



# Aesthetic Services



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

# Contents

<b>Introduction</b>	<b>3</b>
<b>What are aesthetic services?</b>	<b>3</b>
<b>Nursing accountabilities</b>	<b>4</b>
<b>Working with unregulated care providers</b>	<b>13</b>
<b>Additional guidance for nurses in independent practice</b>	<b>15</b>
<b>Additional guidance for Nurse Practitioners</b>	<b>16</b>
<b>Glossary</b>	<b>17</b>
<b>Appendix: Aesthetic practice setting resource</b>	<b>20</b>
<b>References</b>	<b>22</b>

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*Practice guidelines inform nurses on how to apply the **standards of practice** to a specific area of practice. Nurses providing aesthetic services are expected to practice in compliance with relevant legislation, the [Code of Conduct](#), all other standards of practice of the profession and applicable employer and organizational policies. Not complying with legislation or failing to meet the standards of practice may be considered **professional misconduct**.*

# Introduction

The purpose of this document is to provide nurses<sup>1</sup> working in any aspect of **aesthetic services** with guidance on their practice. This practice guideline:

- defines aesthetic services
- outlines nursing accountabilities
- gives additional guidance for nurses working with unregulated care providers
- gives additional guidance for nurses in **independent practice**
- gives additional guidance for Nurse Practitioners (NPs)

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

## What are aesthetic services?

Aesthetic services are the provision of procedures, including those involving **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.

Aesthetic services carry the same risks for clients as do medical procedures, including adverse events such as infection, pain and, in serious cases, even death.

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<sup>1</sup> Nurse Practitioners (NPs), Registered Nurses (RNs) and Registered Practical Nurses (RPNs)



# Nursing accountabilities

CNO continues to consult with health system partners to actively review how authorizing mechanisms, including directives and delegation, are used in this area of practice. Nurses are expected to understand their accountabilities and stay informed of any changes when they take effect.

Nurses providing aesthetic services have the same accountabilities as nurses working in other health care settings. Nurses must practice within the limits of their scope of practice. The [Scope of Practice](#) standard outlines the legislative scope of practice for nurses using three key concepts, **authority**, **context** and **competence**, to consider when deciding whether to perform an activity. Nurses must consider how these three concepts apply to their practice and use this to inform their decision-making.

## Authority

Authority is the legal ability to perform an activity outlined in legislation.<sup>2</sup> Many aesthetic services involve controlled acts. For example, the injection of neuromodulators and dermal fillers involves the controlled acts of “performing a prescribed procedure below the dermis” and “administering a substance by injection.” Refer to page 6 of the *Scope of Practice* standard for a list of controlled acts authorized to nurses. Considerations for determining whether a nurse has the authority to perform a procedure include:

<sup>2</sup> Legislation includes the *Regulated Health Professions Act, 1991*, *Nursing Act, 1991*, and other legislation including setting-specific legislation.

- if a controlled act is required for the procedure, an **authorizing mechanism** (such as a **direct order** or **directive**) is required from an authorized provider, for example, an NP or a physician<sup>3</sup>
- the authorizing mechanism must be clear, complete and appropriate. The appropriateness of an authorizing mechanism would be based on an assessment, evaluating the client's health history, contraindications, physical assessment and the best evidence available. If the authorizing mechanism is unclear, incomplete or inappropriate, or if issues arise, the nurse must follow up with the authorized provider

If delegating controlled acts to unregulated care providers (UCPs), see the [Working with unregulated care providers](#) section.

## Context

Although a nurse may have the authority to perform an activity, they must ensure it is appropriate to do so within the context of their practice setting and must ensure it is in the client's best interest. Context includes having available resources in the physical environment and access to equipment and human resources to support the nurse and client.

An employer's policies and procedures are essential to provide clear direction for specific actions in clinical and non-clinical situations. The main purpose is to reduce client, professional and organizational risk by incorporating the best evidence available and ensuring compliance with legislation and practice standards. If employer policies do not exist, nurses should advocate for policies and procedures that align with CNO's practice standards and guidelines.

To help ensure safe practice, the following considerations should be outlined in employer policies:

- resources to support safe practice and manage adverse outcomes, including in an **emergency**, for example, equipment and other support staff for consultation as needed
- availability of the authorized provider for prompt consultation when necessary
- all drugs, substances, products and equipment used are **Health Canada-approved**. Approval of a product outside of Canada, for example, by the United States Food and Drug Administration (FDA), does not extend to Ontario
- manufacturer recommendations for storage and handling of drugs, substances and medical devices are followed to maintain quality and efficacy of products. (See the

<sup>3</sup> *Nursing Act, 1991, Section 5*

[Medication](#) practice standard for more information.)

- manufacturer’s instructions for infection prevention and control best practices for proper handling, cleaning/sanitizing/disinfecting/sterilizing and disposing of materials and equipment needed for any procedure are followed. (See [Code of Conduct](#), Principle 3.4, for more information.)
- the physical environment where procedures are performed is safe and ensures the best possible outcome for the client. Nurses should follow [public health recommendations](#) for infection prevention and control when working in a clinical office setting and consult with their local public health unit for further guidance and support

See [Appendix: Aesthetic practice setting resource](#) for more recommendations on policies and procedures.

## Competence

A nurse who has authority and has assessed the context to determine the suitability of their practice environment must also ensure they have the competence to perform an activity safely and manage any potential adverse events. Competence is the knowledge, skill and judgment needed to perform an activity safely and ethically within a nurse’s role and practice setting, including:

- obtaining training or education to support their knowledge, skill and judgment in this nursing area
- ensuring any training or education they take or create is based on the best evidence available, including considerations and potential risks due to variations in skin anatomy, pigmentation and healing responses of clients from diverse backgrounds
- having a plan to maintain their continuing competence and participate in CNO’s [Quality Assurance Program](#)

The knowledge, skill and training needed to perform aesthetic services are not fully included in entry-level nursing education programs. Nurses are expected to undertake additional training or education before providing aesthetic services. While CNO does not endorse or approve specific continuing education programs or certifications, the education should be independent, evidence-informed and not tied to specific product manufacturers. CNO recommends nurses complete training that includes the following components, to obtain foundational knowledge in aesthetics:

- **theoretical** – direct instruction given, and informed by evidence from current research, literature and theories applicable to aesthetics. This component may take place in a classroom and through other strategies, including simulation platforms. Theory may include lectures, demonstrations, step-by-step instructions or educational questions led by an instructor. Topics may include anatomy and physiology, infection prevention and control, adverse reactions, pharmacology, proper techniques and management of outcomes
- **practical application** – the learner practices relevant skills, while under the supervision of an experienced and qualified practitioner, that can be individualized to the learner’s needs. Practical training should be a structured process that allows nurses to put their theoretical learning into practice. This may include simulations, case studies and clinical opportunities with the appropriate authorizing mechanisms in place
- **evaluation** – a process to determine the learner’s understanding and integration of knowledge, including tests, clinical competency demonstration, formal feedback and evaluation of learning activities

Recognizing the evolving nature of the aesthetics industry, once foundational knowledge of this practice area is obtained, nurses should pursue more training on specific topics or techniques to maintain continuing competence. When selecting training or education, nurses should consider client needs and whether the content is based on evidence, previous training and experience, comprehensiveness and training relevance.

## Informed consent

Nurses are accountable for obtaining **informed consent** for any procedure they perform, as outlined in CNO’s [Consent](#) practice guideline. Consent must be voluntary and not obtained through undue pressure, influence or misrepresentation by the nurse or others. Nurses should not provide treatment if there is a reason to believe the client does not understand the nature of the decision to be made or its likely or potential consequences. Consent is an ongoing process that may need to be renewed when changes to the client’s care plan or condition occur. The client also has the right to revoke or change consent at any time.

There are considerations when obtaining informed consent for any procedure. The nurse must have communicated with the client effectively and have reasonable grounds to believe the client understands the following:

- the nature of the proposed procedure, related costs, risks and complications
- the procedure’s expected results and potential follow-up needs

- the exact nature of all products used in the procedure, including the rationale for choosing the product, for example, the brand of the product
- the option of any alternative courses of action or products
- the intended use of any photos and/or videos being taken, for example, whether the media is taken for documentation or advertising purposes. If media is taken for advertising, see the [Advertising](#) section

Performing a procedure on a client without informed consent is unlawful and could amount to professional misconduct (see CNO's [Professional Conduct: Professional Misconduct](#) document for more information) and/or a civil action for monetary damages.

## Documentation and management of health information

Nurses are accountable for clear, complete and accurate documentation, to ensure safe, effective client care. Nurses must adhere to documentation requirements outlined in CNO's [Documentation](#) practice standard, including:

- capturing relevant health history, for example, past medical, surgical, allergy and medication history
- detailing in the client's record the care discussed and given, for example, consultation, assessment, planning, procedure performed, evaluation and education
- recording information about drugs or products used, for example, name, lot number, dose, route and the site used, as noted in the [Medication](#) practice standard
- recording client's informed consent, for example, signed written consent

Privacy and management of health information requirements are outlined in legislation, the [Personal Health Information Protection Act, 2004](#), and in CNO's [Confidentiality and Privacy—Personal Health Information](#) practice standard. Personal health information is any identifying information about a client's health.<sup>4</sup> Information is 'identifying' if a person can be recognized from it or if the information can be combined with other information to identify a person. Identifying information may include text and other types of media, for example, photos or videos.

Nurses in independent practice, or those employed in non-health care settings, may be considered **health information custodians**. When a nurse is acting as a health information custodian under

<sup>4</sup> *Personal Health Information Protection Act, 2004, Section 4(1)*

the *Personal Health Information Protection Act, 2004*, the nurse is accountable to ensure they have the following:

- policies that align with relevant legislation on protecting, retaining and disposing of client health records
- strategies in place to protect all personal health information against privacy breaches and to ensure confidentiality

If a nurse is an agent of a health information custodian, for example, an employee of the custodian, the nurse must follow the custodian's policies and practices around the protection and management of personal health information and notify the custodian of any privacy breaches.

For questions related to management of health information, consult with the Office of the Information and Privacy Commissioner of Ontario, or your legal representative.

## Conflict of interest

Nurses must avoid situations in which there is the potential to misuse the **therapeutic nurse-client relationship (TNCR)** for personal benefit.<sup>5</sup> It is important to remember the power imbalance in the TNCR and the trust the public places in nurses to act in the public's best interest. Additional considerations, when thinking about conflict of interest, include the following:

- ensuring the product or procedure being recommended is in the client's best interest and is evidence-informed and not based on the nurse's self-interest, for example, receiving an incentive for selling or using the product
- not soliciting or accepting gratuities, for example, tips from clients as it may impact the nurse-client relationship negatively by placing the nurse's personal gain ahead of the client's best interest
- not using their professional designation to endorse or promote one procedure option over others, when that procedure may not be in the client's best interest (See the [Professional Conduct: Professional Misconduct](#) document for more information.)
- using strategies to reduce the risk of the nurse's interactions with related industries, including pharmaceutical, medical device and technology companies, so those interactions do not interfere with evidence-informed decision-making, for example, compensation or business promotion incentives based on selling volumes of specific products or injections

<sup>5</sup> *Nursing Act, 1991, O. Reg. 799/93*

## Therapeutic nurse-client relationship

As noted in the [Professional Boundaries and Nurse-Client Relationships](#) practice standard, nurses establish and maintain the TNCR using their nursing knowledge, skill and judgment to focus on the client's health and well-being. Each client's goals are highly personal and shaped by diverse cultural norms, gender identities and individual perceptions of beauty. Using self-reflection, nurses are accountable for working with the client to meet their needs and expectations without imposing the nurse's own beliefs and values on the client, as noted in the [Code of Conduct](#).

Nurses may contemplate declining to provide care in situations where they believe the client's wishes are not in the client's best interest, contradict the best evidence available or pose an unacceptable level of risk. Using their knowledge, skill and judgment, nurses are accountable for clearly explaining and documenting the rationale for not recommending or not providing the requested treatment.

There also may be situations where the client's expectations exceed a nurse's scope of practice and/or abilities and the nurse may need to decline to provide care and refer them to a different provider who can meet the client's needs.

## Maintaining professional boundaries

Nurses are responsible for effectively establishing and maintaining the boundaries of the TNCR, to prevent the inherent power imbalance from affecting the client's care. The boundaries of the nurse-client relationship may have a higher potential for becoming blurred in aesthetic practice compared to other areas of nursing, due to the elective nature of these procedures and the client-driven business aspect. Regardless of the practice setting nurses work in, nurses must refrain from entering into friendships, or personal, romantic or sexual relationships with clients. Additionally, nurses should avoid providing nursing care to family and friends, except in limited circumstances when they are unable to transfer care.

Nurses are accountable for protecting clients from abuse. Abuse may be verbal, emotional, physical, sexual<sup>6</sup> or financial. Abuse of any kind constitutes professional misconduct. Failure to wait at least one year following the end of the TNCR before entering into a romantic or sexual relationship is sexual abuse and constitutes an act of professional misconduct. (For more information on professional boundaries and abuse, see CNO's [Professional Boundaries and Nurse-Client Relationships](#) practice standard.)

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<sup>6</sup> Regulated Health Professions Act, 1991, Health Professions Procedural Code, Section 1(3-6)

## Advertising

It is common for nurses to advertise their services using a variety of formats, including print, radio and digital media, for example, social media. Nurses must be aware of their accountabilities when advertising their services. To align with the [Code of Conduct](#), advertisements must be:

- **truthful** – accurate, factual and must not mislead the audience or use sensational claims or statements, and the information must be verifiable
- **professional** – maintain the profession’s integrity and not erode public confidence in nurses or the nursing profession
- **ethical** – provide all relevant information and avoid using comparative statements or guaranteeing the success of a treatment or product

For accountabilities related to advertising, see the [Independent Practice](#) guideline.

When advertising aesthetic services, nurses must:

- include their full name, professional designation as noted on CNO’s public register and their role on the care team. To help clients make informed decisions and ensure transparency of the care team, advertising also should include the name of the nurse’s authorizing provider or medical director
- not reference, directly or indirectly, the therapeutic use or benefits of specific prescription drugs. Canada’s [Food and Drugs Regulations \(Section C.01.044\)](#) outline specific restrictions to advertisement of prescription drugs to consumers, which prohibit advertising prescription drugs to consumers beyond the name, price and quantity. This includes videos describing the procedures, before-and-after-treatment pictures, pictures alluding to the indications of the drug and testimonials regarding the therapeutic effects. See [Health Canada](#) for additional information on the marketing of prescription drugs and medical devices
- obtain a client’s informed consent when media (images and videos) are used. Media used must be a result of the work of the nurse associated with the advertisement and must not be digitally enhanced, for example, photoshopped or retouched

Recognizing not all nurses have control over how their services are advertised, for example, the nurse is an employee, nurses are accountable to advocate for responsible advertising practices and to ensure the public is given truthful, professional and ethical information. If the employer is a regulated health professional, nurses also can consult or report their concerns to the employer’s regulator. If nurses have concerns that their employer may be breaching the requirements set

out in the [Food and Drugs Act](#), they should contact [Health Canada](#). Nurses should document the actions they have taken in advocating for appropriate advertising.

### **Care team, roles and title use**

Clients are entitled to know who is providing their care. Regardless of titles assigned in a practice setting, for example, cosmetic nurse, nurse injector, medical director, etc., nurses must identify themselves to clients using their full name and the professional designation that reflects their registration status with CNO, for example, NP, RN, RPN, as noted in the [Code of Conduct](#). The titles “nurse,” “Nurse Practitioner,” “Registered Nurse” or “Registered Practical Nurse,” or a variation or abbreviation in any language, are the only protected titles outlined in the *Nursing Act, 1991*.

Nurses are expected to use titles that truthfully represent their qualifications. When considering a job title, it is important to consider how it will be perceived by the public and to ensure it does not cause misunderstandings or mislead the public. For example, the use of adjectives, such as “expert” or “master” may mislead the public about a nurse’s level of qualification and experience.

### **Liability protection**

Every nurse in a practicing class, for example, General and Extended Class, must hold [Professional Liability Protection](#) (PLP). CNO has minimum PLP requirements for nurses; however, nurses are encouraged to consult with their employer, PLP provider or legal representative to understand if additional coverage may be required when providing aesthetic services.

# Working with unregulated care providers

CNO continues to consult with health system partners to actively review how authorizing mechanisms, including directives and delegation, are used in this area of practice. Nurses are expected to understand their accountabilities and stay informed of any changes when they take effect.

There are times when nurses assign or delegate activities to unregulated care providers (UCPs); however, it is essential that nurses understand their accountabilities before doing so. Procedures involving controlled acts require **delegation**, while activities that do not involve controlled acts may be assigned. Delegation involves the temporary transfer of authority to perform a specific controlled act to an individual client, not the overall nursing care. The delegating nurse retains full responsibility for the ongoing management and outcomes of the client's care.

Nurses who delegate must follow the 10 requirements for delegation. A nurse who delegates a controlled act is responsible for the decision to delegate and for ensuring the individual receiving delegation (**delegatee**) is competent to perform the controlled act. There are restrictions for the controlled acts nurses can delegate. (See the [Scope of Practice](#) standard for more information.)

Delegation and assigning to UCPs are dependent on employer policies and the nurse's judgment. When working with UCPs, nurses must consider the following factors:

- **competence** – the UCP has the knowledge, skill and judgment to perform the activities being delegated or assigned, including actions that must be taken should an adverse event occur
- **supervision** – an appropriate level of supervision is provided based on the risk of the activity being delegated or assigned, for example, type of procedure being performed, client characteristics, experience of the UCP and environmental supports available
- **follow-up** – there is a plan for ongoing assessment and evaluation of the client post-procedure

Unregulated care providers are accountable to their employers, not to CNO. It is up to employers to determine the UCP's role requirements, including training or education, what can be delegated to them and by whom. Policies and guidelines should be created to guide the safe use of UCPs in the care setting. (For more information about delegating, assigning, teaching or supervising a UCP, see the [Working with Unregulated Care Providers](#) guideline.)

If a nurse is concerned about using UCPs in their practice setting, they should refrain from assigning or delegating activities to the UCP and collaborate with their employer or care team to develop policies for the scope of the UCP role that are in the interest of client safety. (See [Appendix: Aesthetic practice setting resource](#) for examples of suggested policies.)

# Additional guidance for nurses in independent practice

Nurses who are operating their own independent nursing practice or business to provide aesthetic services should adhere to the guidance outlined in the [Independent Practice](#) guideline. It is important to note, when working in independent practice, nurses often do not have the support or safeguards available in larger organizations, for example, hospitals, and would need to ensure they and their staff are practicing safely.

Employers are responsible for maintaining a quality practice setting, which includes having written policies and procedures to guide decision-making processes in the practice setting. A quality practice setting also includes ensuring staff have the appropriate equipment and support available to provide safe client care. (See [Appendix: Aesthetic practice setting resource](#) for practice setting considerations.)

CNO encourages nurses to retain their own legal representative or accountant to determine the most appropriate business structure and practices.

# Additional guidance for Nurse Practitioners

CNO continues to consult with health system partners to actively review how authorizing mechanisms, including directives and delegation, are used in this area of practice. Nurses are expected to understand their accountabilities and stay informed of any changes when they take effect.

Nurse Practitioners (NPs) are autonomous health care providers and are accountable to all standards, in addition to the [Nurse Practitioner](#) practice standard. To maintain client safety and clinical integrity, it is important for NPs to be involved actively when working with **health care team** members who are carrying out their orders and directives for aesthetic procedures. This approach fosters a team-based environment, where the NP provides leadership and clinical guidance. NPs are accountable for ensuring safe, competent and ethical practices, including but not limited to:

- determining when their direct involvement or supervision is required, based on the risk of the procedure and to be available to support the interprofessional team, for example, when a comprehensive health assessment is required, whether virtually or in-person
- assessing the suitability of remote or virtual prescribing of aesthetic treatments, based on the nurse's clinical judgement, risks associated with the procedure and the client's condition. (See the [Virtual Care](#) practice guideline for more information about working remotely.)
- formulating a therapeutic treatment and management plan, including relevant follow-ups, in partnership with the client and other members of the health care team
- providing orders or directives that are clear, complete and appropriate for their proposed treatment plan. The health care team needs to determine whether a procedure can be ordered safely using a directive. (See the [Directives](#) practice guideline for more information on the responsibilities of writing a directive.)
- ensuring the safe delivery of the aesthetic services they prescribe, by ensuring the individuals who carry them out have the necessary competencies, knowledge, skill and judgment, and access to resources required to practice safely and manage outcomes
- understanding the risks and predictability of the potential outcomes associated with the procedure(s) they recommend and having the competence to manage potential adverse outcomes
- acting reasonably and prudently for any urgent, emergent or adverse events

# Glossary

**Aesthetic services:** 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. Aesthetic procedures also may be referred to as cosmetics and other industry-related terms

**Authority:** When a nurse is legally entitled to perform an activity by the *Regulated Health Professions Act, 1991*, the *Nursing Act, 1991*, and the regulations under those Acts, or other legislation including setting-specific legislation as well as 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 (For more information, see CNO’s [Scope of Practice](#) standard.)

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

**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

**Controlled acts:** Acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them, as defined in the *Regulated Health Professions Act, 1991*, and the *Nursing Act, 1991*

**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, delegates the performance of that procedure to another individual (delegatee)

**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

**Direct orders:** Client-specific orders that may be written or verbal. A health care professional, such as a physician, midwife, dentist, chiroprapist or NP, can provide a direct order for a specific activity to be administered at a specific time

**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 is an authorized regulated health care provider, who has the legislated authority to order the activity and has ultimate responsibility for the activity. (For more information, see CNO's [Directives](#) practice guideline.)

**Emergency situation:** Sudden onset of severe or urgent symptoms requiring immediate attention such that a delay in treatment would place the individual at risk of serious harm

**Health Canada-approved:** The medical product or device is approved for safe use by Health Canada (For more information, see CNO's Ask Practice FAQ: [Health Canada-Approved Products and Medical Devices](#).)

**Health care team:** Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers

**Health information custodian:** An organization that provides care within the health care continuum (People providing care can also be custodians under the *Personal Health Information Protection Act, 2004* (PHIPA). Custodians are responsible for practices and policies that ensure the confidentiality and security of personal health information and complying with PHIPA

**Independent practice:** Nurses who are self-employed for the purpose of providing nursing services or operating their own nursing business (Please see the [Independent Practice](#) guideline for more information.)

**Informed consent:** As described under the *Health Care Consent Act, 1996*, a person's consent is informed if the person receives information about a treatment that a reasonable person in the same circumstances would require to make a decision and if the person receives responses to their requests for additional information about the treatment. The information must include the treatment's nature, expected benefits, material risks and side effects; alternative courses of action; and likely consequences of not having the treatment

**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*. (See CNO's [Professional Conduct: Professional Misconduct](#) reference document.)

**Standards of practice:** Expectations for how a competent nurse should perform. Standards of practice describe nurses' expected behaviour and contribute to public protection

**Therapeutic nurse-client relationship:** A professional relationship established and maintained by the nurse as the foundation for providing nursing care that contributes to the client's health and well-being. The relationship is grounded in trust, respect and empathy

# Appendix: Aesthetic practice setting resource

It is essential for nurses to provide care in an environment that supports the delivery of safe, effective and ethical care. The following considerations will help employers and nurses develop and maintain a quality practice setting that enables client safety.

## Policies and procedures

As partners in client safety, CNO, as the regulator, establishes, promotes and enforces standards of practice for the nursing profession and relies on employers to create policies and procedures that support roles within their specific practice setting with the goal of client safety.

Regardless of the size of the employer, policies and procedures are essential to ensure staff understand their roles and responsibilities as part of the care team. Staff are accountable to be familiar with and abide by employer policies and procedures to ensure client safety.

CNO recommends the following topics to be included in policies and procedures:

- fees (fee schedule, process for fee changes, tips)
- escalation of care and emergency response to adverse events
- reporting adverse events related to products, drugs and equipment
- infection prevention and control (disinfection, reprocessing medical equipment, storage, disposal, use of personal protective equipment)
- privacy and confidentiality: identifying the health information custodian
- security and documentation (health records, storage and management)
- informed consent
- use of client media (photos, videos)
- directives (if appropriate)
- related to unregulated care providers (UCPs) (if appropriate):
  - role requirements (required training or experience, how to assess competence)
  - role responsibilities

- oversight or supervision required
- follow-up plan post-procedure

### **Practice setting recommendations**

- Follow Ministry of Health recommendations for health care settings
- Consult with your local public health unit for specific requirements and recommendations for infection prevention and control

### **Suggested reading**

- Health Canada's [Drug and Health Product Portal](#)
- Information and Privacy Commissioner of Ontario (2025): [A Privacy Management Handbook for Small Health Care Organizations](#)
- Public Health Ontario. (2025). [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#), 3<sup>rd</sup> edition
- Public Health Ontario. (2013). [Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings](#), 3<sup>rd</sup> edition
- Public Health Ontario. (2019). [Guide to Infection Prevention and Control in Personal Service Settings](#), 3<sup>rd</sup> edition

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# Aesthetic Services

## Practice Guideline

College of Nurses of Ontario  
101 Davenport Rd.  
Toronto, ON M5R 3P1

[cno@cnomail.org](mailto:cno@cnomail.org)

416 928-0900

Toll-Free in Canada

1 800 387-5526