

# CRPNM Reserved Acts Request

Manitoba Health, Seniors and Active Living  
(MHSAL)

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## Reserved Acts Submission & Change in Scope of Practice Proposals

This document is the College of Registered Psychiatric Nurses of Manitoba's (CRPNM's) formal request as part of the process to develop the regulations that would provide the authorization for Registered Psychiatric Nurses (RPNs) to perform specific reserved acts when they transition to regulation under the *Regulated Health Professions Act*. The submission also includes two proposals for a change in scope of practice for the Registered Psychiatric Nurse (RPN) profession; namely the authorization to order and receive reports of diagnostic and screening tests and the authorization to prescribe a drug or vaccine in Sexual Reproductive Health and Diabetes Health.

The rationale that substantiates that the Registered Psychiatric Nurse profession is appropriately educated to safely and completely perform the reserved acts being requested is also contained in this submission. The text below further substantiates the requests by providing information about psychiatric nursing education in Manitoba; the scope and context of registered psychiatric nursing practice; and, the consultation processes used to validate the reserved act requests. Background information about the *Requirements or Conditions* to perform certain reserved acts and the context and rationale for the expanded scope of practice proposals is also provided.

An Executive Summary of the reserved acts requests is provided for ease of reference.

This introduction is considered an integral part of the submission.

### Psychiatric Nursing Education in Manitoba

Since 1920, Manitoba has been educating psychiatric nurses as a distinct and separate profession (from registered nurses). Today, the approved psychiatric nursing education program in Manitoba is the **Bachelor of Science in Psychiatric Nursing (BScPN)** offered by Brandon University at sites in both Brandon and in Winnipeg.<sup>1</sup> The BScPN program has been the approved psychiatric nursing education program in Manitoba since 1995.

Registered Psychiatric Nurse education and practice focuses on mental and developmental health, mental illness and addictions, and the physical health co-morbidities common to these populations. In their practice, RPNs utilize bio-psycho-social and spiritual models and the nursing process for a holistic approach to assessment and client care.

The core of psychiatric nursing practice is therapeutic communication and the therapeutic relationship. Emotion, behavior and cognition are a major focus in psychiatric nursing practice. Many psychotherapeutic interventions are performed through the psychiatric nurse's interaction with the client (Austin & Boyd, 2010).<sup>2</sup> Psychiatric nursing education prepares graduates to practice in the contexts of illness prevention, mental health promotion and rehabilitation and recovery. Graduates are prepared to work collaboratively with clients, and other health care team members, to provide client-centered care to individuals, families, groups and communities.

The psychiatric nursing education curriculum reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The curriculum includes, at a minimum, the biological or physical sciences, or both; the behavioural or social sciences, or both; the humanities;

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<sup>1</sup> Bachelor of Science in Psychiatric Nursing- Brandon University <https://www.brandonu.ca/health-studies/programs/bscpn/>

<sup>2</sup> Austin, W., & Boyd, M. A. (2010). *Psychiatric and mental health nursing for Canadian practice*. Philadelphia, PA: Lippincott, Williams & Wilkins.

and, courses in ethics and research. The competencies acquired from this body of knowledge guide the application of critical thinking and the formulation of clinical judgement in practice.

The psychiatric nursing education program prepares entry-level RPNs to apply general and psychiatric nursing knowledge to work with clients who have complex psychosocial, mental health, addiction, neurodevelopmental, and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and the content is linked to attaining the entry-level competencies. Theoretical learning and laboratory instruction are consolidated through clinical practice experiences. The psychiatric nursing education program must include, at a minimum, 775 clinical hours in psychiatric nursing and 225 hours in general medical surgical nursing. Psychiatric nursing students have clinical practice experiences with clients, across the lifespan, in acute and community settings. A clinical practice experience in acute psychiatry and a senior practice is a mandatory requirement of the program.

Since 2011, Brandon University also offers a Master in Psychiatric Nursing (MPN)<sup>3</sup> program, the only one of its kind in Canada. In addition to ensuring an adequate supply of faculty, the graduate program is designed to prepare RPNs for psychiatric nursing leadership roles in administration, research and for advanced practice roles in health and mental health service delivery systems. Research in the MPN program is contributing to the scholarship of the profession and to innovations in practice. The Master of Psychiatric Nursing program offers streams in advanced clinical practice, administration and education.

### Entry Level Competencies

In 2013, the Registered Psychiatric Nurse Regulators of Canada (RPNRC), consisting of the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, collaborated to develop national Entry-Level Competencies<sup>4</sup> for Registered Psychiatric Nurses in Canada.

The framework for developing the RPN entry-level competencies is an adaptation of the client-centered framework used by several health professions throughout Canada and internationally. The basis for using this framework is the client-centered approach of psychiatric nursing practice.

The entry-level competencies are a guide for curriculum development. As part of the education approval process<sup>5</sup>, the psychiatric nursing education program must demonstrate that they teach to the entry level competencies, at a minimum. All entry-level Registered Psychiatric Nurses enter practice with competencies that are transferrable across practice settings, even though their psychiatric nursing education program may not have exposed them to all practice environments or client types.

All graduates of the BScPN program must successfully complete the national registration examination, the Registered Psychiatric Nurses of Canada Examination (RPNCE), to qualify for registration as a Registered Psychiatric Nurse. The examination blueprint is based on the entry-level competencies.

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<sup>3</sup> Master of Psychiatric Nursing- Brandon University <http://www.crpnm.mb.ca/about/vision-and-mission/setting-standards-for-psychiatric-nursing-education/>

<sup>4</sup> Registered Psychiatric Nurse Regulators of Canada. Registered Psychiatric Nurse Entry Level Competencies (2014) <http://www.rpnc.ca/sites/default/files/resources/pdfs/RPNRC-ENGLISH%20Compdoc%20%28Nov6-14%29.pdf>

<sup>5</sup> Standards and Indicators for the Approval of Psychiatric Nursing Education in Manitoba (2014) at: <http://www.crpnm.mb.ca/about/vision-and-mission/setting-standards-for-psychiatric-nursing-education/>

Finally, the entry-level competencies provide the foundation for RPNs to develop further competencies, once they are in practice. Entry-level Registered Psychiatric Nurses practice autonomously and continue to consolidate theoretical and experiential learning through collaboration, mentoring and support from the inter-professional team. The practice environment plays an important role in the further consolidation of the entry-level competencies. Employers play a key role in supporting RPNs to acquire further competencies through orientation, continuing education and professional-development opportunities.

## Psychiatric Nursing Practice

Registered Psychiatric Nurses (RPNs) practice in a variety of settings across the sectors of health, social and family services, justice and education.

RPNs are found in psychiatric facilities; hospitals (including medicine & the emergency departments); crisis services; addictions agencies; community mental health programs for children, adolescents, adults & seniors; correctional facilities and programs; long term care facilities; and, schools. They hold roles as staff nurses; psychiatric emergency nurses (PENs); mental health consultants; behavioral specialists; clinical specialists; managers/supervisors, CEO's, executive directors; educators; faculty; and, researchers.

Registered Psychiatric Nurses most often practice in the context of inter-professional teams and in collaborative practice environments where multiple providers of different professions work together to provide the highest quality of care to clients. As previously noted, collaboration with clients and other health care providers is deeply embedded into the psychiatric nursing education program and the entry level competencies.

All Registered Psychiatric Nurses, including entry-level RPNs, are required to practice in accordance with the College's approved *Standards of Psychiatric Nursing Practice* and the CRPNM's *Code of Ethics*. The concepts of interprofessional and collaborative practice are further reinforced in these documents.<sup>6</sup>

## Scope of Practice

Scope of practice refers to the range of activities that RPNs are both educated and authorized to perform. The scope of practice of the registered psychiatric nurse profession delineates the outer boundaries of practice for all members of the profession. The boundaries are broad and flexible because RPNs work with a wide range of client populations in a variety of roles and settings.

The scope of practice of an individual RPN is more focused and specific and is shaped by individual experience and opportunities, as well as ongoing professional development and formal education. The scope of an individual RPN must fit within the scope of practice of the profession but it is unlikely to be as broad as that of the profession itself. The scope of practice of individual RPNs may be limited, or enhanced, by employer policies based on the needs of the population and the practice setting.

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<sup>6</sup> Standards for Psychiatric Nursing Practice & CRPNM Code of Ethics <http://www.crpnm.mb.ca/psychiatric-nursing/standards-and-code-of-ethics/>



*Adapted with Permission from CRNM*

Under the RHPA, the scope of practice of the profession is established through the scope of practice statement and the reserved acts authorized for the profession. The following is the proposed scope of practice statement for the Registered Psychiatric Nursing (RPN) profession.

The development of this scope of practice statement included a jurisdictional review to ensure the proposed language would be consistent with the scope of practice statements in the other provinces that regulate the psychiatric nursing profession in Canada. This ensures that the CRPNM remains compliant with the labour mobility provisions contained in Chapter 7 of the Canadian Free Trade Agreement (CFTA).

The profession will propose this scope of practice statement for inclusion in the *Practice of Registered Psychiatric Nursing Regulation*.

### **Proposed RPN Scope of Practice Statement**

The practice of registered psychiatric nursing is the application of registered psychiatric nursing skill, knowledge and judgment, with a focus on mental health, addictions and neurodevelopmental disabilities, to:

- a) assist individuals, families, groups, and communities and populations to achieve, maintain and restore their optimal physical, mental, emotional, social and spiritual health;
- b) assess, diagnose, plan and provide treatment and interventions and evaluate their effectiveness and to make referrals;
- c) teach, counsel and advocate with, or on behalf of, their clients in order to enhance health and well-being;
- d) coordinate, supervise, monitor, deliver and evaluate the provision of health care and psychosocial services;
- e) manage, administer and develop systems related to registered psychiatric nursing and the provision of health care and psychosocial services;
- f) teach nursing theory and psychiatric nursing practice;
- g) engage in research related to health and the practice of registered psychiatric nursing.

## Continuing Competence

The CRPNM has had a comprehensive continuing competence program in place since 2005. The Continuing Competence Program (CCP) ensures that Registered Psychiatric Nurses are maintaining and enhancing their competence throughout their careers. This is achieved by requiring that RPNs engage in an annual process of self-assessment; develop, implement and evaluate a learning plan; and, maintain a professional portfolio. Participation in the CRPNM's Continuing Competence Program is a requirement for ongoing practice and registration.

Evaluation of RPN's compliance with the continuing competence requirements is facilitated through the annual Continuing Competence Program Audit. Each year, approximately 25% of the Practising registrants are selected for the audit. The main purpose of the audit is to ensure that RPNs are continually assessing their learning needs, finding ways to fill these needs and that they are putting their learning into practice to ensure that clients are receiving safe and competent care.

## CRPNM Reserved Acts Consultation Process

The CRPNM began its consultations on the reserved acts for Registered Psychiatric Nurses in Manitoba in 2014. A waterfall survey was developed based on the reserved acts that could apply to RPN scope of practice. Thirteen (13) reserved acts were identified and deconstructed into their component parts to collect quantitative data about current RPN practice. If the respondent confirmed that they performed a specific reserved act, or any part of it, they were asked to respond to further questions. Specifically, RPNs were asked:

- do you do this regularly, frequently or occasionally?
- do you perform this reserved act with an order?
- do you perform this reserved act using an evidenced based clinical decision tool?
- did you require additional education to perform this reserved act?
- do you perform this reserved act in collaboration with another health professional who would be authorized to perform this act?

Three hundred and seventy-nine (379) RPNs completed the survey. This represents a 36% response rate. The quantitative data was complimented by qualitative data from interviews and focus groups.

In 2014, faculty from the psychiatric nursing education program at Brandon University conducted a study, using a deliberative democracy approach, to identify what activities are currently being undertaken by practicing RPNs. This inquiry included those activities that are on the periphery of usual practice, what preparation RPNs have for these activities, and the conditions under which these activities are performed. The study also identified additional activities that could be performed by RPNs to enhance client care, the requirements to perform these activities, and the conditions under which these activities could be safely performed. Twenty-six (26) RPNs participated in the focus groups for this study.

An analysis of the survey data collected and the report from the study titled, *Expanded roles for Registered Psychiatric Nurses: What, where, and under what conditions* (2014), is available upon request.

In 2018, following meetings with the Senior Health Leadership Council (HSLC) and the Provincial Nursing Leadership Council (PNLC), the CRPNM began their data collection with employers of

RPNs. Informed by the data collected by RPN's, the survey was revised for employers. The purpose of the survey was to validate the reserved acts identified by RPNs. Employers who indicated that RPNs performed a specific reserved act were asked the same questions that were posted to RPNs, as noted above.

The data collection with employers took place from March 21, 2018 to April 30, 2018. The survey link was sent to approximately forty (40) distinct employer contacts. Members of the PNLC acted as contacts for their regional health authority. The survey link was subsequently circulated by PNLC members to managers/directors where RPNs are employed throughout the regional health authorities. Employers representing Justice (provincial and federal), Family Services, Selkirk Mental Health Centre, AFM, private addictions agencies, Youth Crisis and Additions Services, Occupation Stress Injury, First Nations and Inuit Health, the Department of National Defence and other private agencies were contacted directly. One hundred (100) employer contacts completed the survey. Again, the qualitative data collection was complimented by interviews. Members of the PNLC assisted to facilitate further data collection, on three specific reserved acts, with the long-term care, continuing care and residential care sectors.

An analysis of the data collected is available upon request.

In addition to the consultation with employers, the CRPNM has met with the Manitoba Clinical Leadership Council (MCLC) and the Shared Health Business Team to provide information about the consultation process.

### **Competency to Curriculum Mapping for the Reserved Acts Being Requested**

A mapping of the Bachelor of Science in Psychiatric Nursing (BScPN) theoretical and lab/clinical coursework for each of the reserved acts can be found in the appendix to this document.

This mapping was done in consultation with the Dean of the Faculty of Health Studies and the Chair of the Psychiatric Nursing Department at Brandon University. The course descriptions, the course learning outcomes and the entry-level competencies were used in the analysis. The purpose of this mapping is to demonstrate how the competencies required to perform the reserved acts are acquired in the entry to practice education program and to demonstrate the foundational education for those reserved acts that will require additional education.

### **Proposed Reserved Acts**

All of the reserved acts contained in this submission, including the requirements or conditions (if any), have been validated by employers. The concept of "appropriate to registered psychiatric nursing practice" and that the RPN is "competent to provide" frames all the reserved acts requests.

For those reserved acts that have been identified as requiring additional education, the following criteria were used to make this determination:

- 1) the reserved act requires knowledge beyond the entry level competencies
- 2) the reserved act requires additional theory and technical skills than was provided in the entry to practice education program
- 3) the reserved act poses a high risk to client safety

While the concepts of interprofessional collaboration is implied for all the reserved acts, the reserved acts that require collaboration with other health care professionals are considered to pose a higher risk to the clients if done autonomously.

## Definitions

For further clarity, where a requirement or condition is identified, the following definitions have been used:

**“additional education”** means a course program of study, training or other structured process that meets the approved criteria and whose purpose is to provide a member with the competency to perform a reserved act.

**“an order”** means an instruction or authorization for a specific client that is given to a member to perform a reserved act by

- (a) a registered nurse (nurse practitioner);
- (b) a registered nurse (authorized prescriber) or registered psychiatric nurse (authorized prescriber); - if approved
- (c) a physician; or
- (d) any other person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act listed in Schedule 2 of the Act

who is legally permitted and competent to give the order.

**“approved practice setting”** means any of the following:

- (a) a hospital designated under *The Health Services Insurance Act*,
- (b) a personal care home designated under *The Health Services Insurance Act*,
- (c) a hospital or health care facility operated by the government, the government of Canada, a municipal government, a regional health authority or an Indian Band,
- (d) a setting other than a hospital or health care facility described in subclause (c) if the registered psychiatric nursing care provided at that setting is part of a program operated by the government, government of Canada or a regional health authority,
- (e) a health care facility that is operated by a non-profit corporation and is funded by the government of Manitoba or a regional health authority.

**“clinical decision tool”** means a document whose purpose is to guide, based on evidence, the assessment, diagnosis or treatment of a client-specific clinical problem.

## Change in Scope of Practice Proposals

The proposals for a change in the scope of practice for the Registered Psychiatric Nurse profession are provided as instructed in the guidance documents provided by Manitoba Health Seniors and Active Living (MHSAL).

## **RHPA and RESERVED ACT 1**

*Making a diagnosis and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 1**

Make a diagnosis that is appropriate to the practice of the registered psychiatric nurse (RPN) and communicate it to an individual or his or her representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.

#### Requirements or Conditions

Must be appropriate to the practice of the RPN.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

The collection and assessment of data that includes a client's health history, medication history, physical and mental health assessment, and lab data. This is done across practice settings.

The nursing process is a specific framework for assessment, diagnosing and care planning. It is applied by all RPNs in their practice and consists of the following elements:

- Client assessment and analysis of data;
- Development of a care or treatment plan;
- Determine interventions;
- Evaluation of care or treatment plan;
- Modification of care or treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of disorders of developmental health and mental health.
- Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, The Diagnostic and Statistical Manual of Mental Disorders).
- Select an evidence-informed framework applicable to the type of assessments required (e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).
- Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).

- Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., The Diagnostic and Statistical Manual of Mental Disorders).
- Incorporate data from other sources (e.g., laboratory tests, collateral information).
- Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.
- Share relevant information with team members, clients and stakeholders in a timely manner.
- Recognize and intervene to stabilize clients experiencing medical emergencies (e.g., shock, hypoglycemia, management of neuroleptic malignant syndrome, cardiac events).

### **C. Reserved Act 1 and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

In a 2015 survey conducted by the CRPNM, 48% of RPNs indicated that they make a diagnosis or provisional diagnosis using the DSM. Additionally, when RPNs were asked about making a diagnosis or provisional diagnosis of a physical health condition, 45% indicated that this was part of their scope of practice.

In a 2018 survey conducted by the CRPNM, 64% of employers indicated that RPNs make a diagnosis or provisional diagnosis using the DSM. Additionally, when employers were asked about RPNs making a diagnosis or provisional diagnosis of a physical health condition, 57% indicated that this was part of their scope of practice.

#### Practice Examples

1. RPNs working as Psychiatric Emergency Nurses (PENs) assess, interpret laboratory and diagnostic findings and diagnose episodes of delirium. PENs also are required to make a differential diagnosis between delirium and dementia based on a client's presentation.
2. RPNs working in the Early Psychosis Prevention and Intervention Support (EPPIS) program work in a multi-disciplinary team setting to assess, interpret findings, implement screening tools and diagnose psychosis/psychotic episodes.
3. RPNs working in long term care settings work in a collaborative team setting to assess, interpret laboratory and diagnostic findings, and gather collateral information to diagnose the incidence of diabetes.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to make a nursing diagnosis identifying a condition as the cause of signs or symptoms of an individual.

##### Alberta

Making a diagnosis is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 2

*Ordering or receiving reports of screening or diagnostic tests.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 2

*Order or receive reports of screening or diagnostic tests.*

#### Requirements or Conditions

A RPN may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the RPN's practice if the RPN practices in an approved practice setting and the RPN uses a clinical decision tools in place at the approved practice setting; or

- (a) collaborates with
- (i) a registered nurse (nurse practitioner);
  - (ii) a registered nurse (authorized prescriber);
  - (iii) a registered psychiatric nurse (authorized prescriber);
  - (iv) a physician;
  - (v) a clinical assistant; or
  - (vi) a pharmacist

who is legally permitted and competent to order or receive those reports.

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure.
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

As noted in the CRPNM Change in Scope of Practice Proposal for reserved act 2:

- 2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information);

- 2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgement; and
- 2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care.

### **C. Reserved Act 2 and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 34% of RPNs order reports of screening or diagnostic tests. Additionally, RPNs were most likely to indicate that they performed this in collaboration with other health care providers and as an autonomous part of RPN practice.

In a 2018 survey conducted by the CRPNM, 38% of employers indicated that RPNs order reports of screening or diagnostic tests. Consistent with the 2015 survey results of RPNs, employers also indicated that RPNs were most likely to perform this in collaboration with other health care providers and as an autonomous part of RPN practice.

#### Practice Examples

The results of the surveys conducted by the CRPNM also indicated that 64% of RPNs (2015) and 65% of employers (2018) receive and analyze the results of laboratory and diagnostic tests to assist with clinical decision-making.

Below is a breakdown of settings where ordering reports of screening or diagnostic tests primarily occurs:

33% General Hospital or Mental Health Centre;  
22% Community Mental Health;  
22% Other (includes: Corrections, Business or Industry, Private Agency and Residential Care); 11%  
Personal Care Home;  
11% Addictions

Additional information about the relevance of reserved act 2 to RPN practice is noted in the CRPNM Change in Scope of Practice Proposal RA 2.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

This is not a restricted activity in British Columbia.

##### Alberta

This is not a restricted activity in Alberta.

## **RHPA and RESERVED ACT 3 (a)**

*Performing a procedure on tissue: (a) below the dermis*

### **D. College of Registered Psychiatric Nurses Request for Reserved Act 3 (a)**

Perform a procedure on tissue below the dermis

#### Requirements or Conditions

Subject to 3(a) (i) to (iv), an RPN may perform a procedure on tissue below the dermis.

If an RPN has completed additional education, the RPN may perform a procedure on tissue below the dermis for the following purposes:

- (i) Suturing
- (ii) Sharp wound debridement
- (iii) Venipuncture
- (iv) Establishing intravenous (IV) access

### **E. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure.
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

## **F. Reserved Act 3(a) and RPN Practice**

### Performance of the reserved act by RPNs in Manitoba

In a 2015 survey conducted by the College of Registered Psychiatric Nurses of Manitoba, 44% of RPNs indicated that they perform a procedure on tissue below the dermis.

In a 2018 survey conducted by the College of Registered Psychiatric Nurses of Manitoba, 39% of employers indicated that RPNs perform a procedure on tissue below the dermis.

### Practice Examples

1. RPNs practising in a variety of settings are required to do wound care procedures as part of the care they provide to their clients.
2. RPNs practising in settings such as acute psychiatry, geriatric psychiatry, St. Amant and Manitoba Developmental Centre are required to do venipuncture and establish IVs as part of their practice.
3. RPNs practising in correctional facilities assess and treat lacerations, including suturing when indicated.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority to perform a procedure on tissue below the dermis or below the surface of a mucous membrane for the purposes of wound care, including suturing of skin or lacerations.

#### Alberta

RPNs have the authority 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.

## **RHPA and RESERVED ACT 3(b)**

*Performing a procedure on tissue: (b) below the surface of a mucous membrane*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 3(b)**

Perform a procedure on tissue below the surface of a mucous membrane

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure.
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 3(b) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM indicated that 11% of RPNs perform a procedure on tissue below the surface of a mucous membrane.

In a 2018 survey conducted by the CRPNM, 50% of employers indicated that RPNs perform a procedure on tissue below the surface of a mucous membrane.

#### Practice Examples

RPNs are performing reserved act 3(b) in their practice as part of providing wound care treatment when indicated such as the packing of a deep wound.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to perform a procedure on tissue below the dermis or below the mucous membrane for the purposes of wound care, including suturing of skin of lacerations.

##### Alberta

RPNs have the authority 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.

## **RHPA and RESERVED ACT 3(c)**

*Performing a procedure on tissue: (c) on or below the surface of the cornea.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 3(c)**

Perform a procedure on the surface of the cornea

#### Requirements or Conditions

Additional education is required for RPNs to perform a procedure on the surface of the cornea for the purpose of fluorescein staining.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure.
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 3(c) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM indicated that 6% of RPNs perform a procedure on the surface of the cornea.

In a 2018 survey conducted by the CRPNM, 1% of employers indicated that RPNs perform a procedure on the surface of the cornea.

### Practice Examples

An RPN practising in a correctional facility would perform reserved act 3(c) in the course of examining the eye of an inmate complaining of pain, irritation and blurred vision to assess the eye for a corneal abrasion or foreign body as the cause of the symptoms.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs do not have the authority to perform a procedure on tissue in or below the surface of the cornea.

#### Alberta

RPNs do not have the authority 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 in or below the surface of the cornea.

## **RHPA and RESERVED ACT 4(a)**

*Inserting or removing an instrument or a device, hand or finger: (a) into the external ear canal*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(a)**

Insert or remove an instrument or a device, hand or finger into the external canal.

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure.
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 4(a) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 50% of RPNs perform reserved act 4(a).

In response to a 2018 survey conducted by the CRPNM, 30% of employers indicated that RPNs perform reserved act 4(a).

#### Practice Examples

1. RPNs as part of their practice routinely insert digital thermometers into the external ear to take a client's temperature.
2. RPNs practising in long term care settings insert or adjust hearing devices in the external ear of a client as part of their practice.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger into the external ear canal, up to the ear drum.

##### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the cartilaginous portion of the ear canal.

## **RHPA and RESERVED ACT 4(b)**

*Inserting or removing an instrument or a device, hand or finger: (b) beyond the point in the nasal passages where they normally narrow.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(b)**

Insert or remove an instrument or a device, hand or finger beyond the point in the nasal passages where they normally narrow.

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 4(b) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicate that 13% of RPNs perform reserved act 4(b).

In response to a 2018 survey conducted by the CRPNM, 9% of employers indicated that RPNs perform reserved act 4(b).

#### Practice Examples

RPNs practising in settings such as St. Amant, and the Manitoba Developmental Centre do nasopharyngeal suctioning as part of their practice on the residents who have difficulty removing mucous and secretions on their own.

RPNs insert and remove nasogastric tubes as part of their practice in settings such as medically managed chemical withdrawal units, Deer Lodge Centre, St. Amant and the Manitoba Developmental Centre.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the point in the nasal passages where they normally narrow.

##### Alberta

RPNs have the authority to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow.

## **RHPA and RESERVED ACT 4(c)**

*Inserting or removing an instrument or a device, hand or finger: (c) beyond the pharynx.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(c)**

Insert or remove an instrument or a device, hand or finger beyond the pharynx.

#### Requirements or Conditions

A RPN may insert or remove an instrument or a device, hand or finger beyond the pharynx but for the purpose of establishing an advanced airway the RPN must complete additional education.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 4(c) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 6% of RPNs perform reserved act 4(c).

In response to a 2018 survey conducted by the CRPNM, 4% of employers indicated that RPNs perform reserved act 4(c).

### Practice Examples

RPNs who are part of code teams in settings such as St. Amant, the Manitoba Developmental Centre and the Centre for Geriatric Psychiatry (CGP) in Brandon will insert an airway if indicated in an emergency situation to maintain the airway of a client who has had a respiratory arrest or requires resuscitation.

RPNs may also perform reserved 4(c) in a practice setting such as St. Amant when deep suctioning is required for clients who are unable to effectively clear their airways of mucous on their own.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the pharynx.

#### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the pharynx.

## RHPA and RESERVED ACT 4(d)

*Inserting or removing an instrument or a device, hand or finger: (d) beyond the opening of the urethra.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 4(d)

Insert or remove an instrument or a device, hand or finger beyond the opening of the urethra.

#### Requirements or Conditions

None

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### C. Reserved Act 4(d) and RPN Practice

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 37% of RPNs perform reserved act 4(d).

In response to a 2018 survey conducted by the CRPNM, 40% of employers indicated that RPNs perform reserved act 4(d).

### Practice Examples

RPNs practising in long term care facilities and acute geriatric psychiatry settings routinely insert and remove catheters beyond the opening of the urethra for residents requiring catheterization to eliminate urine.

RPNs practising in a community mental health setting will do swabs beyond the opening of the urethra of male clients for sexually transmitted infection testing.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the opening of the urethra.

#### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the urethra.

## **RHPA and RESERVED ACT 4(e)**

*Inserting or removing an instrument or a device, hand or finger: (e) beyond the labia majora.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(e)**

Insert or remove an instrument or a device, hand or finger beyond the labia majora.

#### Requirements or Conditions

If an RPN has completed additional education, an RPN may insert or remove an instrument or a device, hand or finger beyond the labia majora for the purpose of cervical cancer screening or pelvic examination.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptom

## **C. Reserved Act 4(e) and RPN Practice**

### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 7% of RPNs perform reserved act 4(e).

In response to a 2018 survey conducted by the CRPNM, 15% of employers indicated that RPNs perform reserved act 4(e).

### Practice Examples

RPNs practising in a sexual assault clinic are inserting a vaginal speculum as part of the examination of the individual, taking vaginal and cervical swabs for the purpose of evidence collection and sexually transmitted infections (STI) screening.

RPNs practising in a PAP/STI clinic or in a Trans Health Clinic (Klinik) are inserting a vaginal speculum as part of the examination of the individual, taking vaginal and cervical swabs for the purpose of STI screening and PAP smears for the purpose of cervical cancer screening.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the labia majora.

#### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the labia majora.

## **RHPA and RESERVED ACT 4(f)**

*Inserting or removing an instrument or a device, hand or finger: (f) beyond the anal verge.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(f)**

Insert or remove an instrument or a device, hand or finger beyond the anal verge.

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 4(f) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 44% of RPNs perform reserved act 4(f).

In response to a 2018 survey conducted by the CRPNM, 47% of employers indicated that RPNs perform reserved act 4(f).

### Practice Examples

RPNs practising in a variety of settings will perform reserved act 4(f) for purposes such as taking a temperature, fecal disimpaction and administering an enema.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the anal verge.

#### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the anal verge.

## **RHPA and RESERVED ACT 4(g)**

*Inserting or removing an instrument or a device, hand or finger: (g) into an artificial opening in the body.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 4(g)**

Insert or remove an instrument or a device, hand or finger into an artificial opening in the body.

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 4(g) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 12% of RPNs perform reserved act 4(g).

In response to a 2018 survey conducted by the CRPNM, 16% of employers indicated that RPNs perform reserved act 4(g).

#### Practice Examples

RPNs will perform reserved act 4(g) as part of their practice in a number of settings such as Deer Lodge Centre, acute psychiatry, St. Amant and the Manitoba Developmental Centre when caring for clients who have a stoma or jejunostomy tube.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger into an artificial opening in the body.

##### Alberta

RPNs have the authority to insert or remove instruments, devices or fingers or hands into an artificial opening in the body.

## RHPA and RESERVED ACT 5(a)

*Administering a substance: (a) by injection.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(a)

Administer a substance by injection.

#### Requirements or Conditions

None

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### C. Reserved Act 5(a) and RPN Practice

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 87% of RPNs perform reserved act 5(a).

In response to a 2018 survey conducted by the CRPNM, 97% of employers indicated that RPNs perform reserved act 5(a).

#### Practice Examples

Administering a substance by injection is routinely performed by RPNs in their practice such as injecting normal saline into an intravenous or central line to maintain patency or flush following the administration of a medication.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to administer a substance by injection.

##### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 5(b)

*Administering a substance: (b) by inhalation.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(b)

Administer a substance by inhalation.

#### Requirements or Conditions

None

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### C. Reserved Act 5(b) and RPN Practice

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 79% of RPNs perform reserved act 5(b).

In response to a 2018 survey conducted by the CRPNM, 80% of employers indicated that RPNs perform reserved act 5(b).

#### Practice Examples

Administering a substance like normal saline into a nebulizer is a routine part of RPN practice in settings such as acute and geriatric psychiatry, the Manitoba Developmental Centre and St. Amant.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to administer a substance by inhalation.

##### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 5(c)

*Administering a substance: (c) by mechanical ventilation.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(c)

Administer a substance by mechanical ventilation.

#### Requirements or Conditions

None

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### C. Reserved Act 5(c) and RPN Practice

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 20% of RPNs perform reserved act 5(c).

In response to a 2018 survey conducted by the CRPNM, 15% of employers indicated that RPNs perform reserved act 5(c).

#### Practice Examples

Administering a substance like normal saline by mechanical ventilation is a part of RPN practice in settings such as Deer Lodge Centre and St. Amant.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to administer a substance by mechanical ventilation.

##### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 5(d)

*Administering a substance: (d) by irrigation.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(d)

Administer a substance irrigation.

#### Requirements or Conditions

None

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### C. Reserved Act 5(d) and RPN Practice

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 46% of RPNs perform reserved act 5(d).

In response to a 2018 survey conducted by the CRPNM, 57% of employers indicated that RPNs perform reserved act 5(d).

#### Practice Examples

Administering a substance by irrigation is a part of RPN practice such as in the performance of a wound care procedure or irrigating a feeding tube following the administration of a feeding.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to administer a substance by irrigation.

##### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 5(e)

*Administering a substance: (e) by enteral instillation or parenteral instillation.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(e)

Administer a substance by enteral instillation or parenteral instillation.

#### Requirements or Conditions

##### Enteral Instillation:

None

##### Parenteral Instillation:

If there is an order, an RPN may administer a substance (other than normal saline) by parenteral instillation.

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

## **C. Reserved Act 5(e) and RPN Practice**

### Performance of the reserved act by RPNs in Manitoba

#### Enteral and Parenteral Instillation:

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 24% of RPNs perform reserved act 5(e).

In response to a 2018 survey conducted by the CRPNM, 20% of employers indicated that RPNs perform reserved act 5(e).

#### Practice Examples

#### Enteral and Parenteral Instillation:

RPNs practising in settings with clients requiring a therapeutic diet such as geriatric psychiatry, acute addictions, eating disorders, St. Amant and the Manitoba Developmental Centre will administer a substance by enteral or parenteral instillation as part of their practice.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority to administer a substance by enteral instillation or parenteral instillation.

#### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 5(f)

*Administering a substance: (f) by transfusion.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 5(f)

Administer a substance by transfusion.

#### Requirements or Conditions

If a registered psychiatric nurse has completed additional education and there is an order, a registered psychiatric nurse may administer a substance by transfusion.

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

## **C. Reserved Act 5(f) and RPN Practice**

### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 6% of RPNs perform reserved act 5(f).

In response to a 2018 survey conducted by the CRPNM, 3% of employers indicated that RPNs perform reserved act 5(f).

### Practice Examples

RPNs practising in acute addictions settings will administer albumin for clients with critically low blood (serum) albumin levels. RPNs also occasionally administer blood and plasma transfusions in these settings for clients in acute withdrawal.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

This is not a restricted activity in British Columbia.

#### Alberta

This is not a restricted activity in Alberta.

## **RHPA and RESERVED ACT 5(g)**

*Administering a substance: (g) by using a hyperbaric chamber.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 5(g)**

Administer a substance using a hyperbaric chamber.

#### Requirements or Conditions

If a registered psychiatric nurse has completed additional education and there is an order, a registered psychiatric nurse may administer a substance using a hyperbaric chamber.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 5(g) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 2% of RPNs perform reserved act 5(g).

In response to a 2018 survey conducted by the CRPNM, 2% of employers indicated that RPNs perform reserved act 5(g).

#### Practice Examples

An RPN practising at 17 Wing in Winnipeg would administer a substance by hyperbaric chamber for carbon monoxide poisoning and/or decompression sickness.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs do not have the authority to administer a substance using a hyperbaric chamber.

##### Alberta

This is not a restricted activity in Alberta.

## RHPA and RESERVED ACT 9

*Administering a drug or vaccine by any method.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 9.

Administer a drug or vaccine by any method.

#### Requirements or Conditions

##### Drug

An RPN may administer a drug by any method if there is an order. An order is not required for a non-prescription drug.

##### Vaccine

An RPN may administer a vaccine by any method in accordance with the provincial requirements in any of the following circumstances:

1. The vaccine is included in a publicly-funded provincial immunization program;
2. The vaccine is required as part of a communicable disease response;
3. There is an order for the vaccine to be administered.

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).

- Perform safe medication administration by a variety of methods (e.g., oral, parenteral).

### **C. Reserved Act 9 and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 75% of RPNs administer a drug and 42% a vaccine by any method.

In response to a 2018 survey conducted by the CRPNM, 83% of employers indicated that RPNs administer a drug and 62% a vaccine by any method.

#### Practice Examples

##### Drug

Administering drugs by any method is performed routinely by RPNs in all practice settings.

##### Vaccine

Administering a vaccine by any method is performed by RPNs practising in community mental health and long-term care settings.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority to administer a drug by any method in respect of a drug specified in Schedule 1 or 1A of the Drug Schedules Regulation.

##### Alberta

Administering a drug is not a restricted activity in Alberta.

RPNs have the authority to administer a vaccine to those aged 5 years or older and with advanced training may administer vaccine to persons less than 5 years old.

## **RHPA and RESERVED ACT 10(a)**

*Applying or ordering the application of: (a) ultrasound for diagnostic purposes, including any application of ultrasound to a fetus.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 10(a)**

Apply the application of ultrasound.

#### Requirements or Conditions

There are no requirements or conditions for RPNs to perform bladder volume measurement but for the purposes of performing

1. Blood flow monitoring, including ankle brachial testing
2. Fetal heart monitoring

an order is required and the RPN must complete additional education.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Incorporate data from other sources (e.g., laboratory tests, collateral information).

- Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).

### **C. Reserved Act 10(a) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 8% of RPNs perform reserved act 10(a). Of these responses, a breakdown by procedure is as follows:

80% bladder volume measurement;  
12% ankle brachial testing;  
8% blood flow monitoring; and  
12% fetal heart monitoring.

These procedures were further validated in a survey sent out to all RPNs in 2018 in which RPNs performed:

75% bladder volume measurement;  
50% ankle brachial testing

In response to a 2018 survey conducted by the CRPNM, 4% of employers indicated that RPNs perform reserved act 10(a). Of these responses, a breakdown by procedure is as follows:

100% bladder volume measurement;  
25% blood flow monitoring; and  
50% fetal heart monitoring.

#### Practice Examples

##### Bladder Volume Measurement:

RPNs practising in a variety of settings but particularly in long term care, RPNs will measure bladder volume on their clients experiencing a urinary tract infection or are incontinent but having difficulty urinating.

##### Blood Flow Imaging:

RPNs practising in settings such as long-term care or geriatric psychiatry will have clients with vascular disease and lower leg ulcers and will apply doppler ultrasound to assess and monitor blood flow. It is also performed by RPNs practising in acute addictions to determine IV placement on a client.

##### Fetal Heart Monitoring:

RPNs practising in settings such as acute psychiatry and medically managed chemical withdrawal perform fetal heart monitoring on their clients who are pregnant.

## Performance of the reserved act by RPNs in Canada

### British Columbia

RPNs have the authority to apply ultrasound for the purposes of bladder volume measurement or blood flow monitoring.

### Alberta

RPNs do not have the authority to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.

The following is under review to give RPNs the authority to order or apply non-ionizing radiation in (i) lithotripsy, (ii) magnetic resonance imaging, or (iii) ultrasound imaging, including any application of ultrasound to a fetus.

## RHPA and RESERVED ACT 10(b)

Applying or ordering the application of electricity for:

- (i) *aversive conditioning*
- (ii) *cardiac pacemaker therapy*
- (iii) *cardioversion*
- (iv) *defibrillation*
- (v) *electrocoagulation*
- (vi) *electroconvulsive therapy*
- (vii) *electromyography*
- (viii) *fulguration*
- (ix) *nerve conduction studies*
- (x) *transcutaneous cardiac pacing*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 10(b)

Apply the application of electricity for: (iv) defibrillation.  
(vi) electroconvulsive therapy  
(x) transcutaneous cardiac pacing

#### Requirements or Conditions

If an RPN has completed additional education and there is an order, the RPN may apply electricity for the following purposes:

- (iv) defibrillation.
- (vi) electroconvulsive therapy
- (x) transcutaneous cardiac pacing

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

## Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Incorporate data from other sources (e.g., laboratory tests, collateral information).
- Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).

### **C. Reserved Act 10(b) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 17% of RPNs perform reserved act 10(b). Of these responses, a breakdown of the procedures are as follows:

58% defibrillation;  
55% electroconvulsive shock therapy;  
3% transcutaneous cardiac pacing.

In response to a 2018 survey conducted by the CRPNM, 30% of employers indicated that RPNs perform reserved act 10(b). Of these responses, a breakdown of the procedures are as follows:

35% defibrillation;  
82% electroconvulsive shock therapy;  
0% transcutaneous cardiac pacing.

#### Practice Examples

RPNs practising in settings such as St. Amant and the Manitoba Developmental Centre and who are on the code team will perform reserved act 10(b) for the purposes of defibrillation and transcutaneous cardiac pacing in emergency situations where indicated such as resuscitation following a cardiac arrest.

RPNs practising in acute psychiatry and geriatric psychiatry will perform reserved act 10(b) on clients for the purpose of electroconvulsive therapy.

## Performance of the reserved act by RPNs in Canada

### British Columbia

RPNs have the authority to apply electricity using an automatic external defibrillator for the purposes of defibrillation in the course of emergency cardiac care and affecting activity of the nervous system.

### Alberta

This is not a restricted activity in Alberta.

## **RHPA and RESERVED ACT 10(e)**

*Applying or ordering the application of: (e) x-rays or other ionizing radiation for diagnostic, imaging or therapeutic purposes, including computerized axial tomography, positron emission tomography and radiation therapy.*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 10(e)**

Order the application of x-rays.

#### Requirements or Conditions

If an RPN has completed additional education the RPN may order x-rays for the purposes of diagnosing a health condition or fracture that is appropriate to the RPN's practice if the RPN practises in an approved setting and the RPN

(a) Uses a clinical decision tool in place at the approved practice setting;

(b) Collaborates with

1. a registered nurse (nurse practitioner)
2. a registered nurse (authorized prescriber)
3. a registered psychiatric nurse (authorized prescriber)
4. a physician
5. a physician assistant, or
6. a clinical assistant

who is legally permitted and competent to order x-rays.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

## Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Incorporate data from other sources (e.g., laboratory tests, collateral information).
- Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).

### **C. Reserved Act 10(e) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 9% of RPNs perform reserved act 10(e) for the purposes of diagnostic, imaging or therapeutic purposes.

In a 2018 survey conducted by the CRPNM, 3% of employers indicated that RPNs perform reserved act 10(e).

#### Practice Examples

An RPN practising in a long-term care setting has a resident on multiple medications and who is experiencing constipation, abdominal pain and upon examination the resident's abdomen is hard and no bowel sounds are heard. In collaboration with the physician, the RPN orders an abdominal x-ray to assess for a bowel obstruction.

An RPN practising in a community mental health setting assesses a recent immigrant who presents with shortness of breath, coughing, chest pain, fever and fatigue. The RPN suspects tuberculosis and orders a chest x-ray for further assessment and diagnostic purposes in advance of a referral to a public health nurse.

## Performance of the reserved act by RPNs in Canada

### British Columbia

For the purpose of tuberculosis screening, RPNs have the authority to issue an instruction or authorization for another person to apply x-rays to a named individual, other than x-rays for the purpose of computerized axial tomography.

### Alberta

It is under review to give RPNs the authority to order and apply any form of ionization radiation in medical radiography.

## **RHPA and RESERVED ACT 11**

*In relation to a therapeutic diet that is administered by enteral instillation or parenteral instillation:*

- (a) selecting ingredients for the diet, or*
- (b) compounding or administering the diet*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 11**

In relation to a therapeutic diet that is administered by enteral instillation or parenteral instillation:

- (a) select ingredients for the diet, or
- (b) compound or administer the diet

#### Requirements or Conditions

##### Enteral Instillation:

If there is an order, an RPN may compound or administer the diet.

##### Parenteral Instillation:

- (a) If there is an order, the RPN may select ingredients for the diet if the RPN has completed additional education and collaborates with

1. A registered dietician
2. A registered nurse (nurse practitioner)
3. A physician.

who is legally permitted and competent to select ingredients for the diet.

- (b) If there is an order, the RPN may administer the diet.

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

## Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Incorporate data from other sources (e.g., laboratory tests, collateral information).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 11 and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 20% of RPNs perform reserved act 11. Of these responses:

- 72% mix ingredients or formulas for the diet;
- 28% determine the ingredients for the diet;
- 28% make adjustments or alterations to the ingredients or formulas for the diet.

In response to a 2018 survey conducted by the CRPNM, 25% of employers indicated that RPNs perform reserved act 11. Of these responses:

- 50% mix ingredients or formulas for the diet;
- 50% determine the ingredients for the diet;
- 50% make adjustments or alterations to the ingredients or formulas for the diet.

#### Practice Examples

RPNs practising in settings such as the Manitoba Developmental Centre, St. Amant, geriatric psychiatry and eating disorder clinics perform reserved act 11 for clients requiring a therapeutic diet.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

RPNs have the authority without an order to compound or dispense a therapeutic diet if it is administered by enteral instillation.

##### Alberta

RPNs have the authority to administer parenteral instillation. Administering a therapeutic diet by enteral instillation is not a restricted activity.

## **RHPA and RESERVED ACT 13(a)**

*Putting into the external ear, up to the eardrum, a substance that: (a) is under pressure*

### **A. College of Registered Psychiatric Nurses Request for Reserved Act 13(a)**

Put into the external ear, up to the eardrum, a substance that is under pressure.

#### Requirements or Conditions

None

### **B. Competencies**

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

### **C. Reserved Act 13(a) and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicate that 9% of RPNs perform reserved act 13(a).

In response to a 2018 survey conducted by the CRPNM, 19% of employers indicated that RPNs perform reserved act 13(a).

### Practice Examples

RPNs caring for clients who are residents of long term care settings such as a personal care home, the Manitoba Developmental Centre and St. Amant will perform reserved act 13(a) in their practice for ear wax removal.

### Performance of the reserved act by RPNs in Canada

#### British Columbia

RPNs have the authority without an order for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum air that is under pressure no greater than the pressure created by the use of an otoscope, or water that is under pressure no greater than the pressure created by the use of an ear bulb syringe.

RPNs have the authority with an order to put into the external ear canal, up to the eardrum, a substance that is under pressure.

#### Alberta

RPNs have the authority to insert a liquid into the ear canal under pressure.

## RHPA and RESERVED ACT 20

*Performing a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.*

### A. College of Registered Psychiatric Nurses Request for Reserved Act 20

Perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.

#### Requirements or Conditions

To perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life, the RPN must collaborate with a person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act and who is legally permitted and competent to perform it.

### B. Competencies

#### RPN Competencies to Perform the Reserved Act

- Assessment of client and analysis of history and data;
- Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;
- Integration of knowledge and skills required to perform the procedure;
- Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;
- Assessment of client's response to the procedure;
- Analysis of findings to determine care/treatment plan/interventions;
- Communication of findings to client and/or his/her representative, and in the client record;
- Consultation, collaboration with and/or referral to other members of the health care team as required;
- Modification of care/treatment plan as required.

#### Psychiatric Nursing Education Didactic and Clinical Entry-to-practice Competencies

- Apply therapeutic use of self to inform all areas of psychiatric nursing practice.
- Establish a therapeutic relationship with the client.
- Maintain the therapeutic relationship.
- Terminate the therapeutic relationship.
- Demonstrate knowledge of disorders of developmental health and mental health.

- Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, The Diagnostic and Statistical Manual of Mental Disorders).
- Select an evidence-informed framework applicable to the type of assessments required (e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).
- Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).
- Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).
- Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., The Diagnostic and Statistical Manual of Mental Disorders).
- Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.
- Demonstrate knowledge of the disorders of addiction, as well as relevant resources and diagnostic tools (e.g., standardized screening tools, detoxification and withdrawal guidelines).
- Demonstrate knowledge of therapeutic modalities (e.g., individual, family and group therapy and counselling, psychopharmacology, visualization, consumer-led initiatives).
- Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).
- Apply crisis intervention skills with clients experiencing acute emotional, physical, behavioural, and mental distress (e.g., loss, grief, victimization, trauma).

### **C. Reserved Act 20 and RPN Practice**

#### Performance of the reserved act by RPNs in Manitoba

The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 73.8% of RPNs perform reserved act 20.

In response to a 2018 survey conducted by the CRPNM, 75% of employers indicated that RPNs perform reserved act 20.

#### Practice Examples

An RPN Nurse Therapist providing Trauma Informed Therapy with War Veterans:

The RPN utilizes a wide range of assessment modalities and interventions based on entry to practice competencies as well as competencies gained through experience and continuing education. The RPN will utilize a range of counselling and supportive techniques at a more basic level to provide support to the client within their care. As an important piece of the therapeutic relationship, the RPN will assess for risk of harm, family history, individual coping mechanisms,

tolerance of therapy and will question and probe the client to assess for the presence or absence of psychiatric symptoms related to a DSM diagnosis. Based on this information, the RPN will begin to form a diagnosis, or diagnostic impression for the client and will communicate these findings to the inter-collaborative team. The RPN will immediately begin to prioritize treatment and identify individual strengths and goals and will use these to promote and foster growth and change. At a more formal level, the RPN will integrate treatment using a wide range of treatment modalities or psychosocial interventions or may choose to focus on one particular therapy/intervention in order to work with the client. These may include: CBT, DBT, Behaviour Modification, Mindfulness Therapy and Trauma and Exposure Therapy. In some cases, with extensive training, the RPN may also be performing EMDR.

#### Performance of the reserved act by RPNs in Canada

##### British Columbia

Performing a psycho-social intervention is not a restricted activity.

##### Alberta

RPN s have the authority to perform a psycho-social intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life.

## **PROPOSED RESERVED ACTS FOR REGISTERED PSYCHIATRIC NURSE (AUTHORIZED PRESCRIBER) PRACTICE**

### **College of Registered Psychiatric Nurses Reserved Acts Request for Registered Psychiatric Nurses (Authorized Prescriber)**

*In addition to the reserved acts proposed for registered psychiatric nurses, a registered psychiatric nurse who holds a valid certificate of practice with the notation “(authorized prescriber)” may also perform the reserved acts as follows:*

#### Reserved Act 1

A registered psychiatric nurse (authorized prescriber) may make a diagnosis that is appropriate to the member’s practice as a registered psychiatric nurse (authorized prescriber) and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual’s health care.

#### Reserved act 2

A registered psychiatric nurse (authorized prescriber) may order or receive reports of screening or diagnostic tests.

#### Reserved act 6

A registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine.

### **Requirements or Conditions**

#### Reserved Act 1

It must be in respect to the registered psychiatric nurse’s (authorized prescriber) approved patient population.

In addition to the criteria for RPNs, the RPN (authorized prescriber) must complete a course of instruction in the approved competencies as a RPN (authorized prescriber) and hold a valid certificate of practice for the patient populations in one of the following areas:

- (i) reproductive health, sexually transmitted infections and blood borne pathogens,
- (ii) diabetes health.

#### Reserved Act 2

The registered psychiatric nurse (authorized prescriber) may order or receive reports of diagnostic or screening tests as listed in the Schedule (see CRPNM Reserved Acts Request Appendix 2) for the registered psychiatric nurse’s (authorized prescriber) approved patient population.

In addition to the criteria for RPNs, the RPN (authorized prescriber) must complete a course of instruction in the approved competencies as a RPN (authorized prescriber) and hold a valid certificate of practice for the patient populations in one of the following areas:

- (i) reproductive health, sexually transmitted infections and blood borne pathogens,
- (ii) diabetes health.

Reserved Act 6

The registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine as listed in the Schedule (see CRPNM Reserved Acts Request Appendix 2) for the registered psychiatric nurse's (authorized prescriber) approved patient population.

Information pertaining to reserved act 6 and RPN (authorized prescriber) practice is noted in the CRPNM Change in Scope of Practice Proposal RA 6.

**APPENDIX**  
**BScPN Theory & Lab/Clinical Coursework**  
**CRPNM Requested Reserved Acts**

Appendix 1

BScPN Theory & Lab/Clinical Coursework - CRPNM Requested Reserved Acts

Reserved Act	BScPN Theoretical Coursework	BScPN Laboratory/Clinical Coursework
1) Making and / or communicating a diagnosis	69:367 Family Counseling 69:366 Acute Mental Health Challenges 69:363 Psychopathology 69:360 Community Health 69:359 Psychiatric Nursing with Children and Adolescents 69:272 Introduction to Palliative Care 69:271 Psychiatric Nursing of Elderly Persons 69:262 Medical Nursing for Psychiatric Nurses 69:261 Principles of Individual Counseling 69:153 Fundamentals of Psychiatric Nursing Practice II 69:152 Fundamentals of Psychiatric Nursing I 69:161 Introduction to Interpersonal Communication 69:253 Fundamentals of Psychiatric Nursing Practice III 69:251 Principles of Health Assessment 69:151 Lifespan Health Promotion 69:377 Developmental Challenges 90:259 The Sociology of Medical Systems 90:154 Introduction to Sociology 82:161 Introduction to Psychology 69:473 Contemporary Perspectives on Professional Health Issues 69:457 Introduction to Health Research Methods 69:380 Interpersonal Abuse 69:379 Addictions	69:367 Family Counseling 69:346 Integrated Clinical Practicum III (6 wks) 69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:261 Principles of Individual Counseling 69:153 Fundamentals of Psychiatric Nursing Practice II 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 69:377 Developmental Challenges 69:442 Senior Integrated Clinical Practicum (8 wks)

Reserved Act	BScPN Theoretical Coursework	BScPN Laboratory/Clinical Coursework
2) Ordering or receiving reports of screening or diagnostic tests	69:366 Acute Mental Health Challenges 69:359 Psychiatric Nursing with Children and Adolescents 69:271 Psychiatric Nursing of Elderly Persons 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:253 Fundamentals of Psychiatric Nursing Practice III 69:252 Psychopharmacology 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:379 Addictions	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)
2) Performing a procedure on tissue	69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:253 Fundamentals of Psychiatric Nursing Practice III	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:253 Fundamentals of Psychiatric Nursing Practice III 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)

**Appendix 1**

**BScPN Theory & Lab/Clinical Coursework - CRPNM Requested Reserved Acts**

<b>Reserved Act</b>	<b>BScPN Theoretical Coursework</b>	<b>BScPN Laboratory/Clinical Coursework</b>
3) Inserting or removing an instrument or a device, hand or finger	69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:253 Fundamentals of Psychiatric Nursing Practice III	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:253 Fundamentals of Psychiatric Nursing Practice II 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)
5) Administering a substance	69:272 Introduction to Palliative Care 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:253 Fundamentals of Psychiatric Nursing Practice III 69:252 Psychopharmacology 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)
6) Prescribe a drug or vaccine	69:271 Psychiatric Nursing of Elderly Persons 69:262 Medical Nursing for Psychiatric Nurses 69:253 Fundamentals of Psychiatric Nursing Practice III 69:252 Psychopharmacology 69:251 Principles of Health Assessment	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 69:442 Senior Integrated Clinical Practicum (8 wks)
9) Administer a drug or vaccine by any method	69:272 Introduction to Palliative Care 69:271 Psychiatric Nursing of Elderly Persons 69:262 Medical Nursing for Psychiatric Nurses 69:253 Fundamentals of Psychiatric Nursing Practice III 69:252 Psychopharmacology 69:251 Principles of Health Assessment	69:346 Integrated Clinical Practicum III (6 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:253 Fundamentals of Psychiatric Nursing Practice III 69:255 Integrated Clinical Practicum I (3 wks) 69:251 Principles of Health Assessment 69:442 Senior Integrated Clinical Practicum (8 wks)

**Appendix 1**

**BScPN Theory & Lab/Clinical Coursework - CRPNM Requested Reserved Acts**

Reserved Act	BScPN Theoretical Coursework	BScPN Laboratory/Clinical Coursework
10) a) Applying or ordering the application of ultrasound for diagnostic and imaging purposes, including a fetus	69:262 Medical Nursing for Psychiatric Nurses 15:17 Human Anatomy and Physiology 69:253 Fundamentals of Psychiatric Nursing Practice III 69:377 Developmental Challenges 69:251 Principles of Health Assessment	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)
10) b) Applying or ordering the application of electricity	69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 69:366 Acute Mental Health Challenges 69:252 Psychopharmacology 69:253 Fundamentals of Psychiatric Nursing Practice III	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 69:442 Senior Integrated Clinical Practicum (8 wks)
10) e) Applying or ordering the application of X-rays or other ionizing radiation for diagnostic, imaging or therapeutic purposes	69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:271 Psychiatric Nursing of Elderly Persons	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)
11) In relation to a therapeutic diet that is administered enterally or parenterally: a) selecting ingredients for the diet, or b) compounding or administering the diet	69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:271 Psychiatric Nursing of Elderly Persons 69:151 Lifespan Health Promotion	69:265 Integrated Clinical Practicum II (3 wks) 69:262 Medical Nursing for Psychiatric Nurses 69:153 Fundamentals of Psychiatric Nursing Practice II 69:251 Principles of Health Assessment 15:171 Human Anatomy and Physiology 69:442 Senior Integrated Clinical Practicum (8 wks)

**Appendix 1**

**BScPN Theory & Lab/Clinical Coursework - CRPNM Requested Reserved Acts**

Reserved Act	BScPN Theoretical Coursework	BScPN Laboratory/Clinical Coursework
<p>13) Putting into the external ear canal, up to the eardrum, a substance that: a) is under pressure</p>	<p>69:262 Medical Nursing for Psychiatric Nurses            69:251 Principles of Health Assessment            15:171 Human Anatomy and Physiology            69:271 Psychiatric Nursing of Elderly Persons</p>	<p>69:265 Integrated Clinical Practicum III (6 wks)            69:262 Medical Nursing for Psychiatric Nurses            69:251 Principles of Health Assessment            15:171 Human Anatomy and Physiology            69:442 Senior Integrated Clinical Practicum (8 wks)</p>
<p>20) Performing a psychosocial intervention</p>	<p>69:366 Acute Mental Health Challenges            69:364 Therapeutic Groups            69:363 Psychopathology            69:360 Community Health            69:359 Psychiatric Nursing with Children and Adolescents            69:271 Psychiatric Nursing of Elderly Persons            69:261 Principles of Individual Counseling            69:152 Fundamentals of Psychiatric Nursing            169:161 Introduction to Interpersonal Communication            69:151 Lifespan Health Promotion            69:377 Developmental Challenges            90:154 Introduction to Sociology            82:161 Introduction to Psychology            69:473 Contemporary Perspectives on Professional Health Issues            69:457 Introduction to Health Research Methods            69:380 Interpersonal Abuse            69:379 Addictions            69:367 Family Counseling            69:472 Psychiatric Rehabilitation and Recovery</p>	<p>69:346 Integrated Clinical Practicum III            69:261 Principles of Individual Counseling            69:377 Developmental Challenges            69:364 Therapeutic Groups            69:367 Family Counseling            69:472 Psychiatric Rehabilitation and Recovery            69:442 Senior Integrated Clinical Practicum (8 wks)</p>



# CRPNM

## Reserved Acts Request

### Executive Summary Tables

Manitoba Health, Seniors and Active Living (MHSAL)

August 3, 2018 (revised October 2, 2018)

**COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA  
PROPOSED RESERVED ACTS SUBMISSION**

**Reserved Act 1**

*Make a diagnosis that is appropriate to the practice of the registered psychiatric nurse and communicate it to an individual or his or her representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<p>The collection and assessment of data that includes a client's health history, medication history, physical and mental health assessment, and lab data. This is done across practice settings.</p> <p>A specific framework for care planning called the nursing process is used by RPNs and consists of:</p> <ul style="list-style-type: none"> <li>• Client assessment and analysis of data;</li> <li>• Development of a care or treatment plan;</li> <li>• Determine interventions;</li> <li>• Evaluation of care or treatment plan;</li> <li>• Modification of care or treatment plan as required.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of disorders of developmental health and mental health.</li> <li>• Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, The Diagnostic and Statistical Manual of Mental Disorders).</li> <li>• Select an evidence-informed framework applicable to the type of assessments required (e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).</li> <li>• Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current</li> </ul>	<p>Must be appropriate to the practice of the RPN</p>	<ol style="list-style-type: none"> <li>1. RPNs working as Psychiatric Emergency Nurses (PENs) assess, interpret laboratory and diagnostic findings and diagnose episodes of delirium. PENs also are required to make a differential diagnosis between delirium and dementia based on a client's presentation.</li> <li>2. RPNs working in the Early Psychosis Prevention and Intervention Support (EPPIS) program work in a multi-disciplinary team setting to assess, interpret findings, implement screening tools and diagnose psychosis/psychotic episodes.</li> <li>3. RPNs working in long term care settings work in a collaborative team setting to assess, interpret laboratory and diagnostic findings, and gather collateral information to diagnose the incidence of diabetes.</li> </ol>	<p>In a 2015 survey conducted by CRPNM of the reserved acts and RPN practice indicate that 48% of RPNs make a diagnosis using the DSM.</p> <p>Additionally, 45% of RPNs indicate that making a diagnosis of a physical health condition is part of their scope of practice.</p> <p>In a 2018 survey conducted by the CRPNM, 64% of employers indicated that RPNs make a diagnosis or provisional diagnosis using the DSM. Additionally, when employers were asked about RPNs making a diagnosis or provisional diagnosis of a physical health condition, 57% indicated that this was part of their scope of practice.</p>	<p><u>British Columbia</u> RPNs have the authority to make a nursing diagnosis identifying a condition as the cause of signs or symptoms of an individual.</p> <p><u>Alberta</u> Making a diagnosis is not a restricted activity in Alberta.</p>

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
	<p>nomenclature (e.g., The Diagnostic and Statistical Manual of Mental Disorders).</p> <ul style="list-style-type: none"> <li>• Incorporate data from other sources (e.g., laboratory tests, collateral information).</li> <li>• Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.</li> <li>• Share relevant information with team members, clients and stakeholders in a timely manner.</li> <li>• Recognize and intervene to stabilize clients experiencing medical emergencies (e.g., shock, hypoglycemia, management of neuroleptic malignant syndrome, cardiac events)</li> </ul>				

## Reserved Act 2

Order or receive reports of screening or diagnostic tests.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<p>As noted in the CRPNM Change in Scope of Practice Proposal for reserved act 2:</p> <p>2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information);</p> <p>2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgement; and</p> <p>2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care.</p>	<p>A RPN may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the RPN's practice if the RPN practices in an approved practice setting and the RPN uses a clinical decision tools in place at the approved practice setting; or</p> <p>(a) collaborates with</p> <ul style="list-style-type: none"> <li>(i) a registered nurse (nurse practitioner);</li> <li>(ii) a registered nurse (authorized prescriber);</li> <li>(iii) a registered psychiatric nurse (authorized prescriber);</li> <li>(iv) a physician;</li> <li>(v) a clinical assistant; or</li> <li>(vi) a pharmacist</li> </ul> <p>who is legally permitted and competent to order or receive those reports.</p>	<p>The results of the surveys conducted by the CRPNM also indicated that 64% of RPNs (2015) and 65% of employers (2018) receive and analyze the results of laboratory and diagnostic tests to assist with clinical decision-making.</p> <p>Below is a breakdown of settings where ordering reports of screening or diagnostic tests primarily occurs:</p> <p>33% General Hospital or Mental Health Centre; 22% Community Mental Health; 22% Other (includes: Corrections, Business or Industry, Private Agency and Residential Care); 11% Personal Care Home; 11% Addictions</p> <p>Additional information about the relevance of reserved act 2 to RPN practice is noted in the CRPNM Change in Scope of Practice Proposal RA 2.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 34% of RPNs order reports of screening or diagnostic tests. Additionally, RPNs were most likely to indicate that they performed this in collaboration with other health care providers and as an autonomous part of RPN practice.</p> <p>In a 2018 survey conducted by the CRPNM, 38% of employers indicated that RPNs order reports of screening or diagnostic tests. Consistent with the 2015 survey results of RPNs, employers also indicated that RPNs were most likely to perform this in collaboration with other health care providers and as an autonomous part of RPN practice.</p>	<p><u>British Columbia</u> This is not a restricted activity in British Columbia.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 3 (a)**

Perform a procedure on tissue below the dermis

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>Subject to 3(a) (i) to (iv), a RPN may perform a procedure on tissue below the dermis.</p> <p>If a RPN has completed additional education, the RPN may perform a procedure on tissue below the dermis for the following purposes:</p> <ul style="list-style-type: none"> <li>(i) Suturing</li> <li>(ii) Sharp wound debridement</li> <li>(iii) Venipuncture</li> <li>(iv) Establishing intravenous (IV) access</li> </ul>	<ol style="list-style-type: none"> <li>RPNs practising in a variety of settings are required to do wound care procedures as part of the care they provide to their clients.</li> <li>RPNs practising in settings such as acute psychiatry, geriatric psychiatry, St. Amant and Manitoba Developmental Centre are required to do venipuncture and establish IVs as part of their practice.</li> <li>RPNs practising in correctional facilities assess and treat lacerations, including suturing when indicated.</li> </ol>	<p>The results of a 2015 survey conducted by CRPNM of the reserved acts and RPN practice indicated that 44% of RPNs perform a procedure on tissue below the dermis.</p> <p>In response to a 2018 survey conducted by CRPNM, 39% of employers indicated that RPNs perform a procedure on tissue below the dermis.</p>	<p><u>British Columbia</u> RPNs have the authority to perform a procedure on tissue below the dermis or below the surface of a mucous membrane for the purposes of wound care, other than the suturing of skin of lacerations.</p> <p><u>Alberta</u> RPNs have the authority 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.</p>

**Reserved Act 3(b)**

*Perform a procedure on tissue below the surface of a mucous membrane.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>None</p>	<p>RPNs are performing reserved act 3(b) in their practice as part of providing wound care treatment when indicated such as the packing of a deep wound.</p>	<p>The results of a 2015 survey conducted by the CRPNM indicated that 11% of RPNs perform a procedure on tissue below the surface of a mucous membrane.</p> <p>In a 2018 survey conducted by the CRPNM, 50% of employers indicated that RPNs perform a procedure on tissue below the surface of a mucous membrane.</p>	<p><u>British Columbia</u> RPNs have the authority to perform a procedure on tissue below the dermis or below the surface of a mucous membrane for the purposes of wound care, including suturing of skin of lacerations.</p> <p><u>Alberta</u> RPNs have the authority 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.</p>

**Reserved Act 3(c)**

Perform a procedure on the surface of the cornea.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>Additional education is required for RPNs to perform a procedure on the surface of the cornea for the purpose of fluorescein staining.</p>	<p>A RPN practising in a correctional facility would perform reserved act 3(c) in the course of examining the eye of an inmate complaining of pain, irritation and blurred vision to assess the eye for a corneal abrasion or foreign body as the cause of the symptoms.</p>	<p>The results of a 2015 survey conducted by the CRPNM indicated that 6% of RPNs perform a procedure on the surface of the cornea.</p> <p>In a 2018 survey conducted by the CRPNM, 1% of employers indicated that RPNs perform a procedure on the surface of the cornea.</p>	<p><u>British Columbia</u> RPNs do not have the authority to perform a procedure on tissue in or below the surface of the cornea.</p> <p><u>Alberta</u> RPNs do not have the authority 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 in or below the surface of the cornea.</p>

**Reserved Act 4 (a)**

*Insert or remove an instrument or a device, hand or finger into the external ear canal*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	<p>RPNs as part of their practice routinely insert digital thermometers into the external ear to take a client's temperature.</p> <p>RPNs practising in a long-term care setting insert or adjust hearing devices in the external ear of a client as part of their practice.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 50% of RPNs perform reserved act 4(a).</p> <p>In response to a 2018 survey conducted by the CRPNM, 30% of employers indicated that RPNs perform reserved act 4(a).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger into the external ear canal, up to the ear drum.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the cartilaginous portion of the ear canal.</p>

**Reserved Act 4(b)**

*Insert or remove an instrument or a device, hand or finger beyond the point in the nasal passages where they normally narrow*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure;</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	<p>RPNs practising in settings such as St. Amant and the Manitoba Developmental Centre do nasopharyngeal suctioning as part of their practice on the residents who have difficulty removing mucous and secretions on their own.</p> <p>RPNs will insert and remove nasogastric tubes as part of their practice in settings such as medically managed chemical withdrawal units, Deer Lodge Centre, St. Amant and the Manitoba Developmental Centre.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicate that 13% of RPNs perform reserved act 4(b).</p> <p>In response to a 2018 survey conducted by the CRPNM, 9% of employers indicated that RPNs perform reserved act 4(b).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the point in the nasal passages where they normally narrow.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow.</p>

**Reserved Act 4(c)**

*Insert or remove an instrument or a device, hand or finger beyond the pharynx.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>A RPN may insert or remove an instrument or a device, hand or finger beyond the pharynx but the RPN must complete additional education for the purpose of establishing an advanced airway.</p>	<p>RPNs who are part of code teams in settings such as St. Amant, the Manitoba Developmental Centre and the Centre for Geriatric Psychiatry in Brandon will insert an airway if indicated in an emergency situation to maintain the airway of a client who has had a respiratory arrest or requires resuscitation.</p> <p>RPNs may also perform reserved 4(c) in a practice setting such as St. Amant when deep suctioning is required for clients who are unable to effectively clear their airways of mucous on their own.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 6% of RPNs perform reserved act 4(c).</p> <p>In response to a 2018 survey conducted by the CRPNM, 4% of employers indicated that RPNs perform reserved act 4(c).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the pharynx.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the pharynx.</p>

**Reserved Act 4(d)**

*Insert or remove an instrument or a device, hand or finger beyond the opening of the urethra.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	<p>RPNs practising in long term care facilities and acute geriatric psychiatry settings routinely insert and remove catheters beyond the opening of the urethra for residents requiring catheterization to eliminate urine.</p> <p>RPNs practising in a community mental health setting will do swabs beyond the opening of the urethra of male clients for sexually transmitted infection testing.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 37% of RPNs perform reserved act 4(d).</p> <p>In response to a 2018 survey conducted by the CRPNM, 40% of employers indicated that RPNs perform reserved act 4(d).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the opening of the urethra.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the urethra.</p>

**Reserved Act 4(e)**

*Insert or remove an instrument or a device, hand or finger beyond the labia majora.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>If a RPN has completed additional education, a RPN may insert or remove an instrument or a device, hand or finger beyond the labia majora for the purpose of cervical cancer screening or pelvic examination.</p>	<p>RPNs practising in a sexual assault clinic are inserting a vaginal speculum as part of the examination of the individual, taking vaginal and cervical swabs for the purpose of evidence collection and sexually transmitted infections (STI) screening.</p> <p>RPNs practising in a PAP/STI clinic or in a Trans Health Clinic (Klinik) are inserting a vaginal speculum as part of the examination of the individual, taking vaginal and cervical swabs for the purpose of STI screening and PAP smears for the purpose of cervical cancer screening.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 7% of RPNs perform reserved act 4(e).</p> <p>In response to a 2018 survey conducted by the CRPNM, 15% of employers indicated that RPNs perform reserved act 4(e).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the labia majora.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the labia majora.</p>

**Reserved Act 4(f)**

*Insert or remove an instrument or a device, hand or finger beyond the anal verge*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>None</p>	<p>PRNs practising in a variety of settings will perform reserved act 4(f) for purposes such as taking a temperature, fecal disimpaction and administering an enema.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 44% of RPNs perform reserved act 4(f).</p> <p>In response to a 2018 survey conducted by the CRPNM, 47% of employers indicated that RPNs perform reserved act 4(f).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger beyond the anal verge.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands beyond the opening of the anal verge.</p>

**Reserved Act 4(g)**

*Insert or remove an instrument or a device, hand or finger into an artificial opening in the body.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>None</p>	<p>RPNs will perform reserved act 4(g) as part of their practice in a number of settings such as Deer Lodge Centre, acute psychiatry, St. Amant and the Manitoba Developmental Centre when caring for clients who have a stoma or jejunostomy tube.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 12% of RPNs perform reserved act 4(g).</p> <p>In response to a 2018 survey conducted by the CRPNM, 16% of employers indicated that RPNs perform reserved act 4(g).</p>	<p><u>British Columbia</u> RPNs have the authority for the purposes of assessment or ameliorating or resolving a condition identified through the making of a psychiatric nursing diagnosis to put an instrument or device, hand or finger into an artificial opening in the body.</p> <p><u>Alberta</u> RPNs have the authority to insert or remove instruments, devices or fingers or hands into an artificial opening in the body.</p>

**Reserved Act 5(a)**

*Administer a substance by injection.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	Administering a substance by injection is routinely performed by RPNs in their practice such as injecting normal saline into an intravenous or central line to maintain patency or flush following the administration of a medication.	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 87% of RPNs perform reserved act 5(a).</p> <p>In response to a 2018 survey conducted by the CRPNM, 97% of employers indicated that RPNs perform reserved act 5(a).</p>	<p><u>British Columbia</u> RPNs have the authority to administer a substance by injection.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(b)**

*Administer a substance by inhalation.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	Administering a substance like normal saline into a nebulizer is a routine part of RPN practice in settings such as acute and geriatric psychiatry, the Manitoba Developmental Centre and St. Amant.	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 79% of RPNs perform reserved act 5(b).</p> <p>In response to a 2018 survey conducted by the CRPNM, 80% of employers indicated that RPNs perform reserved act 5(b).</p>	<p><u>British Columbia</u> RPNs have the authority to administer a substance by inhalation.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(c)**

Administer a substance by mechanical ventilation.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	Administering a substance like normal saline by mechanical ventilation is a part of RPN practice in settings such as Deer Lodge Centre and St. Amant.	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 20% of RPNs perform reserved act 5(c).</p> <p>In response to a 2018 survey conducted by the CRPNM, 15% of employers indicated that RPNs perform reserved act 5(c).</p>	<p><u>British Columbia</u> RPNs have the authority to administer a substance by mechanical ventilation.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(d)**

*Administer a substance by irrigation.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	Administering a substance by irrigation is a part of RPN practice such as in the performance of a wound care procedure or irrigating a feeding tube following the administration of a feeding.	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 46% of RPNs perform reserved act 5(d).</p> <p>In response to a 2018 survey conducted by the CRPNM, 57% of employers indicated that RPNs perform reserved act 5(d).</p>	<p><u>British Columbia</u> RPNs have the authority to administer a substance by irrigation.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(e)**

Administer a substance by enteral instillation or parenteral instillation.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p><u>Enteral Instillation:</u> None</p> <p><u>Parenteral Instillation:</u> If there is an order, a RPN may administer a substance (other than normal saline) by parenteral instillation.</p>	<p><u>Enteral and Parenteral Instillation:</u></p> <p>RPNs practising in settings with clients requiring a therapeutic diet such as geriatric psychiatry, eating disorders units, acute addictions, St. Amant and the Manitoba Developmental Centre will administer a substance by enteral or parenteral instillation as part of their practice.</p>	<p><u>Enteral and Parenteral Instillation:</u></p> <p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 24% of RPNs perform reserved act 5(e).</p> <p>In response to a 2018 survey conducted by the CRPNM, 20% of employers indicated that RPNs perform reserved act 5(e).</p>	<p><u>British Columbia</u> RPNs have the authority to administer a substance by enteral instillation or parenteral instillation.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(f)**

*Administer a substance by transfusion.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>• Assessment of client and analysis of history and data;</li> <li>• Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>• Integration of knowledge and skills required to perform the procedure.</li> <li>• Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>• Assessment of client's response to the procedure;</li> <li>• Analysis of findings to determine care/treatment plan/interventions;</li> <li>• Communication of findings to client and/or his/her representative, and in the client record;</li> <li>• Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>• Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>• Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>• Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>If a registered psychiatric nurse has completed additional education and there is an order, a registered psychiatric nurse may administer a substance by transfusion.</p>	<p>RPNs practising in acute addiction settings will administer albumin for clients with critically low blood (serum) albumin levels. RPNs also occasionally administer blood and plasma transfusions in these settings for clients in acute withdrawal.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 6% of RPNs perform reserved act 5(f).</p> <p>In response to a 2018 survey conducted by the CRPNM, 3% of employers indicated that RPNs perform reserved act 5(f).</p>	<p><u>British Columbia</u> This is not a restricted activity in British Columbia.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 5(g)**

*Administer a substance using a hyperbaric chamber.*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p>If a registered psychiatric nurse has completed additional education and there is an order, a registered psychiatric nurse may administer a substance using a hyperbaric chamber.</p>	<p>An RPN practising at 17 Wing in Winnipeg would administer a substance by hyperbaric chamber for carbon monoxide poisoning and/or decompression sickness.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 2% of RPNs perform reserved act 5(g).</p> <p>In response to a 2018 survey conducted by the CRPNM, 2% of employers indicated that RPNs perform reserved act 5(g).</p>	<p><u>British Columbia</u> RPNs do not have the authority to administer a substance using a hyperbaric chamber.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

## Reserved Act 9

Administer a drug or vaccine by any method.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform safe medication administration by a variety of methods (e.g., oral, parenteral).</li> </ul>	<p><u>Drug</u> A RPN may administer a drug by any method if there is an order. An order is not required for a non-prescription drug.</p> <p><u>Vaccine</u> A RPN may administer a vaccine by any method in accordance with the provincial requirements in any of the following circumstances:</p> <ol style="list-style-type: none"> <li>The vaccine is included in a publicly-funded provincial immunization program;</li> <li>The vaccine is required as part of a communicable disease response;</li> <li>There is an order for the vaccine to be administered.</li> </ol>	<p><u>Drug</u> Administering drugs by any method is performed routinely by RPNs in all practice settings.</p> <p><u>Vaccine</u> Administering a vaccine by any method is performed by RPNs practising in community mental health and long-term care settings.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 75% of RPNs administer a drug and 42% a vaccine by any method.</p> <p>In response to a 2018 survey conducted by the CRPNM, 83% of employers indicated that RPNs administer a drug and 62% a vaccine by any method.</p>	<p><u>British Columbia</u> RPNs have the authority to administer a drug by any method in respect of a drug specified in Schedule 1 or 1A of the Drug Schedules Regulation.</p> <p><u>Alberta</u> Administering a drug is not a restricted activity in Alberta.</p> <p>RPNs have the authority to administer a vaccine to those aged 5 years or older and with advanced training may administer vaccine to persons less than 5 years old.</p>

**Reserved Act 10(a)**

Apply the application of ultrasound.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Incorporate data from other sources (e.g., laboratory tests, collateral information).</li> <li>Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).</li> </ul>	<p>There are no requirements or conditions for RPNs to perform bladder volume measurement but for the purposes of performing</p> <ol style="list-style-type: none"> <li>Blood flow monitoring, including ankle brachial testing</li> <li>Fetal heart monitoring</li> </ol> <p>an order is required and the RPN must complete additional education.</p>	<p><b>Bladder Volume Measurement:</b> RPNs practising in a variety of settings but particularly in long term care, RPNs will measure bladder volume on their clients experiencing a urinary tract infection or are incontinent but having difficulty urinating.</p> <p><b>Blood Flow Imaging:</b> RPNs practising in settings such as long-term care or geriatric psychiatry will have clients with vascular disease and lower leg ulcers and will apply doppler ultrasound to assess and monitor blood flow. It is also performed by RPNs practising in acute addictions to determine IV placement on a client.</p> <p><b>Fetal Heart Monitoring:</b> RPNs practising in settings such as acute psychiatry and medically managed chemical withdrawal perform fetal heart monitoring on their clients who are pregnant.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 8% of RPNs perform reserved act 10(a). Of these responses, a breakdown of the procedures is as follows:</p> <p>80% bladder volume measurement; 12% ankle brachial testing; 8% blood flow monitoring; and 12% fetal heart monitoring.</p> <p>In response to a 2018 survey conducted by the CRPNM, 4% of employers indicated that RPNs perform reserved act 10(a). Of these responses, a breakdown of the procedures is as follows:</p> <p>100% bladder volume measurement; 25% blood flow monitoring; and 50% fetal heart monitoring.</p>	<p><b>British Columbia</b> RPNs have the authority to apply ultrasound for the purposes of bladder volume measurement or blood flow monitoring.</p> <p><b>Alberta</b> RPNs do not have the authority to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.</p> <p>The following is under review to give RPNs the authority to order or apply non-ionizing radiation in (i) lithotripsy, (ii) magnetic resonance imaging, or (iii) ultrasound imaging, including any application of ultrasound to a fetus.</p>

**Reserved Act 10(b)**

Apply the application of electricity for. (iv) defibrillation.

(vi) electroconvulsive therapy

(x) transcutaneous cardiac pacing

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Incorporate data from other sources (e.g., laboratory tests, collateral information).</li> <li>Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre &amp; post electroconvulsive therapy care, milieu therapy and relaxation).</li> </ul>	<p>If a RPN has completed additional education and there is an order, the RPN may apply electricity for the following purposes:</p> <ol style="list-style-type: none"> <li>Defibrillation</li> <li>Electroconvulsive shock therapy</li> <li>Transcutaneous cardiac pacing.</li> </ol>	<p>RPNs practising in settings such as St. Amant and the Manitoba Developmental Centre and who are on the code team will perform reserved act 10(b) for the purposes of defibrillation and transcutaneous cardiac pacing in emergency situations where indicated such as resuscitation following a cardiac arrest.</p> <p>RPNs practising in acute psychiatry and geriatric psychiatry will perform reserved act 10(b) on clients for the purpose of electroconvulsive therapy.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 17% of RPNs perform reserved act 10(b). Of these responses, a breakdown of the procedures are as follows: 58% defibrillation; 55% electroconvulsive shock therapy; 3% transcutaneous cardiac pacing.</p> <p>In response to a 2018 survey conducted by the CRPNM, 30% of employers indicated that RPNs perform reserved act 10(b). Of these responses, a breakdown of the procedures are as follows: 35% defibrillation; 82% electroconvulsive shock therapy; 0% transcutaneous cardiac pacing.</p>	<p><u>British Columbia</u> RPNs have the authority to apply electricity using an automatic external defibrillator, for the purposes of defibrillation in the course of emergency cardiac care and affecting activity of the nervous system.</p> <p><u>Alberta</u> This is not a restricted activity in Alberta.</p>

**Reserved Act 10(e)**

Order the application of x-rays.

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Incorporate data from other sources (e.g., laboratory tests, collateral information).</li> <li>Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).</li> </ul>	<p>If a RPN has completed additional education the RPN may order x-rays for the purposes of diagnosing a health condition or fracture that is appropriate to the RPN's practice if the RPN practises in an approved setting and the RPN</p> <p>(a) Uses a clinical decision tool in place at the approved practice setting;</p> <p>(b) Collaborates with</p> <ol style="list-style-type: none"> <li>a registered nurse (nurse practitioner)</li> <li>a registered nurse (authorized prescriber)</li> <li>a registered psychiatric nurse (authorized prescriber)</li> <li>a physician</li> <li>a physician assistant, or</li> <li>a clinical assistant</li> </ol> <p>who is legally permitted and competent to order x-rays.</p>	<p>A RPN practising in a long-term care setting has a resident on multiple medications and who is experiencing constipation, abdominal pain and upon examination the client's abdomen is hard and no bowel sounds are heard. In collaboration with the physician, the RPN orders an abdominal x-ray to assess for a bowel obstruction.</p> <p>A RPN practising in a community mental health setting assesses a recent immigrant who presents with shortness of breath, coughing, chest pain, fever and fatigue. The RPN suspects tuberculosis and orders a chest x-ray for further assessment and diagnostic purposes in advance of a referral to a public health nurse.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 9% of RPNs perform reserved act 10(e) for the purposes of diagnostic, imaging or therapeutic purposes.</p> <p>In a 2018 survey conducted by the CRPNM, 3% of employers indicated that RPNs perform reserved act 10(e).</p>	<p><u>British Columbia</u> For the purpose of tuberculosis screening, RPNs have the authority to issue an instruction or authorization for another person to apply x-rays to a named individual, other than x-rays for the purpose of computerized axial tomography.</p> <p><u>Alberta</u> It is under review to give RPNs the authority to order and apply any form of ionization radiation in medical radiography.</p>

## Reserved Act 11

In relation to a therapeutic diet that is administered by enteral instillation or parenteral instillation: (a) select ingredients for the diet, or (b) compound or administer the diet

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Incorporate data from other sources (e.g., laboratory tests, collateral information).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	<p><u>Enteral Instillation:</u> If there is an order, a RPN may compound or administer the diet.</p> <p><u>Parenteral Instillation:</u> If there is an order, the RPN may select ingredients for the diet if the RPN has completed additional education and collaborates with</p> <ol style="list-style-type: none"> <li>A registered dietician</li> <li>A registered nurse (nurse practitioner)</li> <li>A physician.</li> </ol> <p>who is legally permitted and competent to select ingredients for the diet.</p> <p>If there is an order, the RPN may administer the diet.</p>	<p>RPNs practising in settings such as the Manitoba Developmental Centre, St. Amant, geriatric psychiatry and eating disorder clinics perform reserved act 11 for clients requiring a therapeutic diet.</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 20% of RPNs perform reserved act 11. Of these responses:</p> <ul style="list-style-type: none"> <li>72% mix ingredients or formulas for the diet;</li> <li>28% determine the ingredients for the diet;</li> <li>28% make adjustments or alterations to the ingredients or formulas for the diet.</li> </ul> <p>In response to a 2018 survey conducted by the CRPNM, 25% of employers indicated that RPNs perform reserved act 11. Of these responses:</p> <ul style="list-style-type: none"> <li>50% mix ingredients or formulas for the diet;</li> <li>50% determine the ingredients for the diet;</li> <li>50% make adjustments or alterations to the ingredients or formulas for the diet.</li> </ul>	<p><u>British Columbia</u> RPNs have the authority without an order to compound or dispense a therapeutic diet if it is administered by enteral instillation.</p> <p><u>Alberta</u> RPNs have the authority to administer parenteral instillation. Administering a therapeutic diet by enteral instillation is not a restricted activity.</p>

## Reserved Act 13(a)

*Put into the external ear, up to the eardrum, a substance that is under pressure*

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, psychopharmacology, pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> <li>Perform required nursing interventions to address physical conditions, including, but not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.</li> </ul>	None	RPNs caring for clients who are residents of long term care settings such as a personal care home, the Manitoba Developmental Centre and St. Amant will perform reserved act 13(a) in their practice for ear wax removal.	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicate that 9% of RPNs perform reserved act 13(a).</p> <p>In response to a 2018 survey conducted by the CRPNM, 19% of employers indicated that RPNs perform reserved act 13(a).</p>	<p><u>British Columbia</u> RPNs have the authority without an order for the purpose of assessment or ameliorating or resolving a condition identified through the making of a nursing diagnosis, put into the external ear canal, up to the eardrum air that is under pressure no greater than the pressure created by the use of an otoscope, or water that is under pressure no greater than the pressure created by the use of an ear bulb syringe.</p> <p>RPNs have the authority with an order to put into the external ear canal, up to the eardrum, a substance that is under pressure.</p> <p><u>Alberta</u> RPNs have the authority to insert a liquid into the ear canal under pressure.</p>

## Reserved Act 20

Perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.

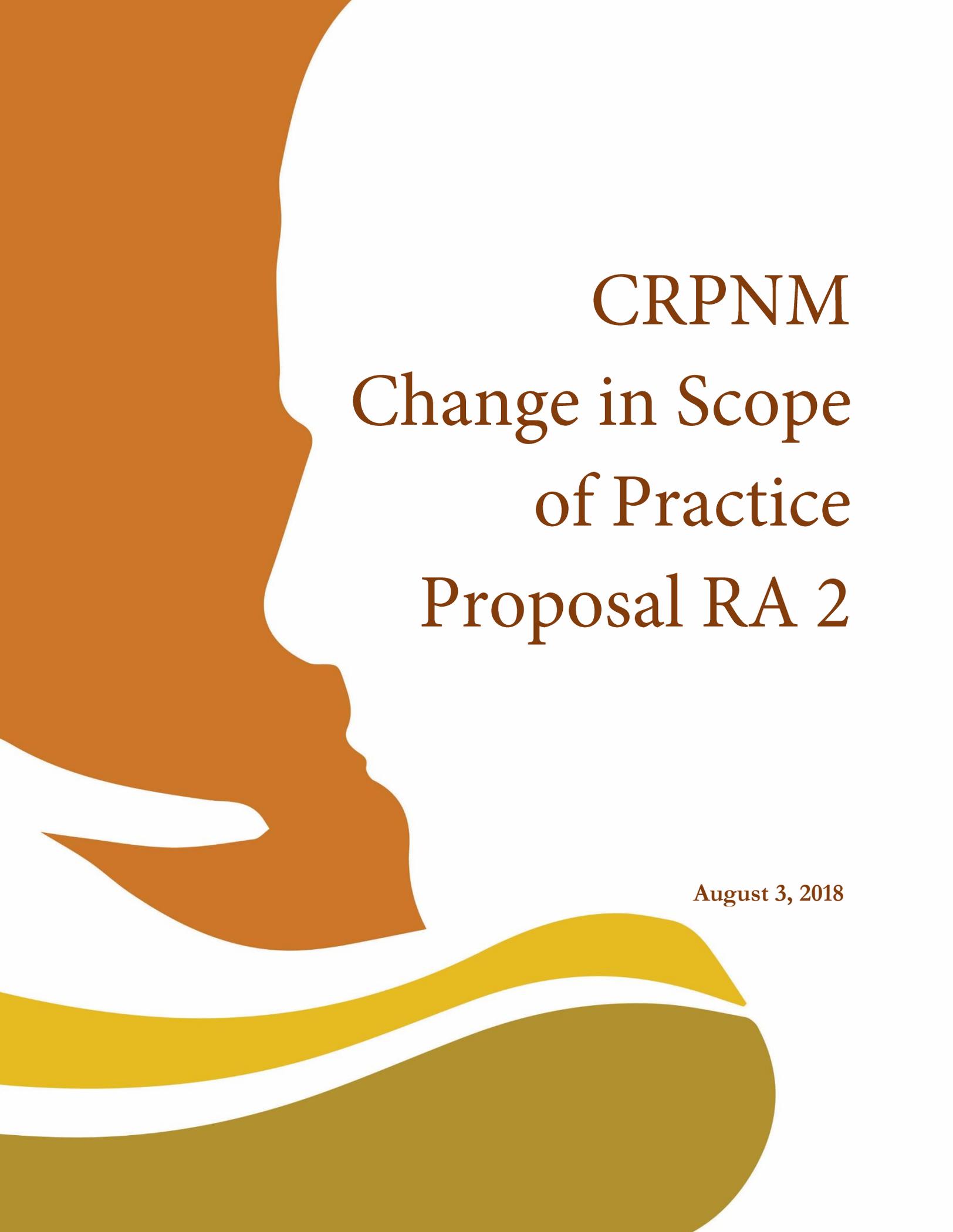
Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
<ul style="list-style-type: none"> <li>Assessment of client and analysis of history and data;</li> <li>Communication and explanation of procedure including any adverse effects to the client and/or his/her representative;</li> <li>Integration of knowledge and skills required to perform the procedure.</li> <li>Application of knowledge and skills for safe, competent use of equipment involved to carry out procedure;</li> <li>Assessment of client's response to the procedure;</li> <li>Analysis of findings to determine care/treatment plan/interventions;</li> <li>Communication of findings to client and/or his/her representative, and in the client record;</li> <li>Consultation, collaboration with and/or referral to other members of the health care team as required;</li> <li>Modification of care/treatment plan as required</li> </ul>	<ul style="list-style-type: none"> <li>Apply therapeutic use of self to inform all areas of psychiatric nursing practice.</li> <li>Establish a therapeutic relationship with the client.</li> <li>Maintain the therapeutic relationship.</li> <li>Terminate the therapeutic relationship.</li> <li>Demonstrate knowledge of disorders of developmental health and mental health.</li> <li>Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, The DSM).</li> <li>Select an evidence-informed framework applicable to the type of assessments required (e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).</li> <li>Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).</li> <li>Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).</li> </ul>	<p>To perform a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life, the RPN must collaborate with a person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act and who is legally permitted and competent to perform it.</p>	<p>An RPN Nurse Therapist providing Trauma Informed Therapy with War Veterans: The RPN utilizes a wide range of assessment modalities and interventions based on entry to practice competencies as well as competencies gained through experience and continuing education. The RPN will utilize a range of counselling and supportive techniques at a more basic level to provide support to the client within their care. As an important piece of the therapeutic relationship, the RPN will assess for risk of harm, family history, individual coping mechanisms, tolerance of therapy and will question and probe the client to assess for the presence or absence of psychiatric symptoms related to a DSM diagnosis. Based on this information, the RPN will begin to form a diagnosis or diagnostic impression for the client and will communicate these findings to the inter-collaborative team. The RPN will immediately begin to prioritize treatment and identify individual strengths and goals and will use these to promote and foster growth and change. At a</p>	<p>The results of a 2015 survey conducted by the CRPNM of the reserved acts and RPN practice indicated that 73.8% of RPNs perform reserved act 20.</p> <p>In response to a 2018 survey conducted by the CRPNM, 75% of employers indicated that RPNs perform reserved act 20.</p>	<p><u>British Columbia</u> Performing a psycho-social intervention is not a restricted activity.</p> <p><u>Alberta</u> RPNs have the authority to perform a psycho-social intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life.</p>

Required Competencies	ETP Requirements (Didactic and Clinical)	Requirement and Conditions	Practice Examples	Is the RA performed regularly by RPNs?	Jurisdictional Scan
	<ul style="list-style-type: none"> <li>• Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., The Diagnostic and Statistical Manual of Mental Disorders).</li> <li>• Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.</li> <li>• Demonstrate knowledge of the disorders of addiction, as well as relevant resources and diagnostic tools (e.g., standardized screening tools, detoxification and withdrawal guidelines).</li> <li>• Demonstrate knowledge of therapeutic modalities (e.g., individual, family and group therapy and counselling, psychopharmacology, visualization, consumer-led initiatives).</li> <li>• Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).</li> <li>• Apply crisis intervention skills with clients experiencing acute emotional, physical, behavioural, and mental distress (e.g., loss, grief, victimization, trauma).</li> </ul>		<p>more formal level, the RPN will integrate treatment using a wide range of treatment modalities or psychosocial interventions or may choose to focus on one particular therapy/intervention in order to work with the client. These may include: CBT, DBT, Behaviour Modification, Mindfulness Therapy and Trauma and Exposure Therapy. In some cases, with extensive training, the RPN may also be performing EMDR.</p>		

## Proposed Reserved Acts for Registered Psychiatric Nurse (Authorized Prescriber) Practice

A registered psychiatric nurse who holds a valid certificate of practice with the notation “(authorized prescriber)” may also perform the reserved acts as listed in the table below in addition to the reserved acts proposed for registered psychiatric nurses.

Proposed Reserved Acts	Requirement and Conditions	Comments
<p><u>Reserved Act 1</u> A registered psychiatric nurse (authorized prescriber) may make a diagnosis that is appropriate to the member’s practice as a registered psychiatric nurse (authorized prescriber) and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual’s health care.</p>	<p>It must be in respect to the registered psychiatric nurse’s (authorized prescriber) approved patient population.</p>	<p>In addition to the criteria noted in the reserved act 1 table for RPNs, the RPN must complete a course of instruction in the approved competencies as a RPN (authorized prescriber) and hold a valid certificate of practice for the patient populations in one of the following areas:</p> <ul style="list-style-type: none"> <li>(i) reproductive health, sexually transmitted infections and blood borne pathogens,</li> <li>(ii) diabetes health.</li> </ul>
<p><u>Reserved act 2</u> A registered psychiatric nurse (authorized prescriber) may order or receive reports of screening or diagnostic tests.</p>	<p>The registered psychiatric nurse (authorized prescriber) may order or receive reports of diagnostic or screening tests as listed in the Schedule (see CRPNM Reserved Acts Request Appendix 2) for the registered psychiatric nurse’s (authorized prescriber) approved patient population.</p>	<p>In addition to the criteria noted in the reserved act 2 table for RPNs, the RPN must complete a course of instruction in the approved competencies as a RPN (authorized prescriber) and hold a valid certificate of practice for the patient populations in one of the following areas:</p> <ul style="list-style-type: none"> <li>(i) reproductive health, sexually transmitted infections and blood borne pathogens,</li> <li>(ii) diabetes health.</li> </ul>
<p><u>Reserved act 6</u> A registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine.</p>	<p>The registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine as listed in the Schedule (see CRPNM Reserved Acts Request Appendix 2) for the registered psychiatric nurse’s (authorized prescriber) approved patient population.</p>	<p>Information pertaining to reserved act 6 and RPN (authorized prescriber) practice is noted in the CRPNM Change in Scope of Practice Proposal RA 6.</p>



CRPNM  
Change in Scope  
of Practice  
Proposal RA 2

August 3, 2018

## **CRPNM Change in Scope of Practice Proposal**

### ***Reserved Act #2: Ordering or Receiving Reports of Screening or Diagnostic Tests***

#### **Relevance to the Profession:**

The proposed change in scope of practice will recognize the existing competencies and entry-level education of the psychiatric nursing profession and formalize the authority and accountability for Registered Psychiatric Nurses (RPNs) to order and receive screening or diagnostic tests/reports. The ordering and receiving of laboratory and diagnostic tests is currently being performed by RPNs in a variety of practice areas under various mechanisms of authorization. Most common is the use of a clinical decision tools, standard order sets, or other types of decision protocols. This request will formalize the practice and ensure accountability for those RPNs who will perform this reserved act in collaboration with other regulated health care professions.

The psychiatric nursing education curriculum in Canada reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The programs prepare entry-level RPNs to apply general and psychiatric nursing knowledge to work with clients who have complex psychosocial, mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and content linked to attaining the professions Entry-Level Competencies (ELCs).

Several of the RPN entry-level competencies speak to the relevance of this reserved act to psychiatric nursing practice. For example, RPNs are expected to:

- 2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information);
- 2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment; and
- 2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care.

While this is only a sample of the ELCs that speak to this reserved act, these competencies illustrate the foundational knowledge that is taught in the entry to practice psychiatric nursing education program. The attainment of competencies in the education program allows the RPN to form clinical judgments within the context of their practice and the provision of safe, competent and ethical care.

#### **Public Need and Relevance to the Health Care System:**

The identification and ongoing management of many mental and physical health conditions require monitoring through laboratory and diagnostic tests. For instance, it is common in psychiatric nursing practice to monitor a WBC when the client is taking Clozaril or a Lithium level when Lithium has been prescribed. Additionally, RPNs recognize the importance of tracking these results over time and utilizing these results for a baseline or comparison and to determine when additional testing might be required.

In a series of focus groups conducted by faculty of the Department of Psychiatric Nursing at Brandon University in 2014, RPNs working in consultation positions indicated that the ability to undertake some medical assessments; i.e.) ordering laboratory tests, making diagnoses and initiating interventions was essential to timely treatment, reducing financial stress on the overall health system and decreasing the potential risk of harm to the client.

Collaborative practice is foundational to the ability to order or receive reports of screening or diagnostic tests. During the CRPNM's consultations with RPNs, many indicated that they order or receive reports of screening or diagnostic tests based on employer policies, clinical decision tools and guidelines that promote collaborative practice. RPNs noted that ordering screening and diagnostics tests requires a higher level of understanding and practice experience. However, receiving and interpreting the results of these tests is a regular part of the assessment and a practice that every RPN is prepared to do at entry level. RPNs indicated they do not work in isolation where this reserved act is involved, even in remote and northern health settings or where the RPN may be the only available health care provider. Additionally, even in highly autonomous positions or roles (mental health liaison, psychiatric emergency nurses, mental health consultant nurses) RPNs practice in collaboration with physicians, psychiatrists, nurse practitioners, pharmacists and other members of the health care team.

### **Risk of Harm:**

The degree of risk that may incur with RPNs ordering and receiving screening and diagnostic tests is no greater than what currently exists with the public in relation to the practices of other health care providers who order and receive tests. The formalization of this practice increases accountability and in doing so, has the potential to reduce the risk of harm to the public. Without a formal mechanism to authorize RPNs to order and receive tests, the public might be placed at risk because there is no accountability mechanism built into the system. For example, RPNs are currently authorized to perform this practice through delegation by physicians or through the use of clinical decision or other tools. This has the potential to increase the risk to the public because there is a diminished ability to close the accountability loop and to identify those professionals who were involved in the ordering and receiving of laboratory and diagnostic tests.

In the health care system today, many of the tests currently received are reviewed and screened by the RPN. This is especially prevalent in Psychiatric Emergency settings, Long Term care settings, Addictions and Corrections where the RPN receives and interprets the result(s) and makes a decision in the context of the overall assessment data and the client's presentation. Critical results are communicated immediately and decisions about interventions or other courses of action, are made in collaboration with other members of the client's health care team.

As noted previously, the ELCs for the profession guide curriculum development and act as a safeguard for RPN practice in Manitoba in that they are the minimum requirements for the psychiatric nursing education program. The psychiatric nursing education programs further rely on evidence informed research to guide competency development. As such, RPNs educated in the psychiatric nursing programs gain a foundational understanding of the relevance of diagnostic and laboratory tests, clinical reasoning and judgment, collaborative practice, and the need to assess and communicate critical clinical information to relevant members of the health care team.

The following requirements or conditions are proposed to be required for RPN's to be authorized to order and receive the results of screening or diagnostic tests:

- a) The member is practicing in an approved practice setting; and
- b) Employer approved evidence-based clinical decision tools are in place, or
- c) Collaborates with:
  - a. Registered nurse (authorized prescriber);
  - b. Registered nurse (nurse practitioner);
  - c. Registered psychiatric nurse (authorized prescriber);
  - d. Physician;
  - e. Clinical assistant; or
  - f. Pharmacist

### **Need for Autonomy:**

For RPNs who work in practice settings where there is limited access to physicians, psychiatrists or nurse practitioners, the autonomous authorization and accountability for ordering and receiving laboratory and diagnostic tests is of utmost importance. Both RPNs and their employers have identified this authorization as a mechanism to enhance access to services by reducing delays for client assessment, diagnosis and treatment. Today, for example, many RPNs are in roles or positions where they are responsible for the monitoring of bloodwork for clients who are on high risk psychotropic medications or who practice in correctional and addictions settings and need to establish baseline drug screening.

Because of the specialized mental health and addictions coursework that RPNs receive in their entry to practice program, RPNs are often the first (and sometimes only) mental health resource. As such, this can place additional responsibilities on the RPN for the assessment and intervention for complex health and mental health issues; i.e. screening for delirium or metabolic syndrome where the RPN may have the knowledge and expertise to provide sound clinical judgment based on an assessment of the client's presentation and the results of screening or diagnostic tests. In addition, many RPNs assume consultation roles for mental health services where they may be the lone mental health provider in a team setting, facility, or regional program.

RPNs are already performing this act safely and effectively under different authorization mechanisms in their current practice. This is a long-standing practice and has become an established component of RPN practice.

### **Clarity to the Public and Other Professions:**

The CRPNM has completed numerous consultations with both RPNs and their employers and this practice has been well-supported as outlined below under the *Consultations* section of the proposal.

The public will be made aware of these proposed changes through CRPNM public awareness campaigns once Registered Psychiatric Nurses are officially regulated under the RHPA. In addition, this proposed change in practice will be available for public consultation when the draft regulations are made available to the public by Manitoba Health Seniors and Active Living (MHSAL).

### **Body of Knowledge:**

RPNs integrate the physical and mental health assessment(s) to understand the overall functioning of the client(s), to form or rule out a diagnosis, to formulate and evaluate the plan of care. In a study of *Knowledge and Education at Entry to Nursing Practice in Alberta (2009)*, "RNs and RPNs were more likely to focus on those lab tests which were more critical" for the client. Additionally, this study also noted that RPNs were attuned to the importance of lab tests in client care (Clark & Hunsberger, 2009). The inclusion of data from screening and diagnostic tests is important for a holistic health assessment in RPN practice. RPNs recognize the implications of the laboratory tests/results for the management of the client's care. Additional studies have shown that there was a positive correlation between triage nurse and physician ordering of tests. They found that there was a "moderate to substantial correlation with physician ordering" with triage nurses deviating from physicians 37% of the time. Moreover, they concluded that with appropriate guidelines in place, the correlation of triage nurse and physician ordered tests could be improved and that triage nurse ordered tests could potentially reduce wait times in the Emergency department.

As articulated previously, the ELCs form the basis for RPN practice in this regard. The psychiatric nursing education program provides a foundational understanding of the importance of these tests

and the ability to apply clinical knowledge, judgment and reasoning to ordering and interpreting laboratory and diagnostic tests. The ELCs are rigorous and include requirements for foundational knowledge in the health sciences, including anatomy, physiology, microbiology, nutrition; pathophysiology; psychopharmacology; pharmacology; epidemiology; genetics; and prenatal and genetic influences on development; disorders of addiction; as well as relevant resources and diagnostic tools (e.g., standardized screening tools, detoxification and withdrawal guidelines).

As noted below in the consultation section, there is wide support from RPNs and their employers for RPNs to be able to order and receive results of laboratory and diagnostic tests and this is an established part of RPN practice currently.

### **Economic Impact:**

As noted prior, clients that receive access to more timely assessments, interventions and treatment may require less primary care and ER visits overall, have better health care experiences and improved outcomes. For example, a Program of Assertive Community Treatment (PACT) client with a severe and persistent mental illness who is showing signs of an infection, and is on Clozapine, could be assessed by the RPNs who work in the community, receive earlier interventions (in collaboration with the psychiatrist or primary care provider), and avoid an ER visit all together. This minimizes the overall financial burden on the health care system by intervening early and mitigating potential health consequences. Because this is already a part of psychiatric nursing practice, there is no economic benefit or impact to the profession and the system itself will already have noted the benefits as a current part of practice. The ordering and receiving the results of diagnostic and screening test by nurses has become a routine part of practice in other parts of the world. A comprehensive review of triage nurse ordering (TNO) in emergency departments (ED) found an overall 37- minute wait time reduction in overall ED length of stay (LOS) (Rowe, Villa-Roel, Guo, Bullard, Ospina, Vandermeer, Innes, Schull & Holroyd, 2011).

### **Public Interest:**

The intent of this proposal is directed at the best interest and safety of the public because the expected outcomes result in reduced wait times and more expedient care. Responses from the RPN and employer consultations made it clear that limiting RPNs ability to order and receive reports of laboratory and diagnostic tests would place barriers to accessing care, especially given the complexity of the mental health and addiction client population, the neurodevelopmental population, the specialist nature of RPN practice, and the roles in which RPNs are currently employed.

### **Compliance with Regulation:**

Targeted education will be provided to RPNs and their employers when the psychiatric nursing profession transitions to regulation under the RHPA. This education will include information about the regulatory framework of the RHPA, the profession's scope of practice, the reserved acts, the conditions or requirements of reserved acts, such as this one, and any additional requirements that are related to these changes. To that end, the CRPNM has already initiated extensive consultations to determine how this reserved act applies to practice and the CRPNM has collaborated with six other regulated health professions to develop a jurisprudence module on health regulation and the RHPA. Once the RHPA comes into force for the CRPNM and its registrants, the College will be developing a jurisprudence module specifically aimed at the changes in scope of practice and the corresponding regulations surrounding the reserved acts.

### Consistency of Application:

The plan to implement this reserved act as formal part of RPN practice includes the following:

- 1) Communication to RPNs- through e-mail notifications, website updates, news updates, on-site presentations and the development of the jurisprudence module on the RHPA;
- 2) Communication to Employers and other stakeholders on RPN scope of practice through the Provincial Nursing Leadership Council (PNLC), the Manitoba Clinical Leadership Council (MCLC), the Shared Health Business Teams; and other regulators through the Manitoba Alliance of Health Regulatory Colleges (MAHRC);
- 3) Education from Diagnostic Services Manitoba (DSM)- including critical test results communication and best practices for ordering tests;
- 4) Education about/socialization to *Choosing Wisely Canada*;
- 5) Review of practice audits through the Continuing Competence Program (CCP);
- 6) Practice Direction(s) for RPNs and employers; and
- 7) Guidance document(s), where applicable.

### Consultations:

In a 2015 survey conducted by the College of Registered Psychiatric Nurses of Manitoba, 34% of RPNs indicated that they order reports of screening or diagnostic tests. Additionally, RPNs were most likely to indicate that they performed this in collaboration with other health care providers and as an autonomous part of RPN practice.

In a 2018 survey conducted by the College of Registered Psychiatric Nurses of Manitoba, 38% of employers indicated that RPNs order reports of screening or diagnostic tests. Consistent with the 2015 survey results of RPNs, employers also indicated that RPNs were most likely to perform this in collaboration with other health care providers and as an autonomous part of RPN practice.

64% of RPNs (2015) and 65% of employers (2018) also indicated that RPNs receive and analyze the results of laboratory and diagnostic tests to assist with clinical decision-making.

Below is a breakdown of settings where ordering reports of screening or diagnostic tests primarily occurs:

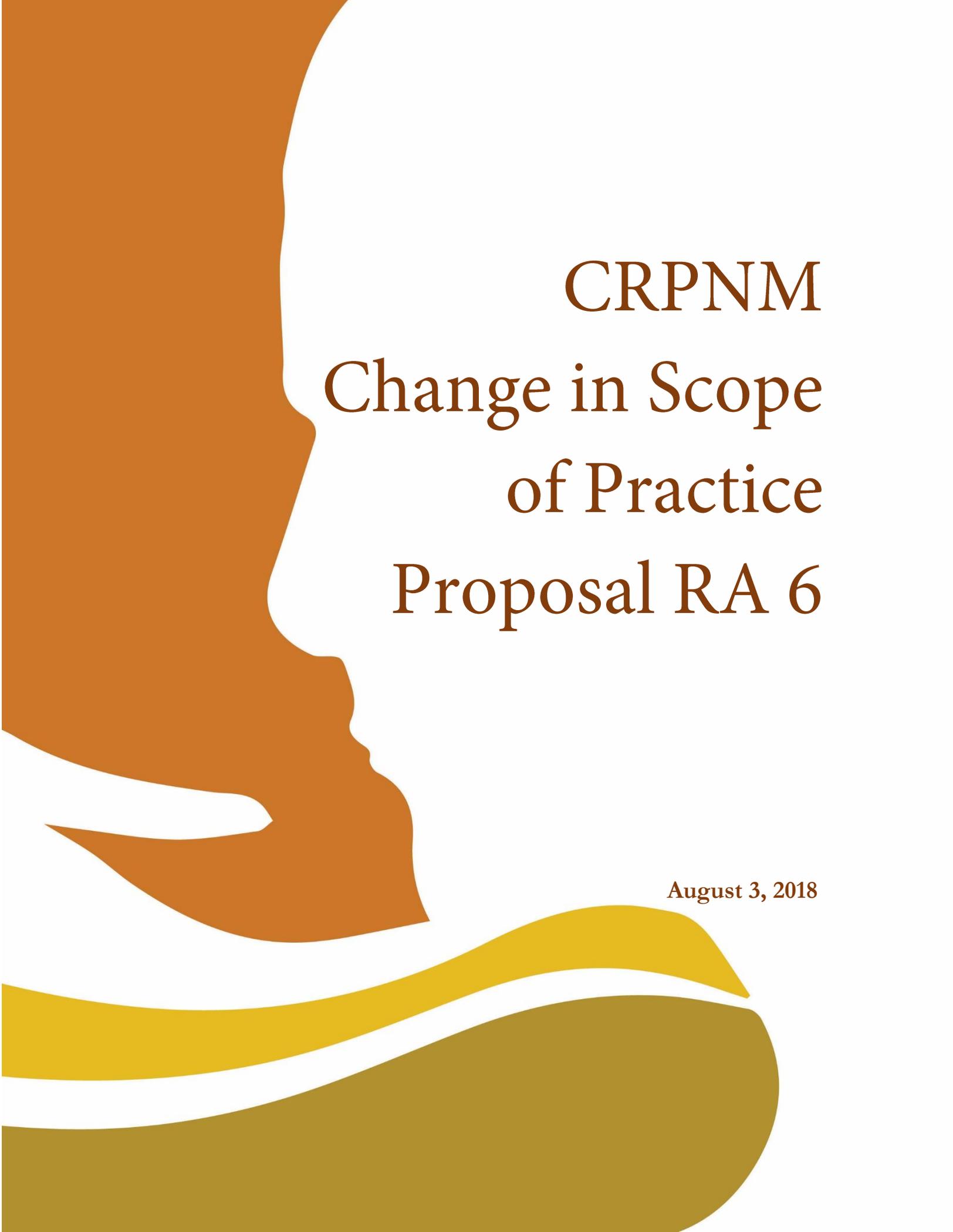
33% General Hospital or Mental Health Centre;

22% Community Mental Health;

22% Other (includes: Corrections, Business or Industry, Private Agency and Residential Care);

11% Personal Care Home;

11% Addictions



CRPNM  
Change in Scope  
of Practice  
Proposal RA 6

August 3, 2018

# CRPNM Change in Scope of Practice Proposal

## *Reserved Act #6: Prescribe a Drug or Vaccine*

### Relevance to the Profession:

Prescribing is an expansion of a Registered Psychiatric Nurses scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration. The proposed change in scope of practice will recognize the existing competencies and entry-level education of the psychiatric nursing profession and provide authority to Registered Psychiatric Nurses (RPNs) with additional education and advanced competencies to prescribe a drug or vaccine (Registered Psychiatric Nurse Authorized Prescriber) in the following areas of practice: sexual and reproductive health and diabetes health.

The role of a Registered Psychiatric Nurse Authorized Prescriber (RPN-AP) will contribute to a collaborative, interprofessional approach to meeting unmet or unnecessarily delayed health needs and will improve access to health care services in Manitoba. This will also increase the number of regulated health care providers with the authority to prescribe thereby enhancing the ability to provide services and initiate treatment in a timely manner. The information the CRPNM has learned from RPNs, the College of Registered Nurses of Manitoba (CRNM) and employers has signaled a need to examine RPN prescribing in the areas of sexual and reproductive health and diabetes health within the context of psychiatric nursing practice in Manitoba. The initial planning for this proposed reserved act and new RPN scope of practice is only focused to these areas of sexual and reproductive health and diabetes health, at this time.

The psychiatric nursing education curriculum in Canada reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The programs prepare entry-level RPNs to apply general and psychiatric nursing knowledge in their practice with clients who have complex psychosocial, mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and content linked to attaining the entry-level competencies.

Several entry-level competencies (ELCs) speak to the relevance of this reserved act to psychiatric nursing practice. For example, RPNs are expected to:

- 2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information);
- 2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment;
- 2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care;
- 2.17.2 Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension); and
- 2.20.5 Recognize and intervene to stabilize clients experiencing medical emergencies (e.g., shock, hypoglycemia, management of neuroleptic malignant syndrome, cardiac events).

While this is only a sample of the ELCs that speak to this reserved act, it is this foundational knowledge that allows RPNs to form clinical judgments in their practices and the provision of safe, competent, ethical and professional care.

## Public Need and Relevance to the Health Care System:

Manitoba has a high incidence of people meeting the criteria for many mental and substance-use disorders (Manitoba Mental Health and Addictions Strategy, 2018). The needs of this population can be complex due to the vulnerabilities created by poor social health determinants (unemployment, poverty, lack of safe housing or homelessness, food insecurity); multiple physical health co-morbidities; and/or, cooccurring mental health and addictions issues. Numerous studies have shown the comorbidity prevalence of diabetes and depression (Egede, Zheng & Simpson, 2002; Goldney, Fisher, Phillips & Wilson, 2004; the comorbidity prevalence of diabetes and schizophrenia (Robson & Gray, 2006); and, the comorbidity prevalence of depression and anxiety disorders (Thomas, Jones, Scarinci & Brantley, 2003). Other studies have pointed to an increased role for mental health nurses in managing physical health issues, such as diabetes and metabolic syndrome in the US and Australia (Scott & Happell, 2011).

Mental Health Nurses in the United Kingdom (UK) gained prescribing authority in 2003 with the introduction of supplementary prescribing (Mental Health Practice, 2010). This allowed for more timely access to treatment and medications and established a strong collaborative approach to client care. A system-wide consultation done by the National Health Services in the United Kingdom (Chief Nursing Officer's Review of Mental Health Nursing, 2006) noted that there should be a renewed focus on the physical health care of people who use mental health services.

RPNs are currently practising in settings where there is a need for additional and specialized education with regards to sexual and reproductive health. RPNs practising in these settings have a specialized body of knowledge related to sexually transmitted infections (STIs), birth control, and sexual assault examinations. Their practice involves collaboration with other health care providers as these RPNs frequently work alone, are highly autonomous in their practice, and are often the first point of contact in the health care system for the client.

RPNs who currently practice in the sexual and reproductive health context initiate care using standing orders, or other authorizing mechanisms, for STI testing and diagnostic and screening tests. These RPNs are required to draw blood (phlebotomy) as a routine part of their practice. Delays in these circumstances could have a detrimental effect on the physical and mental health of these often-vulnerable clients. RPNs practicing in sexual and reproductive health are skilled in psychopharmacological and pharmacological management and they often act as consultants to other programs and departments. Granting these RPNs prescriptive authority would improve client access to treatment and services, at the point of care. Delays to accessing another health care professional for prescription refills or lab requisitions could be minimized.

The College of Registered Nurses of Manitoba (CRNM) has approved an authorized nurse prescriber education program for sexual and reproductive health for Registered Nurses (RNs) in Manitoba. Registered Psychiatric Nurses (RPNs) who work alongside RNs in these practice settings will need this additional, formal education as well. RPN and RN authorized prescribers ought to be prepared in the same way as the expectations for safe and competent prescribing in this practice context will be the same.

In addition to the sexual reproductive health context, RPNs are currently practicing in a variety of settings where there is a need for additional and specialized education with regards to diabetes health. As noted, the prevalence of diabetes in the populations that RPNs work with is high. RPNs who work in primary health, shared health, or community mental health settings practice collaboratively with other health care professionals. RPNs are frequently the first point of contact for individuals with severe and persistent mental illnesses and for those who experience co-morbid physical health issues like diabetes. Employers of RPNs noted that many RPNs in their facilities have a role in diabetes health and some RPNs are already Certified Diabetes Educators (CDE).

Consultations with RPNs and their employers also demonstrates that Registered Psychiatric Nurses perform a range of physical healthcare skills in their practice. It is proposed that the utilization of appropriately educated Registered Psychiatric Nurse (Authorized Prescribers) would be one strategy to enhance service capacity to manage the physical health care of people with mental health problems. Granting prescriptive authority to RPNs would improve client access to services (prescription refills or lab tests) at the point of care and limit delays in treatment that might otherwise occur by waiting to access another health care professional.

### **Education:**

The CRPNM has consulted with the Brandon University, Bachelor of Science in Psychiatric Nursing (BScPN) program, the College of Registered Nurses of Manitoba (CRNM) and Red River College to ensure that it would be appropriate for Registered Psychiatric Nurses to access the authorized prescriber education program at Red River College. Through the consultations, it was determined that Registered Psychiatric Nurses have the appropriate entry level competencies and entry to practice education, including in the areas of health assessment and pharmacology, from which to build the additional knowledge and skill need to prescribe a drug or vaccine. Thus, the CRPNM is proposing the requirement for additional education for RPN Authorized Prescribers be met through the Red River College authorized prescriber education program:

<https://me.rrc.mb.ca/catalogue/ProgramInfo.aspx?ProgCode=NURPP-AC&RegionCode=WPG>

The requirements for RPNs would be the same as RNs wishing to complete the authorized prescriber program.

### **Risk of Harm:**

The degree of risk that may incur with Registered Psychiatric Nurses prescribing is no greater than what currently exists with the public in relation to the prescribing practices of health care providers. RPNs who are eligible to prescribe selected drugs will have acquired additional competencies through formal continuing education in order to safely and effectively prescribe.

The core feature of the nurse prescriber program is the ability to work in collaboration with other health care providers. Because the nurse prescriber program allows the RPN to prescribe from a limited formulary, collaboration with physicians and other health care providers is paramount. In CRPNM's consultations with RPNs, it was noted that current practice in these areas is highly autonomous and relies on the collaboration with physicians and pharmacists to ensure that the client is receiving optimal care.

The following conditions are required before an RPN can prescribe a drug or vaccine:

1. Reserved Act #1:
  - a. A registered psychiatric nurse (authorized prescriber) may make a diagnosis that is appropriate to the member's practice as a registered psychiatric nurse (authorized prescriber) and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.
2. Reserved Act #2:
  - a. A registered psychiatric nurse (authorized prescriber) may order or receive reports of screening or diagnostic tests listed in the Schedule.

3. Reserved Act # 6:

- a. A registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine listed in the Schedule.

**Need for Autonomy:**

While the authorized prescriber role is highly collaborative in nature, there is a need for autonomy with RPN prescribing authority for the identified areas of sexual and reproductive health and diabetes health.

Both the RN and RPN professions have nurses that are employed as Sexual Assault Nurse Examiners (SANE). RNs have been granted the authority to prescribe with additional education through the Red River College nurse prescriber education program. Limiting the RPNs ability to prescribe when they are practising in the same roles, and with the same scope of practice, in these practice settings can cause confusion for clients, as well as for other health care professionals. It could also impose additional barriers for clients to access treatment and services and create a patient safety issue for an already vulnerable population. The risk of harm related to multiple handoffs to other health care providers is a well document patient safety concern.

**Clarity to the Public and Other Professions:**

The CRPNM has completed numerous consultations with both RPNs and their employers and this practice has been well-supported as outlined below under the *Consultations* section of the proposal.

The public will be made aware of these proposed changes through CRPNM public awareness campaigns once Registered Psychiatric Nurses are officially regulated under the RHPA. In addition, this proposed change in practice will be available for public consultation when the draft regulations are made available to the public by Manitoba Health Seniors and Active Living (MHSAL).

**Body of Knowledge:**

RPNs integrate the physical and mental health assessment(s) to understand the overall functioning of the client(s), to form or rule out a diagnosis, and to formulate and evaluate the plan of care. This would inherently lead to the ability to determine a course of action with regards to prescribing.

As articulated previously, the professions Entry Level Competencies (ELCs) form the basis for RPN practice in this regard. The psychiatric nursing education program provides a foundational understanding of the importance and safety issues surrounding medication administration and assessment.

Additionally, because of the specialized nature of RPN education and practice, RPNs receive extensive education in the nomenclature of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which allows them to formulate a diagnosis related to mental health disorders and illness. Although not directly related to the specific areas of prescribing being proposed, the example related to the use of the DSM demonstrates the diagnostic reasoning skills that are established in the entry to practice program. These skills allow the RPN to apply clinical knowledge, judgment and reasoning to prescribe medication under a controlled formulary with additional education.

The professions Entry Level Competencies are rigorous and include foundational knowledge in the health sciences, including anatomy, physiology, microbiology, and nutrition; pathophysiology; psychopharmacology; pharmacology; epidemiology; genetics; and, prenatal and genetic influences on

development; disorders of addiction; as well as relevant resources and diagnostic tools (e.g., standardized screening tools).

As noted below in the consultation section, there is support from RPNs and their employers for RPNs to prescribe a drug or vaccine under limited conditions and with additional education. Collaboration and consultation with other health care providers who have the authority to prescribe is a fundamental expectation in current practice and will continue in this context.

### **Economic Impact:**

As noted previously, clients that receive timely access to care and interventions may have better health care experiences and improved outcomes. Program areas that provide services to clients with mental health and addictions issues and co-morbid physical health needs in the areas of sexual and reproductive health and diabetes health will have an added resource. Intervention happens at an earlier point in time and can potentially decrease the burden on physicians working in these areas. This minimizes the overall financial burden on the health care system by intervening early and mitigating possible health consequences; decreasing STI transmission rates with earlier intervention; and, decreasing the potential consequences of poorly controlled diabetes, for example.

It is important to note that only those RPNs who make application to CRPNM to be registered on the registered psychiatric nurse authorized prescriber register and have completed a course of instruction and have met all other requirements set by the CRPNM Board of Directors will be considered for prescriptive authority. As well, in relation to addressing concerns to the economic impact, RPNs who are self-employed or in independent practice will not be eligible for registration on the registered psychiatric nurse authorized prescriber register.

### **Public Interest:**

The intent of this proposal is directed at the best interest and safety of the public because the expected outcomes result in reduced wait times and more expedient care. This is especially true of clients in these two practice areas where clients may experience poor social determinants of health and have limited access to resources.

Responses from the RPN and employer consultations made it clear that the authorized prescriber roles would benefit the system in many ways.

### **Compliance with Regulation:**

One of the mechanisms to determine compliance of the authorized prescriber role for RPNs with the regulation is the clinical competency program (CCP). A CCP must be completed by all RPNs each year as part of the annual renewal process for a certificate of practice. The CCP will require those RPNs on the register with authority to prescribe to show evidence of their continuing education and clinical experiences to ensure they are maintaining and enhancing the knowledge and competencies necessary in their role and practice setting as an authorized prescriber.

Once the regulatory requirements have been met, RPNs will be informed of the changes to the way the scope of practice is regulated, and any additional requirements related to these changes. To that end, the CRPNM has already initiated extensive consultations to determine how this reserved act applies to current practice and those RPNs who have expressed an interest in applying to the RRC program have already been consulted. In addition, the CRPNM will ensure the appropriate measures are in place to

allow employers and the public access to information related to who is on the RPN authorized prescriber register and which drug(s) they are authorized to prescribe.

### **Consistency of Application:**

The plan to implement this reserved act as formal part of RPN practice includes the following:

- 1) Communication to RPNs- through e-mail notifications, website updates, news updates, on-site presentations and the development of the jurisprudence module on the RHPA and on the scope of practice of the authorized prescriber;
- 2) Communication to Employers and other stakeholders on RPN scope of practice through the Provincial Nursing Leadership Council (PNLC), the Manitoba Clinical Leadership Council (MCLC), the Shared Health Business Team; and other regulators through the Manitoba Alliance of Health Regulatory Colleges (MAHRC);
- 3) Education from Red River College- Authorized Prescriber Education Program (for both sexual reproductive health and diabetes health);
- 4) Review of practice audits through the Continuing Competence Program (CCP);
- 5) Practice Direction(s) for RPNs and employers; and
- 6) Guidance document(s), where applicable.

### **Consultations:**

As noted prior, RPNs already work in settings where there is a focus to sexual and reproductive health and/or diabetes health. The College has conducted consultations with RPNs practising in these areas regarding the needs of the population, the current scope of RPN practice, and the activities and the authorizations that could improve patient access and timely intervention.

In a 2018 survey conducted by the College of Registered Psychiatric Nurses of Manitoba, employers of RPNs responded to a series of questions pertaining to prescribing for the purposes of sexual and reproductive health and diabetes health (authorized prescribers). Of those that responded to the survey:

- 12% of employers noted that RPNs have a role in sexual and reproductive health at their facility; i.e. Sexual Assault Nurse Examiner (SANE) nurse;
- 35% of employers agreed that within the sexual/reproductive health role, the ability of RPNs to prescribe could positively impact patient needs by increasing access to services and improving patient flow;
- 22% of employers noted that RPNs have a role in diabetes health; i.e. Certified Diabetes Educator (CDE);
- 77% of employers agreed that within the diabetes health role, the ability of RPNs to prescribe could positively impact patient needs by increasing access to services and improving patient flow.

Additionally, employers also provided written responses to the need for these two authorized prescriber roles:

[employer 1] “The chronic diseases remain an under explored consequence of long term medication use and life style. The potential benefits to clients is great.”

[employer 2] “We would welcome the opportunity to expand to these services to enhance equity of health care to Manitobans.”

[employer 3] "Roles are ever changing due to the needs of our clients are increasing. The nurses have been asked to take on not only more of medical role but a mental assessment role."

[employer 4] "As an RPN I would like to expand my practice to provide STBBI screening and am able to do so in my current role. Having prescribing ability would be a great asset."

Appendix

RPN Authorized Prescriber Jurisdictional Scan

Province	RPN Authorized Prescriber?	RN Authorized Prescriber?	Other Prescribing Requirements?	Additional Education or Clinical Decision Support Tool?
British Columbia	No	<p>Yes. Termed "Certified Practice"</p> <ol style="list-style-type: none"> <li>1) Contraceptive Management</li> <li>2) Remote Nursing</li> <li>3) RN First Call</li> <li>4) Sexually Transmitted Infections</li> </ol>	<p>RPNs are permitted to prescribe Schedule II drugs and select Schedule I drugs listed in s. 6(n)(i) and 6(o)(i) of the Regulation.</p> <p>With the change to BCCNP, the prescribing rights of RPNs is confusing as changes have been made to the restrictions to RPN practice.</p> <p>RPNs can prescribe, in emergent situations:</p> <ol style="list-style-type: none"> <li>1) naloxone (opiate overdose);</li> <li>2) epinephrine (anaphylaxis);</li> <li>3) salbutamol or ipratropium (respiratory distress in known asthmatics);</li> <li>4) D50W (hypoglycemia);</li> </ol> <p>Further conditions exist for employers that have previously approved prescribing for specific situations (prior to December 3, 2015) as outlined:</p> <ol style="list-style-type: none"> <li>1) RPNs must not prescribe immunoprophylactic or chemoprophylactic agents to prevent disease unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for immunoprophylactic or chemoprophylactic agents to prevent disease;</li> <li>2) RPNs must not prescribe antiviral medication to treat symptoms of influenza-like illness unless before December 3, 2015 the employer permitted RPNs in that work setting to give a client-specific order for antiviral medication to treat symptoms of influenza-like illness;</li> <li>3) RPNs who work in settings where the employer did not permit RPNs to give a client-specific order to administer, compound or dispense Schedule II</li> </ol>	<p>Yes. Most recommend additional education, however, all of the aforementioned requirements are supported by a clinical decision support tool (DST) for employers.</p>

Province	RPN Authorized Prescriber?	RN Authorized Prescriber?	Other Prescribing Requirements?	Additional Education or Clinical Decision Support Tool?
			<p>drugs before December 3, 2015 must not prescribe.</p> <p>The Schedule II list includes:</p> <ul style="list-style-type: none"> <li>▪ Glucagon.</li> <li>▪ Activated charcoal.</li> <li>▪ Sublingual nitroglycerin.</li> <li>▪ Gentian violet.</li> <li>▪ Some pediculicides.</li> <li>▪ Some analgesics and decongestants.</li> <li>▪ Some vitamins.</li> </ul> <p>Schedule II medications also include the following vaccines:</p> <ul style="list-style-type: none"> <li>▪ Influenza.</li> <li>▪ Pneumococcal.</li> <li>▪ Vaccines that are part of a routine immunization program.</li> </ul>	

Appendix

RPN Authorized Prescriber Jurisdictional Scan

Province	RPN Authorized Prescriber?	RN Authorized Prescriber?	Other Prescribing Requirements?	Additional Education or Clinical Decision Support Tool?
Alberta	Proposed	Proposed	<p>Application to the Registrar:1) An RPN in good standing on the registered psychiatric nurse general register must apply to the Registrar for approval to prescribe Schedule 1 drugs except controlled drugs and substances, and order diagnostic tests in a specific clinical practice area.2) Authorization is not transferrable from one clinical practice setting to another, if an RPN changes employment setting, the RPN must reapply to the Registrar for authorization to prescribe schedule 1 drugs except controlled drugs and substances and order diagnostic tests in the new setting. If additional education or other requirements are deemed necessary by the Registrar these must be met first.3) The RPN authorized prescriber is responsible to notify the Registrar if the location/site of the practice changes even when the clinical practice area remains the same.The RPN authorized to prescribe will have a Prescriber ID issued by CRPNA. Confirmation of prescribing authority can be done through the CRPNA online verification system. The authorized RPN prescriber will have the following information visible on their practice permit:1) Authorized to prescribe Schedule 1 drugs except controlled drugs and substances2) Authorized to prescribe at (specific clinical practice area and address).</p>	<p>An RPN authorized for approval to prescribe will have provided evidence satisfactory to the Registrar:1) That the RPN has had a minimum of 3,000 hours of psychiatric nursing practice;2) That the RPN has had 750 practice hours in the clinical practice setting they are applying for advanced authorization to prescribe Schedule1 drugs, except controlled drugs and substances and ordering diagnostic tests.The prescribing program is being facilitated through Athabasca University.</p>
Saskatchewan	No	No	Prescribing is limited to RN NPs in Saskatchewan	

Appendix

RPN Authorized Prescriber Jurisdictional Scan

Province	RPN Authorized Prescriber?	RN Authorized Prescriber?	Other Prescribing Requirements?	Additional Education or Clinical Decision Support Tool?
Manitoba	Proposed for: 1) Reproductive health, sexually transmitted infections and blood borne pathogens 2) Diabetes health	Yes. 1) Travel health 2) Reproductive health, sexually transmitted infections and blood borne pathogens 3) Diabetes health	The following conditions are required before an RPN can prescribe a drug or vaccine: 1. Reserved Act #1: a. A registered psychiatric nurse (authorized prescriber) may make a diagnosis that is appropriate to the member's practice as a registered psychiatric nurse (authorized prescriber) and communicate it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care. 2. Reserved Act #2: a. A registered psychiatric nurse (authorized prescriber) may order or receive reports of screening or diagnostic tests listed in the Schedule. 3. Reserved Act # 6: a. A registered psychiatric nurse (authorized prescriber) may prescribe a drug or vaccine listed in the Schedule.	Red River College offers an approved Nurse Prescriber Advanced Certificate. Access for RPNs will be granted through this program