

Incorporating a Restricted Activity into Practice Guidelines

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Purpose

This document provides guidelines and a decision-making framework for **REGISTRANTS**¹ to determine if it is in the best interest of the **CLIENT** for a specific **RESTRICTED ACTIVITY**, not currently performed, to be incorporated into their nursing practice in a specific practice area. The guidelines and decision-making framework in this document outline the requirements to support the registrant in safely and competently performing the restricted activity in their practice setting. Client health needs, the context of practice, and the need to optimize health system performance to support client health outcomes influence the decision to incorporate a specific restricted activity into a registrant's practice.

These guidelines are grounded in the *Practice Standards for Registrants* (College of Registered Nurses of Alberta [CRNA], 2023), the *Scope of Practice for Registered Nurses* (CRNA, 2022c), the *Scope of Practice for Nurse Practitioners* (CRNA, 2022b), the *Restricted Activities Standards* (CRNA, 2022a), and the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2017).

All the CRNA documents can be found on the CRNA website at www.nurses.ab.ca.

Legislation

The legislated scope of practice for registrants is outlined in schedule 24 of the *Health Professions Act* (HPA, 2000). The HPA provides authority to the CRNA to adopt standards of practice that set the minimum expectations for how a registrant performs the restricted activity, who is permitted to perform the restricted activity under the supervision of a registrant, and how a registrant must supervise persons who provide restricted activities under the registrant's supervision. The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes the restricted activities which registrants may perform. The CRNA *Restricted Activities Standards* (2022a) outlines the minimum expectations for performing restricted activities safely, competently, and ethically.

However, the authorization of restricted activities in the regulation **does not mean that a registrant can perform any restricted activity in any situation, in any clinical practice area.**

¹ Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

Guidelines

Specific restricted activities may be incorporated into a registrant's practice if the registrant is authorized, meets the minimum expectations as outlined in the CRNA standards of practice, and uses these guidelines to make an informed decision. Incorporating restricted activities appropriately into practice can optimize health care if it is done using a client centered approach. Registrants should share the possible benefits of incorporating a restricted activity into practice with their teams and employers. Doing so can help ensure that evidence-informed decision-making is utilized to assess the health-care needs of the client, enhance collaboration and communication between health-care professionals, and support continuity of care within practice settings for clients (see figure 1).

Registrants should consider incorporating a restricted activity into their practice based on the needs of their client, the need to support continuity of care, the support of their employer, and **not** for the desire for the convenience of any health-care professionals.

When determining whether to incorporate a restricted activity into a registrant's practice, the following factors must be considered:

- authorization to perform the restricted activity
- any supervision requirements (see *Supervision Standards*, CRNA 2022d)
- needs of the client
- context of care, including the client's acuity, stability, and complexity of health care needs
- service delivery model
- registrant's knowledge and **COMPETENCE**
- availability of other health-care professionals in the practice setting
- continuity of care within the practice setting

Assessment of these factors, and using the guidelines within this document, provides direction to the public, registrants, employers, and other health-care professionals in determining if it is reasonable for a registrant to perform the restricted activity.

Benefits for Incorporating Restricted Activities into Practice

Incorporating a restricted activity (RA) can optimize health care. **Registrants should share the possible benefits with their teams and employers.** The *Restricted Activities Standards* outline the standards and expectations for performing RAs for registrants to ensure client safety.

BETTER COLLABORATION

Improving the quality of care

Health-care professionals collaborating and communicating to assess the viability of incorporating a new RA to safely meet the health-care needs of the client.



BETTER HEALTH

Improving the health of the population

Incorporating a new RA increases the continuity of care within practice settings for clients.



BETTER CARE

Improving the client experience of care

The needs of the client determine if the RA should be incorporated into nursing practice. Being responsive to the health-care needs of clients through evidence-informed practice leads to better care.

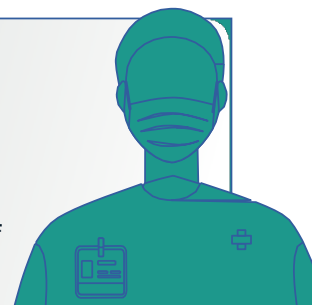


Figure 1: Benefits for incorporating restricted activities into practice.

Guideline 1: Assessing Client Need, Intent, and Purpose of the Restricted Activity

Client health needs and therapeutic outcomes are the primary reasons to determine whether a registrant should perform a specific restricted activity.

The decision of whether a registrant performs a specific restricted activity must be collaborative. The registrant, their employer(s), and other health-care professionals in the practice setting, if their participation in the restricted activity is required, should be involved in the decision-making and support the decision.

Consider the following factors when assessing client need, intent, and purpose of the restricted activity:

- The client would benefit from a registrant performing the restricted activity.
- Consequences or potential unexpected outcomes to the client's care if a registrant performs the restricted activity.
- Gaps in the client's care if the registrant does not perform the restricted activity.
- Consultation with other health-care professionals if a registrant performs the restricted activity.
- Continuity of care in the practice setting is supported if a registrant performs the restricted activity.

Guideline 2: Knowledge, Skill, and Competence to Perform the Restricted Activity Safely

Registrants attain and maintain their competence to perform the specific restricted activity.

Competence requires the integration of knowledge, skills, and judgment for a registrant to practise safely. When deciding whether to incorporate a specific restricted activity into a registrant's practice, an important factor to consider is the opportunity for the registrant to develop and maintain competence. Competence is more than the ability to perform the restricted activity; it also includes assessment, decision-making, critical thinking and clinical judgment in the clinical situation, and monitoring the client's response to the restricted activity that is implemented.

Registrants and employers share the responsibility to perform ongoing evaluation of the need for, and the performance of, all restricted activities.

Registrants must

- identify their own learning needs with respect to the restricted activity;
- participate in orientation and/or staff development programs based on identified learning needs related to the restricted activity;
- complete learning activities to attain and maintain competence to perform the restricted activity; and
- seek out necessary resources to attain and maintain their competence to perform the restricted activities required to meet the client's health needs in the practice setting.

Guideline 3: Identifying and Establishing Practice Setting Supports to Facilitate Safe and Competent Performance of the Restricted Activity

Developing and implementing evidence-informed practice setting support is critical for registrants to perform the specific restricted activity safely and competently.

Practice setting supports can help identify parameters and limitations of performing a specific restricted activity, and should be safe, consistent with therapeutic client outcomes, and align with best practices. An employer may choose to permit a narrower scope of activities than the registrant's legislated scope of practice. Registrants must respect the limits imposed by an employer and must not perform the restricted activity.

In any practice setting, registrants have the professional obligation to question employer requirements inconsistent with therapeutic client outcomes, best practices, and safety standards.

If the performance of a particular restricted activity is not consistent with therapeutic client outcomes, best practices and/or safety standards, registrants have the professional responsibility to

- communicate their concern to the employer through established lines of communication; and
- ensure all their concerns are addressed before performing the restricted activity.

Decision-making Framework

**Is the restricted activity within the registrant’s legislated scope of practice?
If yes, ask the following questions. All must be true to continue and incorporate the restricted activity into the practice of the registrant.**

Assessment

Will the restricted activity address the health-care needs of the client?

Is the registrant the right provider to meet the client’s needs? Is there another health-care professional who is reasonably available and whose knowledge, skill and experience is more appropriate for performing the restricted activity?

Does the restricted activity represent a complete intervention, or is it part of a plan of care/intervention that requires the participation of other health-care professionals?
Are there processes in place to ensure this participation?

Competence

Has the registrant received the necessary education/training?
Is the restricted activity part of entry-level competencies or is additional education/training required?

Does the registrant have the skills to perform the restricted activity autonomously?

Practice Setting

Is the restricted activity within the role of the registrant’s role within their practice setting?

Is the restricted activity appropriate to the practice setting?

Does the registrant have available facilities and equipment, **CLINICAL SUPPORT TOOLS** (where required), and policies?

Is performance of the restricted activity consistent with best practice?

If the answer to any of the above was “no”, further planning and consultation are needed.

Questions? Contact a CRNA Policy & Practice Consultant at 1 (800) 252-9392 Ext 504

Specific Clinical Examples

The HPA (2000) recognizes that health professionals have overlapping scopes of practice as several different health-care professionals have authority to perform the same restricted activity. The context of the practice situation determines the extent to which a health-care professional will practice within their optimized scope and incorporate the restricted activity into their practice. The following clinical situations provide guidance for registrants and their employers when incorporating a specific restricted activity into practice.

Suturing

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60), authorizes registrants to perform the following restricted activity:

“60 (1)(a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane.”

There are instances in practice where registrants might engage in approximating the edges of a wound using sterile suture material and a needle, provided they follow and meet the expectations outlined in the *Restricted Activities Standards* (CRNA, 2022a).

Performance of this restricted activity by a registrant requires

- education beyond foundational knowledge and is applied to this restricted activity being incorporated into their practice. For example,
 - the registrant may discuss with a clinical nurse educator regarding any learning modules or preceptorship opportunities;
- development of employer requirements to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Pessary Management

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60), authorizes registrants to perform the following restricted activity:

“60 (1)(b) to insert or remove instruments, devices, fingers or hands
(v) beyond the labia majora”

There are instances in practice where registrants might engage in the placement and monitoring of a vaginal device for management of pelvic floor/urogynecological wellness, provided they follow and meet the expectations outlined in the *Restricted Activities Standards* (CRNA, 2022a).

Performance of this restricted activity by a registrant requires

- education beyond foundational knowledge that is applied to this restricted activity being incorporated into their practice. For example,
 - a registrant may seek external learning opportunities on urogynecological wellness;
- development of employer requirements to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Ordering Ionizing Radiation in Medical Radiography by a Registered Nurse

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60), authorizes registered nurses (RNs) to perform the following restricted activity:

“60 (3) A regulated member registered on the registered nurse register may, within the practice of registered nursing perform the restricted activity of ordering any form of ionizing radiation in medical radiography.”

The restricted activity of RNs ordering any form of ionizing radiation in medical radiography can provide timely access to meet client needs. RNs may order ionizing radiation in medical radiography, as outlined in a clinical support tool, when appropriate for a client in a specific situation. For example,

- verification/confirmation of correct placement of devices (Chest x-ray to confirm placement of a PICC line, abdominal x-ray to confirm placement of a nasointestinal feeding tube); and
- identification or monitoring of a health problem (Chest x-ray for TB screening).

RNs must use a clinical support tool to guide their decision to order medical radiography. It is outside of the RN scope of practice to interpret medical radiography results. The clinical support tool used by the RN should outline which regulated health-care professional will assume responsibility for the interpretation of the results and will discuss with the RN follow-up of the tests that the RN has ordered, as outlined in the clinical support tool.

Registrants performing this restricted activity must follow and meet the expectations outlined in the *Restricted Activities Standards* (CRNA, 2022a).

Nurse Practitioner Setting or Resetting a Bone or Fracture

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60), authorizes nurse practitioners (NPs) to perform the following restricted activity in accordance with the *Restricted Activities Standards* (CRNA, 2022a):

“60 (6)(a) to set or reset a fracture of a bone“

Any manipulation of a fracture beyond casting or simple alignment of a limb requires additional knowledge and skill. Before NPs incorporate this restricted activity into their practice, they require additional education and practice beyond foundational knowledge. This additional education may include a preceptorship to provide NPs with the opportunity to consolidate knowledge, skills, and judgment specific to set or reset a fracture of a bone.

Performance of this restricted activity by an NP requires

- education beyond foundational knowledge that is applied to this restricted activity being incorporated into their practice. For example,
 - an NP working in urgent care could gain competence through preceptorship with a physician or NP colleague in their practice setting;
- development of employer requirements to facilitate the practice and identify parameters and limitations; and
- quality assurance mechanisms to evaluate and support safe, competent practice.

Glossary

CLIENT – The term client(s) can refer to patients, residents, families, groups, communities, and populations.

CLINICAL SUPPORT TOOL – An evidence-informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic tests and ordering of medical radiography.

COMPETENCE – The integrated knowledge, skills, judgement, and attributes required of a nurse to practice safely and ethically in a designated role and setting.

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

RESTRICTED ACTIVITIES – High risk activities that require specific competencies and skills to be carried out safely and are listed in the HPA (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

References

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics>

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