and Trustee of British Columbia)<br>a. Registered psychiatric nurses must follow the guidelines contained in the document *A Guide to the Certificate of Incapability Process under the Adult Guardianship Act*" prepared by the Ministry of Health and the Public Guardian and Trustee of British Columbia (Certificate of Incapability process for healthcare professionals \| Public Guardian and Trustee of British Columbia) |
| **4. Incapability assessment for care facility admission** | 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" (*LearningHub: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors*)<br>b. Registered psychiatric nurses must follow the Ministry of Health guidelines, "Practice Guidelines for Seeking Consent |

[4] 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).

[5] 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.*

[6] 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" *(Province of British Columbia: Practice Guidelines for Seeking Consent to Care Facility Admission)* |
| **5. Procedures on tissue**<br>• **Perform wound care**<br>○ *Conservative sharp wound debridement*<br>○ *Negative pressure wound therapy*<br>○ *Maggot debridement therapy*<br>○ *Compression therapy* | a. Registered psychiatric nurses must successfully complete additional education before carrying out:<br>i. Conservative sharp wound debridement<br>ii. Negative pressure wound therapy<br>iii. Biological debridement therapy<br>iv. Compression therapy<br>b. Registered psychiatric nurses must follow an employer approved **decision support tool** in carrying out:<br>i. Conservative sharp wound debridement<br>ii. Negative pressure wound therapy<br>iii. Biological debridement therapy<br>iv. Compression therapy |
| **6. Venipuncture**<br>• **Perform venipuncture**<br>• **Establish intravenous (IV) access**<br>• **Collect a blood sample**<br>• **Do not take blood for donation** | a. Registered psychiatric nurses must successfully complete additional education to perform venipuncture or establish intravenous access.<br>b. Registered psychiatric nurses are limited to using short peripheral venous access devices to take blood or to establish intravenous access.<br>c. Registered psychiatric nurses ***must not*** take blood for the purpose of donation. |
| **7. Administer a substance by injection**<br>• **Administer purified protein derivative by injection for tuberculosis (TB) screening** | a. Registered psychiatric nurses who administer purified protein derivative must possess the competencies outlined in *Competencies for Tuberculosis Screening Competencies* established by the British Columbia Centre for Disease Control (BCCDC) (TB_screening_competencies.pdf) or equivalent approved by their employer.<br>b. Registered psychiatric nurses who administer purified protein derivative must follow the *BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening* (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) or equivalent approved by their employer. |
| 8. **Administer a substance by irrigation**<br>• **Irrigate bladder** | a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder. |

| Activity | BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice |
|---|---|
| **9. Administer a substance by enteral instillation** | a. Registered psychiatric nurses are limited to administering a solution through enteral instillation to clients with stable and predictable physiological health. |
| **10. Insertion beyond the point in the nasal passages where they normally narrow**<br>• **Nasopharyngeal suctioning**<br>• **Insert nasogastric tubes** | a. Registered psychiatric nurses must follow a decision support tool approved by their employer when carrying out nasopharyngeal suctioning.<br>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.<br>c. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube. |
| **11. Insertion beyond the pharynx:**<br>• **Do not perform endotracheal Intubation** | a. Registered psychiatric nurses ***do not*** carry out endotracheal intubation. |
| **12. Insertion beyond the opening of the urethra**<br>• **Insert or flush urinary catheter** | a. Registered psychiatric nurses must follow a decision support tool approved by their employer when inserting or flushing a urinary catheter. |
| **13. Insertion beyond the labia majora**<br>• **Pelvic exams**<br>• **Cervical cancer screening** | a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must<br>i. successfully complete additional education and<br>ii. possess the competencies (BCCDC: Competencies for Pelvic Examination) established by the Provincial Health Services Authority (PHSA) or equivalent approved by their employer.<br>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 (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool & Competencies (Appendix C)) or an equivalent approved by their employer. |
| **14. Insertion into an artificial opening into the body**<br>• **Insert suprapubic and gastrostomy tubes**<br>• **Ostomy care**<br>• **Tracheostomy care** | a. Registered psychiatric nurses are limited to inserting suprapubic and gastrostomy tubes in clients with stable and predictable physiological health.<br>b. Registered psychiatric nurses are limited to carrying out ostomy care for clients with stable and predictable physiological health. |

| 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. |
| **15. Hazardous energy**<br>• **Do not use a manual defibrillator**<br>• **Use an automated external defibrillator (AED)** | a. Registered psychiatric nurses ***must not*** apply electricity using a **manual** defibrillator.<br>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. |
| **16. Authorizations**<br>• **X-rays for tuberculosis screening except computed tomography scan (CT scan)** | a. Registered psychiatric nurses who issue an authorization[7] for a chest X-ray for the purpose of tuberculosis screening must:<br>i. Possess the competencies outlined in *Tuberculosis Screening Competencies* established by the British Columbia Centre for Disease Control (BCCDC) (BCCDC: TB Screening Competencies) or equivalent approved by their employer.<br>ii. Follow the *BCCDC Decision Support Tool: Non-Certified Practice - Tuberculosis Screening* (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening) or equivalent approved by their employer. |
| **17. Prescribe a Schedule I, IA, or II drug**<br>(*Drug Schedules Regulation*) | a. Registered psychiatric nurses only prescribe medications[8] when they:<br>i. Have a current certification; AND<br>ii. Meet the requirements for certified registered psychiatric nurses to prescribe for the treatment of opioid use disorder.<br>*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.* |
| **18. Compound, dispense or administer a Schedule I drug** | a. Registered psychiatric nurses are limited to administering epinephrine to treat anaphylaxis. |

[7] This may also be referred to as *giving a client-specific order*.

[8] 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 |
|---|---|
| • **Treat anaphylaxis** | b. Registered psychiatric nurses who administer epinephrine to treat anaphylaxis must follow decision support tools (BCCDC: Communicable Disease Control Manual Chapter 2: Immunization Part 3 - Management of Anaphylaxis in a Non-Hospital Setting) in the Communicable Disease Immunization Program Section V - Management of Anaphylaxis in a Non-hospital Setting[2] established by British Columbia Centre for Disease Control (BCCDC) or equivalent approved by their employer.<br>c. Registered psychiatric nurses who administer epinephrine must successfully complete additional education. |
| **19. Compound, dispense or administer a Schedule I drug**<br>• **Do not administer, compound, dispense Schedule I drugs for opiate overdose** | a. Registered psychiatric nurses ***must not*** administer, compound or dispense a Schedule I drug to treat a suspected opiate overdose |
| **20. Compound, dispense or administer a Schedule I drug**<br>• **Treat respiratory distress (clients with known asthma)** | a. Registered psychiatric nurses are limited to administering salbutamol or ipratropium bromide to treat respiratory distress in known asthmatics.<br>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.<br>c. Registered psychiatric nurses who administer salbutamol or ipratropium bromide must successfully complete additional education. |
| **21. Compound, dispense or administer a Schedule I drug**<br>• **Treat hypoglycemia** | a. Registered psychiatric nurses are limited to administering D50W to treat hypoglycemia.<br>b. Registered psychiatric nurses who administer D50W to treat hypoglycemia must follow a decision support tool approved by their employer.<br>c. Registered psychiatric nurses who administer D50W must successfully complete additional education. |

| Activity | BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice |
|---|---|
| **22. Compound, dispense or administer a Schedule I drug**<br>• **Treat symptoms of influenza-like illness** | a. Registered psychiatric nurses who compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness must successfully complete additional education.<br><br>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: *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. (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* or equivalent approved by their employer<br><br>c. Registered psychiatric nurses ***must not*** compound, dispense or administer antiviral medication to treat symptoms of influenza-like illness for children under the age of 4. |
| **23. Compound, dispense or administer a Schedule I drug**<br>• **Prevent disease:**<br>○ *Immunoprophylactic agents and post-exposure chemoprophylactic agents* | 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:<br>i. possess the competencies established by BCCDC (BCCDC: Immunization Competencies for BC Health Professionals).<br>ii. follow decision support tools established by BCCDC.<br><br>b. Registered psychiatric nurses who compound, dispense or administer post-exposure chemoprophylactic agents for sexual assault purposes must:<br>i. possess the BC Women's Sexual Assault Service (BCWSAS) Competencies for (registered nurse) sexual assault nurse examiners (Sexual Assault Service Resources for Health Professionals), and<br>ii. follow *Decision Support Tools (DST) for Sexual Assault Nurse Examiners (SANES)* for (registered |

| Activity | BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice |
|---|---|
| | nurse) sexual assault nurse examiners (Sexual Assault Service Resources for Health Professionals) established by BC Women's Sexual Assault Service (BCWSAS).<br>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).<br>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. |
| **24. Do not compound or administer experimental vaccines for research purposes** | a. Registered psychiatric nurses ***must not*** compound or administer experimental vaccines for research purposes. |
| **25. Compound, dispense, or administer Schedule II drugs** (*Drug Schedules Regulation*) | a. Registered psychiatric nurses require a client-specific order from an authorized health professional to compound, dispense or administer Schedule II medications **to treat a disease or disorder**. *For example, nurses would not administer insulin without knowing that a physician had diagnosed diabetes and ordered insulin therapy.*<br>b. Registered psychiatric nurses may only compound, dispense or administer Schedule II medications **to treat a condition** following an assessment and nursing diagnosis. Vaccines do not require the identification of a condition.<br>c. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either:<br>i. follow an employer approved decision support tool or<br>ii. act with a client-specific order from an authorized health professional.<br>d. Registered psychiatric nurses who administer medication via central venous access devices must:<br>i. act with a client-specific order from an authorized health professional, and |

| Activity | BCCNM Limits and Conditions for Registered Psychiatric Nurses: Acting within Autonomous Scope of Practice |
|---|---|
| | ii. successfully complete additional education to administer medication via central venous access devices. |
| **26. Compound, dispense, or administer Schedule II drugs**<br>• **Do not perform insulin dose adjustment** | a. Registered psychiatric nurses ***must not*** carry out Insulin dose adjustment. |
| **27. Compound, dispense, or administer Schedule II drugs**<br>• **Do not administer medication by these routes)** | b. Registered psychiatric nurses ***must not*** administer medication via intrathecal, epidural, intraosseous or perineural routes because it is not within RPN scope of practice |
| **28. Therapeutic diets**<br>• **Administer a therapeutic diet by enteral instillation** | a. Registered psychiatric nurses are limited to administering enteral feeds to clients with stable and predictable physiological health and an established diet. |
| **29. Medical aesthetics**[9] | b. Registered psychiatric nurses successfully complete additional education before providing **medical aesthetic** procedures.<br>c. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order and<br>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.<br>b. Registered psychiatric nurses ***do not*** prescribe dermal fillers. |

[9] "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. 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 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[10] 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.[11]

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,

[10] References to registered psychiatric nurses include registered psychiatric nurses and certified registered psychiatric nurses.

[11] 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[12] 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),

12 "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 |
|---|---|
| 1. **Use of restraint and seclusion interventions** | a. When using restraint or seclusion[13] interventions, registered psychiatric nurses must follow applicable legislation[14] specific to their practice setting.<br><br>b. When using mechanical restraint[15] or seclusion interventions with clients certified under the *Mental Health Act,* registered psychiatric nurses must act under a client-specific order, except in an emergency situation. |
| 2. **Procedures on tissue**<br>• **Perform wound care**<br>○ ***Suturing skin lacerations***<br>○ ***Conservative sharp wound debridement***<br>○ ***Negative pressure wound therapy***<br>○ ***Biological debridement therapy***<br>○ ***Compression therapy*** | a. Registered psychiatric nurses must successfully complete additional education before carrying out:<br>i. Suturing of skin lacerations<br>ii. Conservative sharp wound debridement<br>iii. Negative pressure wound therapy<br>iv. Biological debridement therapy<br>v. Compression therapy |
| 3. **Procedures on tissue**<br>**Administer a substance by irrigation**<br>• **Peritoneal dialysis** | a. Registered psychiatric nurses must successfully complete additional education to carry out peritoneal dialysis. |
| 4. **Administer a substance by inhalation**<br>• **Do not administer nitrous oxide** | a. Registered psychiatric nurses ***must not*** administer nitrous oxide. |

13 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).

14 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.*

15 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 |
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| | |
| 5. **Administer a substance by mechanical ventilation**<br>• **Clients on mechanical ventilation** | a. Registered psychiatric nurses must successfully complete additional education to care for clients on mechanical ventilation |
| 6. **Administer a substance by irrigation**<br>• **Irrigate a bladder** | a. Registered psychiatric nurses must act under a client-specific order to irrigate a bladder. |
| 7. **Venipuncture**<br>**Administer a substance by parenteral instillation**<br>• **Perform venipuncture**<br>• **Establish intravenous access**<br>• **Collect a blood sample**<br>• **Do not collect blood for donation**<br>• **Blood and blood products** | a. Registered psychiatric nurses must successfully complete additional education to carry out venipuncture and to establish intravenous access.<br>b. Registered psychiatric nurses are limited to using short peripheral venous devices to establish intravenous access.<br>c. Registered psychiatric nurses are limited to taking blood with short devices or from existing peripheral venous access devices.<br>d. Registered psychiatric nurses ***must not*** take blood for the purpose of donation<br>e. Registered psychiatric nurses are limited to administering blood and blood products to clients with stable and predictable physiological health.<br>f. Registered psychiatric nurses must successfully complete additional education to administer blood or blood products. |
| 8. **Administer a substance by parenteral instillation**<br>• **Central venous access devices (CVAD)**[16] | a. Registered psychiatric nurses must successfully complete additional education to administer a substance via central venous access devices. |
| 9. **Administer a substance**<br>• **Do not administer substances by these routes** | a. Registered psychiatric nurses ***must not*** administer substances via:<br>i. Intrathecal spaces,<br>ii. Epidural spaces,<br>iii. Perineural spaces. |

[16] 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 |
|---|---|
| 10. **Administer a substance by parenteral instillation**<br>• **Do not administer radiopaque dyes by parenteral instillation** | a. Registered psychiatric nurses ***must not*** administer radiopaque dyes via parenteral instillation |
| 11. **Administer a substance by parenteral instillation**<br>**Administer a schedule I, IA, II drug**<br>• **Care of clients on hemodialysis** | a. Registered psychiatric nurses must successfully complete additional education to carry out hemodialysis. |
| 12. **Insertion beyond the point in the nasal passages where they narrow**<br>• **Insert nasogastric tubes (NG)** | 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).<br>b. Registered psychiatric nurses act under a client-specific order for initial insertion of a nasogastric tube. |
| 13. **Put Insertion beyond the pharynx**<br>• **Do not perform endotracheal intubation** | a. Registered psychiatric nurses ***do not*** carry out endotracheal intubation. |
| 14. **Insertion beyond the labia majora**<br>• **Pelvic exams**<br>• **Cervical cancer screening** | a. Registered psychiatric nurses who carry out pelvic exams or cervical cancer screening must:<br>i. Successfully complete additional education, and<br>ii. Possess competencies established by Provincial Health Services Authority (PHSA) and follow decision support tool established by PHSA (PHSA: Pelvic Exam by Registered Nurses and Registered Psychiatric Nurses Decision Support Tool & Competencies (Appendix C)) or equivalent approved by their employer. |
| 15. **Hazardous energy**<br>• **Do not apply electricity for the purpose of affecting activity of the nervous system except** | a. Registered psychiatric nurses ***must not*** apply electricity for the purpose of affecting activity of the nervous system other than TENS (Transcutaneous electrical nerve stimulation). |

| Activity | BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders |
|---|---|
| **transcutaneous electrical nerve stimulation (TENS)** | |
| 16. **Hazardous energy**<br>• **Do not perform manual defibrillation** | a. Registered psychiatric nurses ***must not*** apply electricity using a manual defibrillator |
| 17. **Administer a Schedule I, IA or II drug**<br>• **Do not administer medications by these routes** | a. Registered psychiatric nurses ***must not*** administer medication via:<br>i. Intrathecal route,<br>ii. Epidural route,<br>iii. intraosseous route,<br>iv. perineural route. |
| 18. **Administer a Schedule I, IA or II drug**<br>• **Central venous access devices *(CVAD)*** | 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**<br>**Administer a substance by inhalation**<br>• **Do not induce general anesthesia or maintain general anesthetic agents**<br>• **Procedural sedation**<br>(*Drug Schedules Regulation*) | a. Registered psychiatric nurses ***must not*** induce general anesthesia or maintain general anesthetic agents.<br>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**<br>• **Do not compound, dispense, or administer Schedule I drugs for the purpose of medical assistance in dying (MAiD)** | a. Registered psychiatric nurses ***must not*** 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 **to treat a disease or disorder**. |

| Activity | BCCNM Limits Conditions for Registered Psychiatric Nurses: Acting under Client-specific Orders |
|---|---|
| • **Treat a disease or disorder**<br>• **Central venous access devices**<br>(*Drug Schedules Regulation*) | b. Registered psychiatric nurses who administer Schedule II drugs intravenously via a peripheral venous access device must either:<br>i. Follow an employer approved decision support tool<br>OR<br>ii. Act under a client-specific order.<br>c. Registered psychiatric nurses who administer medication via central venous access devices must:<br>i. Act under a client-specific order and<br>ii. Successfully complete additional education to administer medication via central venous access devices. |
| 23. **Medical aesthetics**[17] | a. Registered psychiatric nurses successfully complete additional education before providing medical aesthetic procedures.<br>b. Registered psychiatric nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:<br>i. Under a client-specific order and<br>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. |

17 "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[18] 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*[19],
    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

[18] References to registered psychiatric nurses include registered psychiatric nurses and certified psychiatric registered nurses.

[19] 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**[20] 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[21] 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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20 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.

21 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.

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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[1] 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.

[1] 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 appliable 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[2] 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:

[2] 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 themself 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[1] 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[2].
- 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

[1] 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.

[2] 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.[3]
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 | |
|---|---|
| Decision Support Tools | British Columbia Centre on Substance Use (BCCSU) RN/RPN Certified Practice Decision Support Tools for Opioid Use Disorder (BCCSU: Decision Support Tools for Opioid Use Disorder) |
| Diseases, Disorders, Conditions | May diagnose and treat opioid use disorder |
| Drug Schedules[4] and Therapeutic Classes | Schedule IA:<br>1. Opioid Agonist<br>2. Opioid Partial Agonist<br>Schedule I:<br>1. Alpha-Adrenergic Agonist |

[3] 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.

[4] 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[5] 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.

[5] 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.

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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[1] 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*,

[1] 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[2] 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,

[2] 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 themself 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.

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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[1] 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[2].
- 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

[1] 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.

[2] 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.[3]
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** | |
|---|---|
| Decision Support Tools | British Columbia Centre on Substance Use (BCCSU) RN/RPN Certified Practice Decision Support Tools for Opioid Use Disorder (BCCSU: Decision Support Tools for Opioid Use Disorder) |

[3] 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.

| | |
|---|---|
| **Diseases, Disorders, Conditions** | May diagnose and treat opioid use disorder |
| **Drug Schedules[4] and Therapeutic Classes** | Schedule IA:<br>1. Opioid Agonist<br>2. Opioid Partial Agonist<br>Schedule I:<br>1. Alpha-Adrenergic Agonist<br>Schedule II/III/unscheduled |

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.

[4] 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[5] 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

[5] 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.

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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[1] 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)[2].
- 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

[1] 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.

[2] BCCNM General Bylaws, Part 7.

- 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 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).[3]
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 | |
|---|---|
| Decision Support Tools | Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice RN First Call Decision Support Tools (RN Certified Practice Decision Support Tools & Competencies – NNPBC) |
| Diseases, Disorders, Conditions | May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as adult only:<br>1. Eye: Conjunctivitis, minor corneal abrasion<br>2. Ear-Nose-Throat: Acute otitis media, pharyngitis, dental abscess (adult only)<br>3. Urinary Tract: Lower urinary tract infection (adult only) |

[3] 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[4] and Therapeutic Classes** | Schedule I:<br>1. Antibacterials<br>2. Antivirals<br>3. Antiprotozoals<br>4. Antihistamines<br>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[5] as a prescriber.

[4] Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: *Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation*.

[5] 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.

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PRACTICE STANDARD

# Certified Registered Nurses: Remote Practice

## Introduction

The *Certified Registered Nurses: Remote Practice* practice standard applies to registered nurses who hold current certification[1] 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)[2].
- 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

[1] 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.

[2] 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)[3].
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** |
|---|---|
| Decision Support Tools | Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice Remote Practice Decision Support Tools (RN Certified Practice Decision Support Tools & Competencies – NNPBC) |
| Diseases, Disorders, Conditions | May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as adult only:<br>1. Eye: conjunctivitis, minor corneal abrasion<br>2. Ear-Nose-Throat: acute otitis media, pharyngitis, ceruminosis (adult only), dental abscess (adult only)<br>3. Genitourinary: lower urinary tract infection<br>4. Respiratory: acute bronchitis (adult only)<br>5. Integumentary: abscess and furuncle (adult only), cellulitis, impetigo, bites |

[3] 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[4] and Therapeutic Classes** | Schedule I:<br>1. Antibacterials<br>2. Antivirals<br>3. Antiprotozoals<br>4. Antihistamines<br>5. Bronchodilators<br>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 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[5] as a prescriber.

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[4] Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: *Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation*.

[5] 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.

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PRACTICE STANDARD

# Certified Registered Nurses: Reproductive Health

## Introduction

The *Certified Registered Nurses: Reproductive Health* practice standard applies to registered nurses who hold current certification[1] 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)[2].
- 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

[1] 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.

[2] 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) | • British Columbia Institute of Technology (BCIT): Contraceptive Management<br>**Intrauterine contraception insertion/removal:**<br>• Registered nurses who hold certification in the Reproductive Health (Contraceptive Management) certification program must successfully complete the course Intrauterine Contraception (IUC) Insertion Preceptorship (with hands-on training), Society of Obstetricians and Gynaecologists of Canada (SOGC) prior to performing insertion and/or removal of intrauterine contraception. |
| Reproductive Health (Sexually Transmitted Infections) | • British Columbia Centre for Disease Control (BCCDC): Sexually Transmitted Infections Management<br>OR<br>• British Columbia Institute of Technology (BCIT): Sexually Transmitted Infections |

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.[3]

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*

| **Certified Registered Nurses: Reproductive Health (Contraceptive Management)** | |
|---|---|
| Decision Support Tools | Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice Reproductive Health- Contraceptive Management Decision Support Tools (NNPBC: RN Certified Practice Decision Support Tools & Competencies) |
| Diseases, Disorders, Conditions | May prescribe, dispense, administer, insert, or remove contraception. |
| Drug Schedules[4] and Therapeutic Classes | Schedule I:<br>1. Sex Hormones (hormonal contraception)<br>Schedule II/III/unscheduled |
| **Certified Registered Nurses: Reproductive Health (Sexually Transmitted Infections)** | |
| Decision Support Tools | British Columbia Centre for Disease Control (BCCDC) Certified Practice Decision Support Tools for Sexually Transmitted Infections (STI) (BCCDC: STI Certified Practice) |
| Diseases, Disorders, Conditions | May diagnose and treat the following diseases and disorders:<br>1. Bacterial vaginosis<br>2. Chlamydia trachomatis<br>3. Genital warts<br>4. Lower urinary tract infection<br>5. Mucopurulent cervicitis<br>6. Neisseria gonorrhea |

3 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.

4 Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: *Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation*.

| | |
|---|---|
| | 7. Syphilis<br>8. Trichomoniasis<br>9. Urethritis/recurrent urethritis<br>10. Treatment of contacts of those with sexually transmitted infections |
| **Drug Schedules and Therapeutic Classes** | Schedule I:<br>1. Antibacterials<br>2. Antivirals<br>3. Antiprotozoals<br>4. Antimitotics<br>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 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[5] 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

[5] 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.

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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,

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,

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[1,2] 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

[1] 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.

[2] 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,

(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.

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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[1] for screening and diagnostic tests or imaging[2] 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[3] 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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[1] Giving a client-specific order may also refer to issuing an authorization.

[2] 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*.

[3] BCCNM General Bylaws, Part 7.

### MEDICAL SERVICE PLAN (MSP) PRACTITIONER NUMBERS

The ***Laboratory Services Regulation*** allows RNs and RPNs[4] 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 *Pt aKOHdaksg AOs*

### 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.

[4] 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

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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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.