Injectable Cosmetic Therapies: Practice Advice for Registered Nurses

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Purpose

This practice advice provides guidance to registered nurses (RNs), graduate nurses (GNs) and certified graduate nurses (CGNs), herein referred to as registrants. The purpose of this document is to provide information and guidance for registrants who provide injectable cosmetic therapies as part of their nursing practice.

"Registrants avoid any behaviours that place their personal or business gain ahead of their professional responsibilities."

Introduction

The College of Registered Nurses of Alberta (CRNA) recognizes that the field of aesthetic nursing is ever evolving. As such, this practice advice is a living document, subject to periodic updates to remain current. Aesthetic nursing involves providing specialized, elective, non-surgical procedures aimed at enhancing or restoring a person's appearance. In Alberta, these procedures also fall under the definition of a **PERSONAL SERVICE**[1]. These procedures may include, but are not limited to, injectable cosmetic therapies such as the use of dermal fillers, volume enhancers, collagen stimulators, lipolysis and neuromodulators, whereby drugs or substances are injected into the skin or underlying tissues. As this field evolves, it may encompass a broader range of techniques and treatments over time.

Scope of Practice

Scope of practice refers to the interventions that registrants are authorized, educated and competent to perform. While the limits of scope of practice are described in legislation and through regulation, practice settings and local requirements may further restrict how or where services are delivered. Additionally, the needs of the client and registrant competence determine what professional services each registrant may safely provide.

[1] Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

Though registrants are authorized under legislation and have the education to administer drugs and substances by injection, injectable cosmetic therapies, such as neuromodulators (e.g., Botox, Dysport) and dermal fillers (e.g., Juvéderm, Restylane), are not included in entry-to-practice nursing education. Therefore, registrants require additional education and training prior to administration of injectable cosmetic therapies.

Education and Training

The CRNA does not review and approve programs of study or education courses beyond requirements for registration (entry-to-practice and re-entry). It is the responsibility of the registrant to ensure that any education and training pertaining to injectable cosmetic therapy provides the essential competencies (both theoretical and practical) to perform the therapies safely. These competencies include, but are not limited to client assessment, indications for the procedure, identification of all risks, identifying when reassessment is required and managing complications that arise. Registrants must ensure the education and training they take

- is comprehensive and **NON-VENDOR BASED**;
- is evidence-informed;
- provides supervised clinical practice on real clients (persons);
- demonstrates best practices (including infection prevention and control); and
- aligns with legislative requirements (including prescribing and procurement of drugs and medical devices).

Professional Liability Protection

Registrants must ensure they have appropriate professional liability protection by confirming coverage with their professional liability provider.

Conflicts of Interest

Registrants must identify and manage **CONFLICTS OF INTEREST** in the client's best interest. This includes

- disclosing any relationships, affiliations or financial/personal interests that may influence care; and
- avoiding behaviours that prioritize personal or business gain over professional responsibilities that are in the client's best interest.

Some examples include:

- accepting tips or gifts from clients
- getting paid extra for selling more injections (volume-based bonuses)
- renting office space where the rent depends on your revenue
- having to pay the employer or clinic owner if a treatment complication occurs

- paying or receiving kickbacks or referral fees for sending clients to certain providers
- advertising discounts or promotions on injectable treatments to attract more business

Restricted Activities and Schedule 1 Drugs

RESTRICTED ACTIVITIES are regulated health services that by law, under the *Health Professions Act* (HPA), may only be performed by regulated health professionals who are authorized and competent to perform them. Authorization is granted through regulatory colleges and registrants must meet specific standards of practice and competence to perform these activities safely and legally. These activities are listed in the HPA and *Health Professions Restricted Activity Regulation* and include procedures including, but not limited to

- administering injections; and
- performing invasive procedures.

RNs are not authorized to independently prescribe injectable cosmetic therapies (i.e., Schedule 1 drugs).

- All Schedule 1 drugs (e.g., neuromodulators) require a client-specific order from an authorized prescriber (e.g., physician, nurse practitioner or dentist who is authorized to prescribe Schedule 1 drugs).
- Registrants must ensure the authorized prescriber has followed their standards of practice for prescribing, including assessing and diagnosing each client prior to issuing a prescription (order). A client-specific order is required before any Schedule 1 drug can be administered.
- If the registrant's assessment indicates the client's condition no longer supports injection within the prescribed parameters, or if the treatment plan changes (e.g., new injection site or dose adjustment), the registrant must refer the client to the authorized prescriber for reassessment and obtain updated orders as required before administration.
- Registrants should follow the expectations set by the authorized prescriber and clinic regarding when and how to seek support and act promptly when those situations arise.
    - Client safety must be prioritized. Registrants must ensure adequate resources are in place for managing complications. This includes reasonable access to the authorized prescriber for consultation or assistance in the event of an **ADVERSE EVENT** or any **URGENT OR EMERGENT CIRCUMSTANCE**.
- Standing orders are orders that are not client-specific and must never be used.

Dermal Fillers

Dermal fillers are injectable gels used to add or replace volume, contour features and soften lines or scars. In Canada, fillers are regulated as medical devices because they act mainly by physical or mechanical means in tissue, not by a pharmacological effect. The filler must

- have a Health Canada medical device license and appear in the Medical Devices Active License Listing (MDALL); and
- be sold by a vendor with a Medical Device Establishment License (MDEL).

Registrants are responsible and accountable for their practice including any recommendation or administration of dermal fillers. The CRNA recommends dermal fillers be administered following an assessment, diagnosis and client-specific order from a physician, nurse practitioner or dentist who is authorized to prescribe dermal fillers as part of their practice. Further, registrants must ensure adequate resources are in place for managing complications. This includes reasonable access to the health professional who recommended or issued the order for consultation or assistance in the event of an adverse event or any urgent or emergent circumstance.

Consumers and health professionals are encouraged to report adverse reactions to health products (drugs, medical devices and natural health products) to Health Canada.

Informed Consent

Registrants must ensure they obtain and document voluntary, informed consent from the client or, when the client is unable to provide consent, from the client's legal guardian. This must be

- done before any injectable cosmetic therapy is provided;
- done each time the intervention or procedure is performed; and
- renewed if there are changes to the client's initial care plan or condition (e.g., new injection site, dose adjustment).

Informed consent includes

- explaining the procedure or treatment, including alternative options;
- disclosing all known risks, intended benefits and expected outcomes of the procedure;
- discussing realistic expectations as to results;
- informing the client or, when applicable, the client's legal guardian – of their right to refuse or withdraw consent at any time;
- promoting the participation of the client who is incapable of providing consent in discussions and decisions that affect them;
- confirming that the client or legal guardian understands the provided information; and

- ensuring the procedure is performed on a minor (person under 18 years of age) only when consent from the legal guardian is obtained and both the guardian and minor agree to the treatment.

Consent is only considered valid if the client fully understands what they are consenting to. If prior to providing treatment, there is a change in the treatment plan or client condition, the consent must be renewed to ensure valid consent.

Registrants must also provide sufficient information to the client following the procedure including

- what the client can normally expect after they leave the office/clinic;
- the potential complications of the procedure;
- how the complications could manifest;
- at what point it is necessary to seek attention;
- what could happen if they don't seek attention; and
- where to go outside regular business hours to seek attention for possible complications.

When obtaining informed consent and administering cosmetic injections, registrants must act honestly, provide accurate information and adhere to the standards of practice and code of ethics. Performing a procedure on a client without informed consent is considered unlawful and may lead to professional investigations and/or criminal charges, regardless of whether the client is harmed.

Documentation

Registrants are required to document the care they provide to each client, including the provision of injectable cosmetic therapies in accordance with the CRNA standards. Documentation is an integral part of a registrant's practice and an important tool that registrants use to ensure quality care. Registrants document holistic client-centred care, including relevant components of the nursing process core to practice:

- assessment
- nursing diagnosis
- plan
- implementation
- evaluation

Privacy and Management of Health Information

Registrants must manage information collected, used or disclosed in relation to a health service in accordance with the CRNA standards including the following:

- Ensure custodianship of client health information in compliance with Alberta privacy legislation. Client information must be held by a custodian as defined in *Health Information Act* legislation. Registrants may consult with their lawyer, or professional liability protection advisor to confirm that appropriate agreements are in place.
- Registrants, as custodians of health information, must complete a privacy impact assessment (PIA) and submit it to the Office of the Information and Privacy Commissioner of Alberta before implementing any new administrative practice or information system, or making changes to an existing one, that involves the collection, use or disclosure of individually identifying health information.
- Registrants, as custodians of health information, must develop written policies and procedures outlining how they and their affiliates handle health information.

Infection Prevention and Control

Registrants must protect the health and safety of their clients, themselves, staff and the public by preventing and reducing the transmission of organisms that cause infection. Registrants providing injectable cosmetic therapies must

- comply with the Personal Services Regulation and Personal Services Standards, including, but not limited to
    - businesses notifying Environmental Public Health (Alberta Health Services) prior to offering any new or existing service to the public;
- consistently use routine practices including the following:
    - dedicated hand-washing sinks and hand sanitizer stations
    - follow the four moments of hand hygiene
    - ensure the appropriate personal protective equipment is used for the procedure performed
    - surfaces and equipment must be cleaned, disinfected and/or sterilized appropriately
        - re-use of an equipment or device must follow medical device reprocessing standards;
    - single-use devices must only be used once
    - any waste, whether general or biomedical, must be disposed of safely and appropriately (e.g., all medical sharps are discarded at point-of-use in a sharps container);
- ensure policies and procedures are consistent with current regulations, standards and guidelines; and
- comply with the Food and Drugs Act in that registrants may not
    - distribute any drug that was manufactured, prepared, preserved, packaged or stored under unsanitary conditions or is adulterated (Part 1, section 8), and
    - manufacture, prepare, preserve, package or store for distribution any drug under unsanitary conditions (Part 1, section 11).

Safe Medication Management

Registrants providing injectable cosmetic therapies must do so in accordance with the CRNA standards and guidelines including

- injections and sterile preparations must be prepared in a clean area that is free from distractions, clutter and potential sources of contamination (e.g., near water, sinks, pets or other live animals);
- injections and sterile preparations must be prepared using aseptic technique;
- reconstitute injections and sterile preparations according to the manufacturer's instructions;
- administer injections and sterile preparations safely;
- store, handle, use and dispose of medical sharps safely;
- securely store, handle and use medications according to the manufacturer's instructions;
- use medications within their expiry date and ensure there is a process in place to check expiry dates before use;
- single use (dose) medications must be discarded after each use:
    - leftover contents must not be combined or pooled
    - do not keep or store opened single dose medications to use at a later date; and
- avoid using multi-dose medications whenever possible:
    - label all multi-dose medications (e.g., vials, bottles) with the date of opening
    - discard them within 28 days of first use, or sooner if the manufacturer specifies a shorter timeframe
    - regardless of the date, discard immediately if there are visible signs or suspicion of contamination

Registrants must collaborate with an authorized prescriber who assesses, diagnoses, prescribes and procures the medication. This collaboration ensures the treatment plan is clinically appropriate, supports continuity of care and provides clear direction for managing complications or changes in the client's condition. Only an authorized prescriber can procure Schedule 1 drugs (e.g., neuromodulators) and the prescription provided should align with pharmacy standards and regulations.

Further, under the *Food and Drug Regulations*, registrants may not

- without a license from Health Canada, fabricate (manufacture), package/label or import a drug (Part C, Division 1A, section C.01A.004[1][a]).

Registrants must follow established processes for

- maintaining accurate records and ensuring safe management of medications, including
    - safe handling and storage of medications;
    - implementing an audit system to identify possible drug loss; and

- monitoring of recalls, safe disposal of expired, damaged or recalled medications and notifying affected clients.

Use of Protected Title

Registrants using the word "nurse," protected titles "registered nurse," or the initials "RN," "graduate nurse" ("GN"), or "certified graduate nurse" ("CGN") are expected to meet the expectations outlined in legislation, the CRNA standards of practice, code of ethics and all practice direction when providing or advertising their services.

Advertising

Registrants must ensure that all advertisements for products and services comply with the CRNA standards, including

- ensuring advertisements are truthful, accurate and do not mislead or misinform the public (HPA, section 102);
- being responsible and accountable for their own advertising and any advertising done on their behalf by a third party;
- complying with all relevant legislation, regulations and standards applicable to advertising products and services;
- not including endorsements or testimonials about products, services or results; and
- not offering inducements to clients to receive products or services (e.g., limited-time offers, discount coupons, gift certificates, prizes or "parties").

Under the *Food and Drugs Act*, registrants must not

- advertise any food, drug, cosmetic or device to the public as a treatment, preventative or cure for any diseases, disorders or abnormal physical states referred to in Schedule A.1 (Part 1, section 3[1]); and
- label, package, treat, process, sell or advertise any drug in a manner that is false, misleading or deceptive or likely to cause an erroneous impression regarding its character, value, quantity, composition, merit or safety (Part 1, section 9[1]).

Under the *Food and Drug Regulations*, registrants advertising prescription drugs must not

- make any representation other than with respect to the brand name, the proper name, the common name and the price and quantity of the drug (Part C, Division 1, section C.01.044).

Supervision

Registrants on the provisional register (i.e., graduate nurses or "GN") must have at minimum, **INDIRECT REMOTE SUPERVISION** in all practice settings, including aesthetics nursing. GNs must be supervised by a registrant or regulated health professional who is authorized to

perform the restricted activity independently, without requiring supervision themselves. GNs must collaborate with the regulated health professional supervising them at the point of care to confirm the type of supervision they require. GNs may not supervise regulated or unregulated health-care providers, including students.

Related Documents

Advertising Standards

Code of Ethics for Registered Nurses

Documentation Standards

Infection Prevention and Control Standards

- *Guidelines for Hand Hygiene*
- *Guidelines for Medication and Vaccine Injection Safety*

Medication Management Standards

Practice Standards for Registrants

Privacy and Management of Health Information Standards

Professional Boundaries: Guidelines for the Nurse-Client Relationship

Restricted Activities Standards

Scope of Practice for Registered Nurses

Supervision Standards

Use of Title Standards

- *Use of the Title "Doctor" or "Dr." Practice Advice*

External Resources

Canadian Nurses Protective Society (Are you considering a career in cosmetic nursing?) Are you considering a career in cosmetic nursing? - Canadian Nurses Protective Society

Canadian Nurses Protective Society (Ask a Lawyer: Providing Cosmetic Services) Ask a Lawyer: Providing Cosmetic Services - Canadian Nurses Protective Society

Food and Drugs Act Food and Drugs Act

Food and Drug Regulations Food and Drug Regulations

Government of Alberta (Personal services regulation and standards) Personal services regulation and standards | Alberta.ca

Government of Alberta (Reusable & Single-Use Medical Devices Standards) Reusable & single-use medical devices standards : standards for the reprocessing of reusable medical devices and for the use of single-use medical devices in all health care facilities and settings - Open Government

Health Canada (About the Prescription Drug List) About the Prescription Drug List - Canada.ca

Health Canada (Adverse Reaction Information) Adverse Reaction Information - Canada.ca

Health Canada (Cosmetic Injections) Cosmetic injections - Canada.ca

Health Canada (Medical Devices Active Licence Listing [MDALL]) Medical Devices Active Licence Listing (MDALL) - Your reference tool for licensed medical devices in Canada

Health Professions Act Health Professions Act - Open Government

Health Professions Restricted Activity Regulation Health Professions Restricted Activity Regulation - Open Government

Personal Services Regulation Personal Services Regulation - Open Government

Personal Services Standards Personal services standards - Open Government

Glossary

ADVERSE EVENT - An event that results in unintended harm to the client, and are related to the care and/or services provided to the client, rather than the client's underlying medical condition.

CONFLICT OF INTEREST – A situation where a registrant's duty to act in the client's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct or indirect transactions. A conflict of interest can exist even if the registrant is confident their professional judgment is not being influenced by the conflicting interest or relationship. Conflict of interest can be:

Real conflict of interest: The registrant's actions directly benefit their own interests or those of a personal or affiliated connection.

Potential conflict of interest: A situation where a registrant's actions could lead to personal gain or benefit.

Perceived conflict of interest: A situation in which an informed person might reasonably believe a conflict of interest exists, even if none does.

INDIRECT REMOTE SUPERVISION – The registrant providing supervision must be available for consultation, guidance and oversight, is not physically present where the care is being provided and is able to be contacted through the use of technology. The registrant providing supervision may be available in a nearby unit, within the building, or by phone, pager or other information communication technology methods when the person being supervised needs support or guidance.

NON-VENDOR-BASED EDUCATION OR TRAINING – Refers to programs, courses, professional development and mentorship that are independent of companies selling specific products or devices used in a field of practice. These offerings – typically provided by academic institutions, professional associations or recognized experts, focus on broad, evidence-informed knowledge and the development of clinical skills and judgment.

PERSONAL SERVICE – "Any of the following activities performed on, in or to a person's skin, hair, nails or teeth, or other parts of the body of a person, for the primary purpose of enhancing, preserving or altering the person's appearance:

(i) puncturing;
(ii) cutting;
(iii) shaving
(iv) exfoliating;
(v) applying pressure;
(vi) inserting, implanting, attaching or removing objects;

(vii) applying suction;
(viii) using energy-emitting equipment;
(ix) removing;
(x) styling;
(xi) applying or injecting cosmetic products;" (*Personal Services Regulation*, 2020, p. 2)

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

URGENT OR EMERGENT CIRCUMSTANCE - A situation when direction is required to provide appropriate client care where, if not obtained, a delay in treatment would place a client at risk of serious harm.