

# Scope of Practice for Registered Nurses

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## Purpose

The purpose of this document is to articulate the scope of practice of registered nurses (RNs) in Alberta while outlining the boundaries of that practice for the understanding of the public, clients, RNs and other stakeholders. **SCOPE OF PRACTICE**<sup>1</sup> refers to the interventions that RNs are authorized, educated, and competent to perform. It further defines the domains of RN practice as well as specific roles and responsibilities of RNs.

RNs are autonomous health-care professionals who work collaboratively with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health and well-being. RNs use their diverse knowledge to deliver direct health-care services, coordinate care, and support **CLIENTS** in managing their own health throughout the continuum of care and at all stages of life. RNs view people as being unique and complex. RNs assess clients in the context of the whole person, to understand and effectively promote health and well-being according to individual life experiences and circumstances, health needs, and goals.

RNs contribute to the health-care system through their leadership across a wide range of settings in clinical practice, administration, education, policy, and research (Canadian Nurses Association [CNA], 2015). Using the full breadth and depth of their knowledge, RNs have the skill, expertise, and capacity to provide leadership in supporting and enhancing culturally safe, client-centered care across the continuum of health care, therein strengthening health services and systems. With a holistic view of people and health, RNs are ideally prepared and in position to play a significant role in transforming the health system.

## Scope of Practice Principles

1. Protection of the public and client safety are the priority in scope of practice decisions.
2. The legislative boundaries of a health profession's scope of practice in Alberta are broad to respond to client health-care needs and optimize health outcomes. Legislation authorizes RNs to provide health services and restricted activities. This does not mean that in all settings or for all clients every health professional should provide every service or restricted activity allowed by legislation and regulation.
3. RNs are accountable and responsible for their own practice and expected to follow the requirements of legislation, regulations, and standards of practice. Clear responsibility and accountability are fundamental to providing safe, competent, and ethical care.

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<sup>1</sup> Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

4. RNs are accountable for assessing their own **COMPETENCE** and making reasonable judgements to determine whether they should perform an intervention or if it is beyond their scope of practice.
5. Registered nursing practice cannot be reduced to a list of tasks or activities as the complexity of practice includes assessment, critical inquiry, priority setting, problem solving, and the ability to respond to a rapidly changing physical or psychological state within the client. The ‘hands-on’ and technical aspects of care are integrally related to the cognitive aspects of care and cannot be separated.
6. Many factors influence the scope of practice of an individual RN, such as client needs, individual RN competence, employer requirements, and the practice environment.

## Scope of Practice within a Regulatory Framework

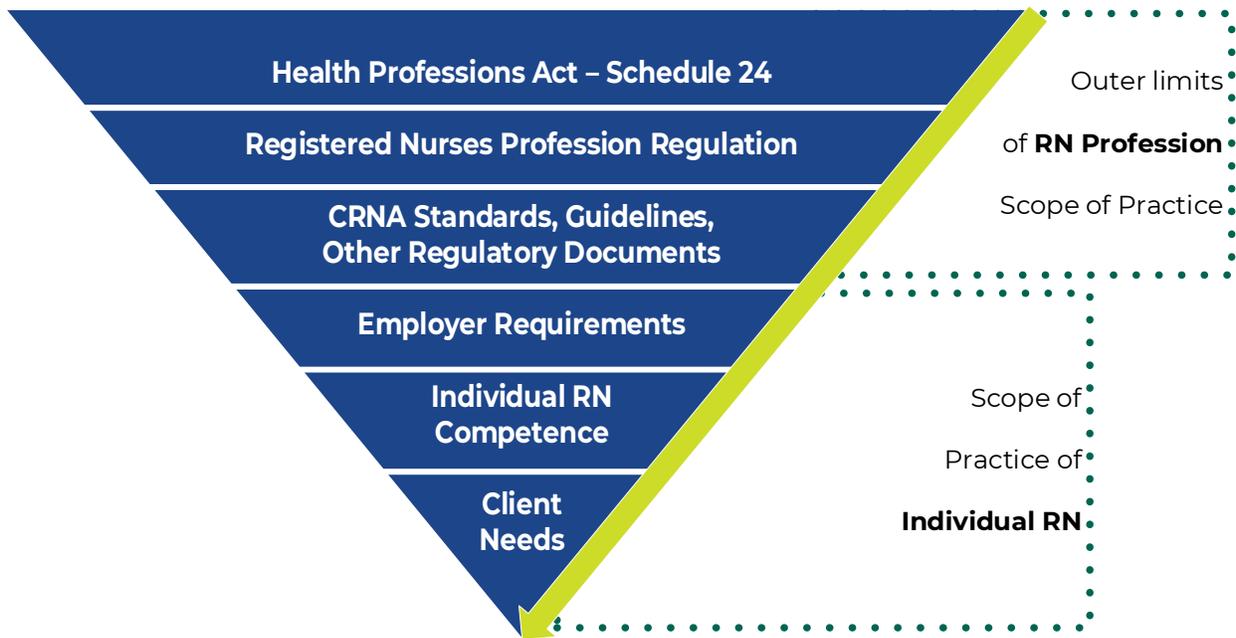
### For the Registered Nurse Profession

The overall scope of practice for the RN profession sets the outer limits of practice for all RNs in Alberta. These outer limits of the scope of practice for the profession are described in Schedule 24 of the *Health Professions Act* (HPA), the *Registered Nurses Profession Regulation* and in CARNA **STANDARDS**, guidelines, and other regulatory documents. Figure 1 illustrates authorities that establish the scope of practice boundaries of RN practice within a regulatory framework.

### For Individual Registered Nurses

Foundational nursing education obtained in a nursing education program forms the base of the scope of practice of an individual RN, which continues to progress with professional experience, continuing education, competence, and client needs. CARNA’s *Entry-Level Competencies for the Practice of Registered Nurses* (2019a), establishes the foundation for nursing practice and outlines the competencies that RNs must meet at entry to the profession and throughout their careers. The scope of practice of an individual RN is narrower than that of the profession and is influenced by the needs of their clients, their practice setting, employer requirements, and their competence.

Figure 1: Scope of Practice Regulatory Framework



## Legislation

The HPA regulates health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific restricted activity or health service, and different professions may provide the same intervention. The regulated health professional of each profession is responsible and accountable for the care they provide. Under the HPA, each regulated health profession has a legislated practice statement. Schedule 24, Section 3 of the HPA defines the profession of RNs and encompasses all the interventions in which RNs provide:

- 3** In their practice, registered nurses do one or more of the following:
  - (a)** based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to:
    - i.** assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well- being,
    - ii.** assess, diagnose and provide treatment and interventions and make referrals,

- iii. prevent or treat injury and illness,
- iv. teach, counsel and advocate to enhance health and well-being,
- v. coordinate, supervise, monitor and evaluate the provision of health services,
- vi. teach nursing theory and practice,
- vii. manage, administer and allocate resources related to health services, and
- viii. engage in research related to health and the practice of nursing,

and

- (b) provide restricted activities authorized by the regulations

## Restricted Activities

Restricted activities are high risk activities performed as part of providing an overall health service that requires specific competencies and skills to be carried out safely by persons authorized by legislation. Restricted activities are not linked to any one health profession, and several regulated health professionals may perform a particular restricted activity. The breadth and depth of the scope of practice for the RN profession is not solely encompassed by restricted activities alone.

The *Registered Nurses Profession Regulation* (2005) (Appendix A) authorizes the restricted activities RNs may perform. However, the authorization of restricted activities in the regulation **does not mean that an individual RN can perform any restricted activity in any situation, in any clinical practice area**. RNs must refer to the *Restricted Activities Standards* (CARNA, 2019b) for direction and expectations related to the performance of restricted activities. The *Incorporating a Restricted Activity into Practice: Guidelines* (CARNA, 2019c) provides regulatory guidance and a decision-making framework regarding whether a specific restricted activity should become part of an individual RN practice in a specific practice area.

## Domains of Registered Nursing Practice

The following are the four domains of RN practice:

- clinical practice
- administration
- education
- research

Schedule 24 does not specifically refer to policy in the practice statement for the profession of RNs, however CARNA's *Entry-Level Competencies for the Practice of Registered Nurses* (2019a) and *Practice Standards for Regulated Members* (2013) demonstrate that the policy area is considered part of RN practice.

Although clinical practice is fundamental to registered nursing, the other domains are essential to the contribution of the provision of client care by:

- supporting and enabling direct care providers;
- developing and communicating knowledge and policy; and
- ensuring that the necessary resources are in place for safe, competent, and ethical care.

RNs may practice in more than one domain within the context of their role. Regardless of the RN's domain of practice, all RNs are accountable to meet the expectations in all CARNA standards, guidelines, and other regulatory documents, the expectations in the CARNA endorsed *Code of Ethics for Registered Nurses* (Canadian Nurses Association [CNA], 2017), follow employer requirements, and practice within their own level of competence.

## Clinical Practice

RNs attain the required breadth and depth of knowledge through intensive and comprehensive entry-level education, nursing experience, commitment to continual learning, and advanced education (CNA, 2015). Through the combination of experience and education, RNs develop progressive expertise in providing care for their client's health care needs.

RNs in clinical practice provide health-care services to help clients achieve their optimal level of health and well-being. In providing health services, RNs integrate the following roles as outlined in CARNA's *Entry-level Competencies for the Practice of Registered Nurses* (2019a) to provide safe, competent, and ethical care in any practice setting:

- clinician
- professional
- communicator
- collaborator
- coordinator
- leader
- advocate
- educator
- scholar

The role of the RN in the clinical practice domain includes the assessment, planning and coordination of care, ongoing communication and collaboration with other health-care professionals, supervision of unregulated health-care workers, providing care, and monitoring and evaluating the provision of client care and health services.

The breadth and depth of knowledge of an RN enables comprehensive assessment of client needs, available resources, the context in a practice setting, and many other factors in complex and often rapidly changing situations. Safe and effective care requires critical thinking and accurate interpretation of complex information from a variety of sources: client data, environmental factors, diagnostic test results, and information from other professionals. RNs must use astute observation, sound judgment, decisive action, and problem solving when monitoring client progress and evaluation of care. RNs demonstrate **EVIDENCE-INFORMED** practice, and participate in and lead research, quality improvement activities, and policy development to promote quality client care by ensuring nursing interventions are supported by evidence-informed rationale.

RNs establish and maintain **THERAPEUTIC RELATIONSHIPS** with clients and their families to provide nursing care expected to contribute to health and well-being. Using their broad knowledge base, innovative abilities and facilitative skills, RNs work collaboratively with clients, families, and other health-care professionals to plan, assess, deliver, and evaluate care according to individual needs and goals.

As members and leaders of inter/intra-professional teams, RNs effectively coordinate care as they possess the knowledge, skills, and judgment to appropriately assign client care to other regulated or unregulated health-care providers. This optimizes the skills of team members and provides the most appropriate level of care by the most appropriate provider. The *Assignment of Client Care: Guidelines for Registered Nurses* (CARNA, 2014) provides guidance and support for RNs in making decisions about assignment of care as they plan and provide care in partnership with clients and their families and other health-care providers.

## Administration

RN administrators direct and influence the work of others to enhance an organizational culture of a professional and safe practice environment. The goals of nursing administration practice include quality outcomes focused on safety, obtaining the required infrastructures that seek to meet the expectations of clients, the profession, and society. Nurse administrators

- are responsible for addressing issues that affect delivery of services to clients as well as issues on the employee or student level;
- create an environment that facilitates and encourages staff to engage and demonstrate **ACCOUNTABILITY** for their own practice;
- help define the culture and values of the organization, facility, or team;

- foster trust, collaboration, communication, and goal setting; and
- strive for excellence among and across the continuum of care and the populations they work with or affect.

### Roles and Settings

The role of the nurse administrator is multifaceted. It requires broad-level thinking, and skill in understanding and balancing business duties and obligations with the ongoing commitment to nursing. Achieving this balance can cause tensions or even conflicts of interest, as they seek to enhance quality nursing practice in organizations with values and resources that may not always reflect those of nursing. However, nurse administrators must act as RNs first by upholding the values of nursing and advocating for those values to the utmost extent possible (American Nurses Association, 2016).

Nursing administration practice occurs in a wide variety of settings within private enterprises and the public sector, in large or small health-care facilities, integrated delivery systems, corporate health-care companies, professional organizations, academic settings, research facilities, government agencies, communities, correctional institutions, military health-care entities, and other settings. Nursing administration roles are also differentiated by their level of oversight and influence such as: system-wide, organization-wide, service/department/program, unit/team-wide, and project-based. Nurse administrators at every level must develop both management and leadership skills to be effective administrators. Good management skills require leadership to create a vision, good management skills are necessary for leadership to effectively achieve outcomes (Scully, 2015).

Regardless of the setting or level of oversight, the following themes permeate all nurse administrator roles:

- safety, quality, and risk management
- advocacy
- building trust and accountability
- knowledge of business practices and processes
- optimizing care delivery and outcomes
- resource management
- collaboration
- mentorship

## Education

An RN in the education domain focuses on educating students in nursing and other health profession programs, RNs, other regulated health-care professionals, and unregulated health-care workers. RNs in the education domain use their in-depth knowledge and skills of education to support members of the health-care team as they care for clients, advance their practice, and help nursing students enter the profession by planning, implementing, and evaluating nursing curricula.

Nursing education practice occurs in a wide variety of settings. Within an academic setting, the RN in an educator role ensures the development and implementation of a broad-based educational preparation for students that includes knowledge and skills from nursing and related disciplines to meet the complex health needs of clients in constantly evolving practice environments.

Nurse educators create a learning environment that facilitates student development and socialization using a variety of strategies to assess and evaluate learning and curriculum. Nurse educators engage in scholarship, and act as change agents and leaders for improvement in education and nursing (National League for Nursing, 2020).

The RN in a clinical educator role promotes and facilitates staff in providing safe, competent, and ethical care through developing and implementing a variety of learning opportunities such as orientation programs, preceptorship and mentoring programs, and continuing education opportunities in the work environment.

## Research

RNs in the research domain have advanced knowledge and skills to generate high quality evidence through research activities.

In conjunction with practitioners, they identify and consider knowledge gaps, and establish research priorities. RNs in the research domain review health care evidence, ask questions, test hypotheses, highlight implications, and disseminate findings. The nurse researcher validates and refines existing knowledge and generates new knowledge that influences all domains of nursing. From the knowledge generated, the nurse researcher engages in knowledge transfer, translation, and exchange to communicate relevant findings of the results of research to those who require this information (CNA, 2018). This exchange of knowledge is then used to support and guide nursing practice by informing decision-making and influencing policy to improve nursing care, client outcomes and the health-care system.

## Glossary

**ACCOUNTABILITY** – The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

**CLIENT** – The term client(s) can refer to patients, residents, families, groups, communities, and population (CARNA, 2013).

**COMPETENCE** – The integrated knowledge, skills, judgment, and attributes required of a nurse to practice safely and ethically in a designated role and setting (CARNA, 2019b).

**COMPETENCIES** – The observable ability of an RN that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically (CARNA, 2019a).

**EVIDENCE-INFORMED PRACTICE** – Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (Canadian Health Services Research Foundation, 2005).

**STANDARD** – An authoritative statement that describes the required minimum behaviour of every nurse and is used to evaluate individual performance.

**SCOPE OF PRACTICE** – The RN scope of practice refers to the interventions that RNs are authorized, educated, and competent to perform. Set out in provincial legislation and regulations, the RN scope of practice is complemented by CARNA standards, guidelines, other regulatory documents, and the CNA Code of Ethics for Registered Nurses.

**THERAPEUTIC RELATIONSHIP** – A relationship established and maintained with a client by the nurse through the use of professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client's health outcomes.

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# Appendix A: Restricted Activities Authorized for Registered Nurses

## Registered Nurses Profession Regulation, Alta. Reg. 232/2005

The restricted activities that RNs are authorized to perform are identified under section 15 of the *Registered Nurses Profession Regulation*:

### Restrictions

- 14.1(1)** Despite sections 15 to 18, regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to their area of practice and the procedures being performed.
- (2)** A regulated member who performs a restricted activity must do so in accordance with the Standards of Practice.
- (3)** A regulated member or other person shall not supervise the performance of a restricted activity unless the regulated member or person is authorized or permitted to perform the restricted activity without being supervised.
- (4)** A regulated member or other person who supervises the performance of a restricted activity under sections 15 to 18 must do so in accordance with the Standards of Practice.
- 15(1)** A regulated member registered on any register may, within the practice of registered nursing, perform the following restricted activities:
- (a)** to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane;
- (b)** to insert or remove instruments, devices, fingers or hands
- ix.** beyond the cartilaginous portion of the ear canal,
- x.** beyond the point in the nasal passages where they normally narrow,
- xi.** beyond the pharynx,

- xii.** beyond the opening of the urethra,
  - xiii.** beyond the labia majora,
  - xiv.** beyond the anal verge, or
  - xv.** into an artificial opening into the body;
- (c)** to insert into the ear canal under pressure, liquid, air or gas;
- (d)** to reduce a dislocation of a joint;
- (e)** subject to subsection (2), to compound or dispense a Schedule 1 drug or Schedule 2 drug;
- (f)** to administer a vaccine or parenteral nutrition;
- (g)** to compound or administer blood or blood products;
- (h)** to administer diagnostic imaging contrast agents;
- (i)** to administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- (j)** to prescribe or administer nitrous oxide, for the purposes of anaesthesia or sedation;
- (j.1)** to order or apply non-ionizing radiation in ultrasound imaging, other than the application of ultrasound to a fetus:
- (k)** to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
  - xvi.** judgment,
  - xvii.** behaviour,
  - xviii.** capacity to recognize reality, or
  - xix.** ability to meet the ordinary demands of life;

- (1) to manage labour or deliver a baby.
- (2) Despite subsection (1)(e), a regulated member registered on any register performing the restricted activity described in subsection (1)(e) shall not distribute, trade or barter for money or valuable consideration, or keep for sale or offer for sale, a Schedule 1 drug or a Schedule 2 drug but may distribute or give away a Schedule 1 drug or a Schedule 2 drug without expectation or hope of compensation or reward.
  - (2.1) A regulated member registered on the registered nurse register may, within the practice of registered nursing perform the restricted activity of ordering any form of ionizing radiation in medical radiography.
  - (2.2) A regulated member registered on the registered nurse register who meets the requirements approved by the Council and who has been authorized to do so by the Registrar may, within the practice of registered nursing, perform the restricted activity of prescribing a Schedule 1 drug.
- (4) A regulated member registered on the registered nurse register or on the certified graduate nurse register may, within the practice of registered nursing, perform the restricted activity of applying non-ionizing radiation in ultrasound imaging to a fetus, but only under the supervision of a person who provides health services and who is authorized by this Regulation or another regulation under the Act or by another enactment to apply ultrasound to a fetus.
- (6) In this section,
  - (a) Schedule 1 drug means a Schedule 1 drug within the meaning of Part 4 of the *Pharmacy and Drug Act*;
  - (b) Schedule 2 drug means a Schedule 2 drug within the meaning of Part 4 of the *Pharmacy and Drug Act*.

### Restriction

- 16(1) Despite section 15, regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member's area of practice and the procedures being performed.

- (2)** A regulated member who performs a restricted activity must do so in accordance with the standards of practice.