



Scope of Practice



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

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INTRODUCTION

Nurses¹ often face decisions about whether they can perform specific activities. This practice standard outlines the legislated scope of nursing practice and other key requirements for nurses when deciding whether to perform an **activity** for safe client care. The term **client** care is used broadly to represent nursing practice across the system with individuals, families, communities or populations and includes paid or volunteer roles.

Scope of practice refers to a range of activities that nurses have the legislated **authority** to perform. This authority is defined in legislation, namely the *Nursing Act, 1991* and the *Regulated Health Professions Act, 1991* (RHPA). Employer policies and practice setting requirements, as well as the individual nurse's **competence**, also impact nurses' decisions and accountability related to scope of practice. This standard outlines the expectations for all nurses when determining if they have the authority to perform a specific activity, if it is appropriate for them to perform and if they are competent to perform the activity safely.

The *Nursing Act, 1991*, defines the nursing scope of practice as:

The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means to attain or maintain optimal function.²

This standard expands on the accountabilities found in the [Code of Conduct](#) (the Code), the central practice standard for nurses. Nurses are expected to practice in compliance with relevant legislation, the Code and all other CNO [practice standards](#). Contravening legislation or failing to meet the standards of practice could be **professional misconduct**.

¹ In this document, nurse refers to a Registered Nurse (RN), Registered Practical Nurse (RPN), and Nurse Practitioner (NP).

² See section 3 of the *Nursing Act, 1991*.

To meet the expectations of this standard, a nurse must consider each of the following key concepts:



Authority

Nurses must know their legislated scope of practice, including controlled acts, and **authorizing mechanisms**.



Context

Nurses must determine if their practice environment or setting supports the performance of an activity and has the available resources to support safe client care.



Competence

Nurses must ensure they have the individual knowledge, skill and judgment to perform an activity.

Each concept includes a set of nursing accountabilities, which are described in this practice standard. To ensure it is appropriate to perform an activity, nurses are expected to demonstrate these accountabilities.

This practice standard integrates information from and replaces the *Decisions about Procedures and Authority* practice standard and two guidelines, *Authorizing Mechanisms*, and the *RN and RPN Practice: The Client, the Nurse, and the Environment*.

Bolded terms are defined in the glossary at the end of the document.



Nurses must ensure they have the legal authority prior to performing any activity. This includes ensuring their practice complies with all relevant legislation, they have the appropriate authorizing mechanisms in place and they have assessed the **context** of their practice and their own competence to ensure they can provide safe client care.

Legislation

Nurses are accountable to practice in compliance with the regulations under the RHPA and the *Nursing Act, 1991*. The RHPA applies to all regulated health professions, while the *Nursing Act, 1991* is specific to the nursing profession. These Acts give nurses the legal authority to perform activities, including controlled acts.

Other legislation also may be relevant to a nurse's practice. Nurses are accountable to comply with all legislation that applies to their practice or practice setting.

AUTHORITY

Controlled acts

Controlled acts are defined in the RHPA³ as acts which may be performed only by authorized regulated health professionals. The *Nursing Act, 1991*, authorizes nurses to perform specific controlled acts when providing health care services to an individual. Controlled acts are considered potentially harmful if performed by someone who does not have the required knowledge, skill and judgment.

Controlled acts authorized to RNs and RPNs

Registered Nurses (RNs) and Registered Practical Nurses (RPNs) are authorized to perform the following five controlled acts, if ordered by a physician, dentist, chiropractist, midwife or Nurse Practitioner (NP), or if initiated in accordance with conditions set out in the regulation, and as authorized in their practice setting⁴:

1. performing a prescribed procedure below the dermis or a mucous membrane
2. administering a substance by injection or inhalation
3. putting an instrument, hand or finger
 - i) beyond the external ear canal
 - ii) beyond the point in the nasal passages where they normally narrow
 - iii) beyond the larynx
 - iv) beyond the opening of the urethra
 - v) beyond the labia majora
 - vi) beyond the anal verge
 - vii) into an artificial opening into the body
4. treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning
5. dispensing a drug

Additionally, RNs and RPNs may dispense or administer by injection or inhalation certain medications⁵ if ordered by RNs with prescribing authority, if permitted by the setting and in compliance with all relevant legislation, the standards of practice of the profession and applicable employer policies. See [Medication](#) practice standard for dispensing requirements.

³ See subsection 27(2) of *RHPA, 1991*.

⁴ Subject to the terms, conditions and limitations imposed of the certificate of registration.

⁵ See subsections 18(3) and 20(3) of O. Reg. 275/94.

Controlled acts authorized to RNs with prescribing authority

Registered Nurses who have completed CNO's Council-approved education are authorized to perform the following additional controlled acts,⁶ in accordance with conditions set out in the regulation, and as authorized by their practice setting:

1. prescribe a medication, or a drug from within a category of medications, set out in the regulation
2. communicate to a client or a client's representative a diagnosis made by the RN where the purpose of that communication is for prescribing the medication

Additionally, RNs with prescribing authority may dispense or administer by injection or inhalation a medication they are authorized to prescribe without an order from another authorized provider.⁷ For more information about RN prescribing, see the [Registered Nurse \(RN\) Prescribing practice standard](#).

Controlled acts authorized to Nurse Practitioners

Nurse Practitioners have an extended scope of practice and are authorized to diagnose, order and interpret diagnostic tests, prescribe medications and order other treatments for clients. Nurse Practitioners are autonomous and are accountable for their own practice and to employer policies. Controlled acts are not the only legislated authority informing a NP's scope of practice and accountabilities. For more information related to NPs' scope of practice and accountabilities, please review the [Nurse Practitioner practice standard](#).

Nurse Practitioners are authorized to perform the following eight controlled acts:^{8,9}

1. communicating to a client or client's representative a diagnosis made by the NP identifying as the cause of a client's symptoms, a disease or disorder
2. performing a procedure below the dermis or a mucous membrane

continued >

⁶ See subsection 5.1(1) of the *Nursing Act, 1991*.

⁷ Subject to the terms, conditions and limitations imposed on the certificate of registration.

⁸ See subsection 5.1(1) of the *Nursing Act, 1991*.

⁹ Subject to the terms, conditions and limitations imposed on the certificate of registration.

3. putting an instrument, hand or finger
 - i) beyond the external ear canal
 - ii) beyond the point in the nasal passages where they normally narrow
 - iii) beyond the larynx
 - iv) beyond the opening of the urethra
 - v) beyond the labia majora
 - vi) beyond the anal verge
 - vii) into an artificial opening into the body
4. applying or ordering the application of a specified [form of energy](#)
5. setting or casting a fracture of a bone or dislocation of a joint
6. administering a substance by injection or inhalation, in accordance with the regulation or when it has been ordered by another health care professional or physician who is authorized to order the procedure
7. prescribing, dispensing, selling and compounding a drug in accordance with the regulation
8. treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning

Exemptions and exceptions

The RHPA identifies some exemptions that permit nurses, under some conditions, to perform specific controlled acts that do not require an order or **delegation** for the performance of the controlled acts. Some settings or organizations may still require orders for these controlled acts for client safety. The RHPA¹⁰ also provides some exceptions that allow persons who are not authorized as members of a regulated health profession, for example, unregulated care providers, to perform controlled acts in some situations, including emergency situations. For a list of exemptions and exceptions see [Appendix A: Exemptions and exceptions for controlled acts](#).

¹⁰ See Section 29 of the RHPA.

Authorizing mechanisms

There are two ways RNs and RPNs obtain authority to perform a controlled act:



orders



delegation

Orders

An order is an authorizing mechanism for a procedure, treatment, drug or activity. Orders include **client-specific orders** and **directives**. An order is required when an activity:

- is a controlled act authorized to nursing, with the exception of those controlled acts that a nurse may **initiate** on their own authority ([see Appendix B: RN and RPN initiation of controlled acts](#))
 - ✓ Nurses can accept orders for controlled acts from the following authorized providers: Physicians, Nurse Practitioners, Dentists, Chiropodists, Midwives and Registered Nurses with prescribing authority¹¹
- involves the administration of a prescription medication that does not involve a controlled act (for example, oral or topical)
 - ✓ Nurses can accept an order to administer a prescription medication that does not involve a controlled act from a prescriber who has the authority through their health profession specific legislation
- is delegated and does not fall under a controlled act authorized to nursing
- is a requirement by legislation that applies to a practice setting, such as the *Public Hospitals Act*.

Orders may also be required as part of the client's plan of care or if specified in practice-setting policies.

¹¹ See subsection 5(1) of the *Nursing Act, 1991* and section 20 of regulation 275/94 under the *Nursing Act, 1991*.

Client-specific orders

A client-specific order is a written or verbal order for an individual client. Verbal orders must be used only in emergency situations or when the provider cannot document the order in the moment, such as in the operating room.

Before issuing a client-specific order, NPs must complete an initial client assessment, in-person or virtual¹², and establish a plan of care with follow-up. RNs with prescribing authority must also ensure an initial assessment is complete before issuing a client-specific order.

Directives

A directive is an order for an activity or series of activities that may be implemented for a number of clients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health professional who has the legislated authority to order the activity and for which they have the ultimate responsibility. For more information, see the [Directives](#) practice guideline.

Practices requiring a client-specific order

Many practice areas use client-specific orders; however, given the increased risk of harm involved, nurses must use client-specific orders in the following practices.

Controlled substances

Federal legislation requires that NPs issue client-specific orders when prescribing controlled substances¹³.

Aesthetic services

When providing **aesthetic services** that involve prescription drugs¹⁴ or treatments involving controlled acts (for example, injections of any substance, whether a prescription drug or otherwise), CNO requires that NPs issue only client-specific orders, and nurses accept only client-specific orders from authorized providers. For more information on aesthetic services see the [Aesthetic Services](#) practice guideline.

¹² Refer to the *Virtual Care* practice guideline to inform when a virtual assessment is appropriate.

¹³ Section 127 of the *Controlled Substances Regulations*.

¹⁴ The *Food and Drug Regulations* specify the sale of prescription drugs (for example, neuromodulators) requires a client-specific order from an authorized prescriber (for example, NP, physician). *Food and Drugs Regulations*, made under the *Food and Drugs Act*.



Nurses and delegation

Delegation occurs when a nurse or other regulated health professional (**delegator**), who is legally authorized and competent to perform a controlled act¹⁵, temporarily grants their authority to perform that controlled act to another individual (**delegatee**). Nurses can delegate controlled acts that they have the authority to perform, as noted in the section on controlled acts (see page 6), and nurses can receive delegation of controlled acts that they are not otherwise authorized to perform, if requirements are met. (See delegation requirements on page 12).

Delegation by nurses

Nurses who are authorized to perform controlled acts can delegate them to certain individuals, including unregulated care providers or other regulated health professionals¹⁶, subject to the restrictions outlined below (see page 12). A nurse who delegates a controlled act is responsible for the decision to delegate and for ensuring the delegatee is competent to perform the controlled act. For example, a nurse may delegate performing an injection to an unregulated care provider since the nurse has the authority to perform this controlled act.

Delegation to nurses

Nurses can receive delegation for controlled acts they are not authorized to perform. Nurses who perform controlled acts delegated to them are responsible for the decision to carry out the controlled

¹⁵ Controlled acts nurses have access to are in the *Nursing Act, 1991*: sections 4, 4.1, 5.1.

¹⁶ Nurses can delegate to other regulated health professionals who do not have access to the controlled act through their profession specific act.

act and for the performance of the act. For example, an RPN may receive delegation from an NP to communicate a diagnosis to a client, as this is a controlled act not authorized to RPNs.

Delegation requirements

Delegation requirements include those set out in regulation under the *Nursing Act, 1991*, and those set by this standard to support safe delegation. All nurses are accountable to these requirements when delegating the authority to perform a controlled act to an unregulated care provider or another regulated health professional, and when receiving delegation. As delegation is a temporary, client-specific transfer of authority for a controlled act only, the delegating nurse remains responsible for the client's ongoing nursing care, including assessment, care planning and follow-up.

Requirements for delegating controlled acts

Regulation 275/94 under the *Nursing Act, 1991*, requires that the delegating nurse has:

- 1) the authority under the *Nursing Act, 1991*, to perform the controlled act
- 2) the knowledge, skill and judgment to perform the controlled act safely and ethically
- 3) a nurse-client relationship with the client for whom the controlled act will be performed
- 4) considered whether the delegation of the controlled act is appropriate, bearing in mind the best interests and needs of the client
- 5) taken reasonable steps to ensure that sufficient safeguards and resources are available to the delegatee so that the controlled act may be performed safely and ethically
- 6) considered whether delegation of the controlled act should be subject to any conditions to ensure that it is performed safely and ethically and has made the delegation subject to conditions
- 7) after taking reasonable steps, is satisfied that the delegatee is a person who is permitted to accept the delegation
- 8) after taking reasonable steps, is satisfied that the delegatee is,
 - (a) a member of the CNO who has a nurse-client relationship with the client
 - (b) a health care provider who has a professional relationship with the client
 - (c) a person in the client's household, or
 - (d) a person who routinely provides assistance or treatment for the client
- 9) ensured the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically
- 10) delegated a controlled act but has reasonable grounds to believe that the delegatee no longer has the ability to perform the controlled act safely and ethically, the nurse must immediately cease to delegate the controlled act to that delegatee

11) documented details of the delegation that must include:

- (a) a written record of the particulars of the delegation and is available in the place where the controlled act is to be performed, before it is performed
- (b) a written record of the particulars of the delegation, or a copy of the record, is placed in the client record at the time the delegation takes place or within a reasonable period of time afterwards
- (c) recording particulars of the delegation (the date of the delegation, the delegatee's name) in the client record either at the time the delegation takes place or within a reasonable period of time afterwards.

This standard requires that a nurse meet all of the following additional requirements for delegation. The nurse must:

- 1) assess the client
- 2) ensure the treatment ordered is appropriate with a clear understanding of ongoing management and follow up, including the nurse's accountability to follow up after the delegated act has been performed
- 3) communicate to the client plans for delegation and obtain their consent for the activity
- 4) actively assess whether delegation is appropriate or if the nurse (delegator) should be performing the controlled act instead of the potential delegatee based on the client's needs
- 5) not delegate when the primary reasons for delegating are for monetary gain and/or convenience
- 6) assess the environment where the controlled act will be performed and ensure it is safe and suitable, including infection prevention and control measures (for more details, see below Principle: Context)
- 7) if the delegatee is a regulated health professional, ensure through the delegatee's regulatory college that the delegatee is not in the Non-Practising Class or Inactive Class and their registration is not revoked or suspended, or subject to terms, conditions or limitations, that may restrict them from accepting delegation
- 8) assess the knowledge, skill and judgment of the delegatee, and where possible observe, or validate the delegatee's ability to perform the controlled act, including related to identifying and managing anticipated outcomes and complications or escalating when needed
- 9) ensure ongoing supervision and assessment of the delegatee and follow-up of the client, to ensure the controlled act is being performed safely and ethically.

Requirements for the nurse accepting delegation of controlled acts

Regulation 275/94 under the *Nursing Act, 1991*, requires that the nurse accepting delegation has:

- 1) the knowledge, skill and judgment to perform the controlled act safely and ethically
- 2) a nurse-client relationship with the client for whom the controlled act is to be performed
- 3) considered whether performing the controlled act is appropriate, bearing in mind the best interests and needs of the client
- 4) after taking reasonable steps, is satisfied that there are sufficient safeguards and resources available to ensure that the controlled act can be performed safely and ethically
- 5) no reason to believe that the delegator is not permitted to delegate that controlled act
- 6) if the delegation is subject to any conditions, ensured that the conditions have been met
- 7) after performing a controlled act that was delegated to them must record the particulars of the delegation in the client record, unless:
 - (a) a written record of the particulars of the delegation is available in the place where the controlled act is to be performed
 - (b) a written record of the particulars of the delegation, or a copy of the record, is in the client record
 - (c) the particulars of the delegation have already been recorded in the client record (the date of the delegation, the delegator's name, if controlled act was delegated to the nurse, the conditions, if any, applicable to the delegation).

Delegation restrictions

Regulations under the *Nursing Act, 1991* contain the following:

The following are delegation restrictions for nurses:

- nurses cannot delegate a controlled act that has been delegated to them. This is referred to as sub-delegation¹⁷
- nurses in the Temporary Class¹⁸ and the Emergency Class¹⁹ are not permitted to delegate or accept delegation
- nurses in the Special Assignment Class²⁰ are not permitted to delegate to other health care professionals.

¹⁷ See subsection 37(2) of O. Reg. 275/94.

¹⁸ See subsection 5.1(1), paragraphs 5 and 6 of O. Reg. 275/94.

¹⁹ See subsection 7(5)6 and 7(5)7 of O. Reg. 275/94.

²⁰ See subsection 6(5)5 of O. Reg. 275/94.

Registered Nurses and RPNs cannot delegate these controlled acts:²¹

- treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning
- dispensing a drug.

Registered Nurses with prescribing authority cannot delegate these controlled acts:²²

- prescribing a medication
- communicating to a client or a client's representative a diagnosis made by the RN where the purpose of that communication is for prescribing the medication.

Nurse Practitioners cannot delegate these controlled acts:²³

- prescribing, dispensing, selling or compounding medication
- ordering the application of a form of energy
- setting a fracture or joint dislocation
- treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Added delegation requirements for aesthetic services:

Given the risks involved in nursing practice related to aesthetics services, CNO requires that nurses who are delegating controlled acts to unregulated care providers or other non-nurse health providers:

- must be onsite for the entirety of the procedure when they have delegated an aesthetics procedure.

²¹ See subsections 35(2) and 35(3) of O. Reg. 275/94.

²² See section 36(2)-(5) of O. Reg. 275/94.

²³ See section 36(2)-(5) of O. Reg. 275/94 For example, nurses are not allowed to initiate controlled acts under The *Public Hospitals Act, 1990*.

When an authorizing mechanism is not required: Initiation

Initiation²⁴ occurs when RNs or RPNs are permitted by regulation to independently assess and perform specific controlled acts without an order. Not all nurses will be able to initiate specific controlled acts, as this authority may not apply to certain practice settings because of legislation²⁵ or facility policies. As with all activities, nurses must ensure they have informed consent. See [Appendix B: RN and RPN initiation of controlled acts](#).

Nursing accountabilities: Authority

Nurses are expected to demonstrate the following nursing accountabilities in relation to authority:

- know and work in compliance with legislation, including
 - ✓ performing controlled acts only in the context of a therapeutic nurse-client relationship
 - ✓ ensuring appropriate authority is in place in the form of client-specific orders or directives
 - ✓ following orders that are clear, complete and appropriate
 - ✓ ensuring delegation, in addition to an order, is permitted and in place before performing a controlled act that is not authorized under the *Nursing Act, 1991*
 - ✓ ensuring that the initiation of activities complies with the regulatory and practice-specific legislation and employer policies
- document orders and activities performed or initiated as outlined in the [Documentation](#) practice standard
- obtain informed consent as outlined in the [Consent](#) practice guideline

²⁴ See sections 15 and 15.1 of O. Reg. 275/94 of the *Nursing Act, 1991*.

²⁵ For example, nurses are not allowed to initiate controlled acts under The *Public Hospitals Act, 1990*.



A nurse who has the legal authority to perform an activity must also consider if it is appropriate to do so within the context of their practice setting. Context may include the broader environment in which nurses work, the health care setting and the available resources to support the nurse and client.

A quality practice setting is a workplace that supports nursing practice, fosters professional development and promotes the delivery of quality care. This includes where and how care is provided to ensure all safety precautions are taken.

Nurses must ensure their practice complies with all applicable legislation, including practice specific legislation and employer policies. Nurses must recognize that employers can limit but cannot expand their legislated scope of practice. When employer policies conflict, nurses' primary accountability is to meet the CNO standards of practice. Nurses must ensure compliance with practice standards and advocate for policies that support safe client care.

Client safety is a shared responsibility and requires partnership. As partners, both employers and nurses, share accountability for creating environments that support quality practice. Nursing is a profession focused on collaborative relationships that promote the best possible outcomes for clients. Nurses foster interprofessional relationships and routinely collaborate and communicate with the health care team to provide safe client care.

CONTEXT

Nursing accountabilities: Context

Nurses are expected to demonstrate the following accountabilities in relation to context:

- ensure practice setting policies permit and support nurses to perform an activity
- assess and advocate for the necessary resources to support the performance of an activity and to manage outcomes
- support the development of a practice environment that enhances collaboration and leads to improved client outcomes
- consider any environmental risks that could impact the ability to safely perform an activity
- consult and advocate to the employer for clear employer policies and procedures
- collaborate and communicate with other health care team members for safe and effective client care and as needed, escalate to an appropriate health care provider
- refrain from any activity that is not appropriate or safe for clients in the practice setting or under workplace policies
- perform activities in practice settings where health services are routinely performed
- comply with all safety requirements, for example, infection, prevention and control, using best available evidence to inform practice



A nurse who has the legal authority and has assessed the context of their practice environment also must ensure they have the competence to safely perform an activity. Competence is the knowledge, skill and judgment required to perform an activity safely within a nurse's role and practice setting. Nursing competence also includes leadership, decision-making and critical-thinking skills. Nurses are accountable to continually reflect on their practice and determine their learning needs to ensure they can provide safe client care.

An individual nurse's competence can evolve over time. Being self-reflective and committed to life-long learning is a critical part of providing safe client care. Nurses participate in quality assurance activities throughout their careers. This includes continually self-reflecting, identifying learning needs and developing a learning plan to maintain competence. Nurses also must participate in CNO's Quality Assurance program, which is a legislated requirement in the RHPA.²⁶

The requirements needed to achieve the competence to safely perform a particular activity is specific to each nurse and includes education, training and experience. Nurses are expected to communicate with their employer if they require additional learning or professional development to provide safe client care.

COMPETENCE

²⁶ See the Health Professions Procedural Code in Schedule 2 of the *Regulated Health Professions Act, 1991*.

Nursing accountabilities: Competence

Nurses are expected to demonstrate the following nursing accountabilities in relation to competence:

- demonstrate the knowledge, skill, and judgment to perform an activity safely and effectively, including
 - ✓ understanding the client's overall condition and needs
 - ✓ understanding the purpose of the intervention
 - ✓ understanding the indications and contraindications
 - ✓ assessing the risks and benefits
 - ✓ demonstrating cognitive and technical competence to perform the activity
 - ✓ managing potential outcomes and modifying actions as appropriate
- determine if the client's condition warrants the performance of the activity
- perform an activity that is based on the best interests of the client and includes the client's wishes
- consult or transfer care to another care provider when necessary for safe client care
- refrain from performing any activity when not competent to perform and, as needed, escalate to an appropriate health care provider
- self-reflect, identify learning needs and continuously seek out and integrate learning to improve their knowledge, skill and judgement in relation to their practice
- participate in CNO's Quality Assurance Program

Activity: An intervention, procedure or action taken to promote, manage and support client care.

Aesthetic services: Are the provision of procedures, including those that involve controlled acts, for the purpose of cosmetic treatment to enhance, preserve or alter a client's appearance. Examples of aesthetic services provided by nurses include but are not limited to the administration of neuromodulators, dermal fillers, thread lifts, platelet rich plasma and microneedling.

Authority: When a nurse is legally entitled to perform an activity by the RHPA, the *Nursing Act, 1991* and the regulations under those Acts, is permitted by setting-specific legislation and employer policies and the required authorizing mechanisms are in place.

Authorizing mechanism: A means by which the authority to perform an intervention is obtained or the decision is made to perform an activity.

Client: An individual, family, group, community or population receiving nursing care, including but not limited to, "patients" or "residents".

Client-specific orders: An order for an individual client that may be written or verbal. A health care professional, such as a physician, NP, dentist, chiropodist, midwife or RN with prescribing authority, can give a client-specific order to authorize a specific procedure, treatment, drug or activity, to be administered at a specific time or which could occur over time.

Competence: The knowledge, skill and judgment required to perform an activity safely and manage outcomes within a nurse's role and practice setting.

Context: The broader environment in which nurses work, the health care setting and the available resources to support the nurse and client.

Delegatee: The individual receiving delegation from a regulated health professional who has the authority and competence to perform an intervention under one of the controlled acts.

Delegation: A formal process through which a regulated health professional (delegator), who has the authority and competence to perform a procedure under one of the controlled acts, temporarily delegates the performance of that procedure to another individual (delegatee).

Delegator: An authorized regulated health professional who transfers to another individual the authority to perform an intervention under one of the controlled acts.

Directive: An order for an activity or series of activities that may be implemented for a number of clients, when specific conditions are met and specific circumstances exist. A directive is always written by an individual or a group, who are authorized regulated health care provider(s), who have the legislated authority to order the activity and for which they have ultimate responsibility.

Initiate: A process where RNs or RPNs are permitted to independently assess and perform specific controlled acts without an order, in certain settings pursuant to the authority and conditions set out in the regulation.

Professional misconduct: An act or omission that contravenes nurses' legislated obligations and/or the standards of practice and ethics of the profession. Professional misconduct is defined in section 51(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, and further described in the Professional Misconduct regulation (O. Reg, 799/93) under the *Nursing Act, 1991*.

APPENDIX A: EXEMPTIONS AND EXCEPTIONS FOR CONTROLLED ACTS

The RHPA provides several exemptions and exceptions that allow persons who are regulated health professionals, unregulated care providers and members of the public to perform controlled acts.

These exemptions include:

- ear piercing or body piercing for the purpose of accommodating a piece of jewelry²⁷
- electrolysis
- tattooing for cosmetic purposes
- male circumcision as part of a religious tradition or ceremony²⁸
- taking a blood sample by a person employed by a laboratory licensed under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*²⁹
- diagnostic ultrasound³⁰
- acupuncture³¹
- prescribing normal saline for venipuncture³²

These exceptions³³ include:

- providing first aid or temporary assistance in an emergency
- under the supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the professional's practice
- treating a person by prayer or spiritual means in accordance with the religion of the person giving the treatment
- treating a member of a person's household and the procedure is within the second³⁴ or third³⁵ controlled act authorized to nursing
- assisting a person with their routine activities of living and the procedure is within the second or third controlled act authorized to nursing

continued >

²⁷ *Regulated Health Professions Act* O. Reg. 107/96, s. 8; S.O. 2006, c. 27, s. 19 (1).

²⁸ Section 9 of O. Reg. 107/96.

²⁹ Section 11 of O. Reg. 107/96.

³⁰ See section 4.1 in O. Reg. 107/96.

³¹ Section 8(2), (3), (5)-(6), of O. Reg. 107/96.

³² Section 13 of O. Reg. 107/96.

³³ See subsection 30(5) in the *Regulated Health Professions Act, 1991*.

³⁴ Administering a substance by injection or inhalation.

³⁵ Putting an instrument, hand or finger as listed in subsection 4(3) of the *Nursing Act, 1991*.

Emergency situations

The RHPA allows members of the public and regulated health care providers to perform controlled acts without authorization when providing first aid or temporary assistance in an emergency.³⁶ CNO maintains, however, that in situations in which it is anticipated that emergencies will likely occur, such as in a hospital or long-term care facility, nurses should ensure a standardized process to enable nurses to attain and maintain competence in performing emergency procedures that are outside the controlled acts authorized to nursing. This process includes:

- education and ongoing assessment of competence with the involvement of a health professional authorized and competent to perform the procedure
- documentation of the process
- written criteria to select appropriate clients and identify treatment parameters
- necessary authority and/or resources to manage client outcomes

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³⁶ See subsection 29(1) in the *Regulated Health Professions Act, 1991*.

APPENDIX B: RN AND RPN INITIATION OF CONTROLLED ACTS

As outlined in the regulation under the *Nursing Act, 1991*, RNs and RPNs may initiate³⁷ the following:

1. **care of a wound below the dermis or below a mucous membrane:**
 - cleansing
 - soaking
 - irrigating
 - probing
 - debriding
 - packing
 - dressing
2. **venipuncture to**
 - establish peripheral venous access and maintain patency when client requires medical attention and delaying venipuncture is likely to be harmful
 - 0.9% NaCl only
3. **for the purposes of assisting the client with health management activities that require putting an instrument beyond the**
 - point in the nasal passages where they normally narrow
 - larynx
 - opening of the urethra
4. **for the purpose of assessing the client or assisting the client with health management activities that require putting an instrument or finger beyond the**
 - anal verge
 - artificial opening into the client's body
5. **for the purposes of assessing a client or assisting the client with health management activities that require putting an instrument, hand or finger beyond the**
 - labia majora
6. **treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.**

Registered Nurses who meet the conditions to initiate any of the above controlled acts may provide an order for an RN or an RPN to perform these specific controlled acts.

³⁷ See sections 15 and 15.1 of O. Reg. 275/94 of the *Nursing Act, 1991*.

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Scope of Practice

Practice Standard

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