

Legislation and Regulation

RHPA: Scope of Practice, Controlled Acts Model

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COLLEGE OF NURSES
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Introduction

The scope of practice model is set out in the *Regulated Health Professions Act, 1991* (RHPA) and consists of two elements: a scope of practice statement and a series of authorized or controlled acts.

Scope of Practice Statement

Each regulated health profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. The scope of practice statement is not protected in the sense that it does not prevent others from performing the same activities. Rather, it acknowledges the overlapping scope of practice of the health professions.

Nursing's Scope of Practice Statement

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 in order to attain or maintain optimal function. (Nursing Act, 1991)

Controlled Acts

Controlled acts are activities that are considered to be potentially harmful if performed by unqualified persons. The 13 controlled acts established in the RHPA are:

1. Communicating to the individual or his/her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his/her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. 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, or
 - vii) into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act* or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing-impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Authorization to Perform Controlled Acts

A regulated health professional is authorized to perform a portion or all of the specific controlled acts that are appropriate for that profession's scope of practice. Because of overlaps in practice, some professions are authorized to perform the same, or parts of the same, controlled acts. On the other hand, not all of the regulated health professions are authorized to perform controlled acts.

Note: The RHPA includes a number of exceptions that permit persons who are not members of regulated professions to perform controlled act procedures in defined circumstances. These exceptions are described on the column to the right.

Controlled acts authorized to nursing

Nursing is authorized to perform three of the 13 controlled acts. They are:

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, or
 - vii) into an artificial opening into the body.

A Registered Nurse (RN) or Registered Practical Nurse (RPN) may perform a procedure within the controlled acts authorized to nursing:

- if it is ordered by a physician, dentist, chiropodist, midwife or Nurse Practitioner (NP);¹ or
- if it is initiated by an RN in accordance with

conditions identified in regulation (see below).

Exceptions to the need for authorization

The RHPA provides several exceptions that allow persons who are not authorized as members of a regulated profession to perform controlled acts. These exceptions are as follows:

- when providing first aid or temporary assistance in an emergency;
- when, 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 profession's practice;
- when treating a member of a person's household and the procedure is within the second or third controlled act authorized to nursing;
- when assisting a person with his/her routine activities of living and the procedure is within the second or third controlled act authorized to nursing; or
- when treating a person by prayer or spiritual means in accordance with the religion of the person giving the treatment.

In addition, a person who performs the following activities is not considered to be in contravention of the RHPA: acupuncture, ear-piercing or body-piercing for the purpose of accommodating a piece of jewelery, electrolysis and tattooing. Other exceptions include male circumcision as part of a religious tradition or ceremony, and taking a blood sample by a person employed by a laboratory licensed under the *Laboratory and Specimen Collection Centre Licensing Act*.

Initiation of controlled acts

Regulations under the *Nursing Act, 1991* give the authority to initiate specific controlled acts to nurses who meet certain conditions. This means that these nurses may independently decide that a specified procedure is required and initiate that procedure in the absence of a specific order or medical directive

¹ Orders from a Nurse Practitioner are limited to those activities for which the NP has additional authority. (For example, an NP may prescribe an immunizing agent that could be administered by injection by another nurse.)

from a physician. If initiating is within the scope of her/his role and competence, the initiating RN or NP may perform the procedure or may write the order for another nurse to perform it; RPNs may initiate a procedure, but not write an order for another nurse to perform the procedure. Safe, appropriate initiation of a procedure involves:

- assessing the client and identifying a problem;
- considering all the available options to address the problem;
- weighing the risks and benefits of each option in light of the client's condition;
- deciding on a course of action; and
- accepting sole accountability for deciding that the particular procedure is required and ensuring that any potential consequences are managed appropriately.

RNs or RPNs who are competent to do so may perform a procedure initiated (ordered) by an RN in the General Class or an NP. A nurse can initiate a procedure only when all of the following conditions are met:

- the nurse has the knowledge, skill and judgment to perform the procedure safely, effectively and ethically;
- the nurse has the knowledge, skill and judgment to determine whether the client's condition warrants performance of the procedure;
- the nurse determines that the client's condition warrants performance of the procedure having considered:
 - the known risks and benefits to the individual,
 - the predictability of outcomes of performing the procedure,
 - the safeguards and resources available in the circumstances to safely manage the outcomes of performing the procedure, and
 - other relevant factors specific to the situation; and
- the nurse accepts sole accountability for determining that the client's condition warrants performance of the procedure.

Not all nurses will be competent to initiate controlled act procedures, nor will all nursing roles include this requirement. The knowledge, skill and

judgment required to initiate a procedure is greater and different from that required to perform the same procedure. Nurses who consider initiating procedures are advised to clarify their scope of role responsibility within the health care team and with their employers.

The following are the procedures that may be initiated (performed and/or ordered) by an RN or NP who meets the conditions described above.

1. Care of a wound below the dermis or the mucous membrane by cleansing, soaking, irrigating, probing, debriding, packing or dressing.
2. Venipuncture to establish peripheral intravenous access and maintain patency using a solution of normal saline (0.9 percent) when the client requires medical attention and delaying venipuncture is likely to be harmful to the client.

This permits an RN to establish intravenous access in anticipation of treatment being prescribed imminently. The authorized procedure is establishing the access, not using the solution as a form of treatment. Determining the solution and rate of solution are not within the scope of RN practice.

3. For the purpose of assisting a client with health management activities, a procedure that involves putting an instrument beyond the point in the client's nasal passages where they normally narrow, beyond the client's larynx or beyond the opening of the urethra.
4. For the purpose of assessing a client or assisting a client with health management activities, a procedure that requires putting:
 - an instrument or finger beyond the individual's anal verge or into an artificial opening into the client's body; or
 - an instrument, hand or finger beyond the individual's labia majora.

Procedures that involve putting an instrument or finger into one of the body openings, or into an artificial opening of the body for the purposes of treating a health problem, cannot be initiated by an RN. Authorized procedures are also limited to those activities that do not require the use of a prescribed drug, as RNs in the General Class are not authorized to prescribe drugs. Nurse Practitioners have additional controlled act authority as discussed in the next section.

Nurse Practitioners

In addition to the three controlled acts authorized to nursing in the *Nursing Act*, Nurse Practitioners have the authority to perform the following controlled acts.

1. Communicate to a client or his/her representative a diagnosis made by the member, identifying, as the cause of a client's symptoms, a disease or disorder that can be identified from:
 - the client's health history;
 - the findings of a comprehensive health examination; or
 - the results of any laboratory tests or other tests and investigations that the member is authorized to order or perform.
 2. Order the application of a form of energy prescribed by the regulations (for example, diagnostic ultrasound).
 3. Prescribe a drug, or category of drug, as designated in the regulations.
 4. Administer a drug by inhalation or injection that the member has prescribed.
1. Perform suturing except below the fascia except in cases where there may be underlying damage;
 2. Perform venipuncture to establish peripheral intravenous access, and decide the type of solution, rate and duration of the infusion;
 3. Perform venipuncture to obtain a blood sample for a laboratory test as set out in the regulations;
 4. Perform a procedure that for the purpose of assessing or treating requires putting an instrument:
 - beyond the point in the nasal passages where they normally narrow,
 - beyond the individual's larynx, or
 - beyond the opening of the urethra;
 5. Perform a procedure that, for the purposes of treating or making a diagnosis with respect to an individual, requires putting an instrument or finger.
 - beyond the anal verge,
 - into an artificial opening into the individual's body; and
 6. Perform a procedure that, for the purposes of treating an individual, or making a diagnosis with respect to an individual, requires putting an instrument, hand or finger beyond the individual's labia majora.

These procedures reflect the broader scope of the NP role and are required for the purpose of assessing, treating and making diagnoses. Further information on the scope of practice of NPs can be found in the College of Nurses of Ontario's (the College's) *Nurse Practitioners* practice standard.

Delegation

Delegation is a formal process by which a regulated health professional, who is authorized and competent to perform a procedure under one of the controlled acts, delegates the performance of that procedure to someone, regulated or unregulated, who is not authorized by legislation to perform it.

Regulations made under the *Nursing Act* permit the NP to initiate (perform and order) the same procedures identified for RNs, as discussed in the previous section. In addition, the regulations permit the NP to initiate the following procedures which they may perform for their own clients. It does not permit the NP to order another nurse to do the following activities.

There are some controlled acts not authorized to nursing by the legislation, but which may be performed by a nurse when the procedure has been delegated by a person who is authorized by legislation to perform it.

For information about nurses' accountabilities in delegating activities and accepting delegation, refer to the College's *Authorizing Mechanisms* and *Working With Unregulated Care Providers* practice guidelines.

Conclusion

The RHPA scope of practice and controlled acts model provides a flexible framework that facilitates the evolution of the nursing profession's scope of practice. The College's practice standard *Decisions About Authority and Procedures, Revised 2006* assists nurses in making decisions about the performance of procedures and in understanding their individual accountability.



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