

We acknowledge with respect the history, customs and cultures of the Lekwungen-speaking peoples on whose traditional territory the University of Victoria stands. We raise our hands to the Lekwungen- and SENCOTEN-speaking peoples whose relationship with this land continues to this day. The University of Victoria is committed to promoting, providing, and protecting a positive, supportive and safe learning environment for all its members.

Scope of Practice Decision-Making

For

BSN Students:

STANDARDS, LIMITS, CONDITIONS

Or

How do I know what I can and cannot do??

Part 1

Acknowledgements

Earlier versions of this document have been designed in partnership with Camosun College, Island Health Student Practice Representation, and University of Victoria School of Nursing.

A. PURPOSE of DOCUMENT

The purpose of this document entitled “Scope of Practice Decision-Making for BSN Students: Standards, Limits, Conditions Part 1” is to provide direction for students, faculty, and practice agency Registered Nurse (RN) partners of the Joint Degree Program in Nursing (JDPN) in interpreting and understanding professional standards, limits, and conditions in the context of BSN education. This document is modeled on the College of Registered Nurses of British Columbia (CRNBC) [Scope of Practice for Registered Nurses](#) (CRNBC, 2017b) that details the legislated scope of practice of the RN in British Columbia.

A separate document entitled “Scope of Practice Decision-Making for BSN Students: Standards, Limits, Conditions Part 2: The Workbook” (link to document is pending) provides opportunities to work through seven different scenarios that require a Scope of Practice decision.

B. SCOPE of PRACTICE of REGISTERED NURSES

Activities within the scope of registered nursing practice in British Columbia are variously designated in the following ways:

- ☐ Activities that are not restricted (e.g., assist a client with activities of daily living)
- ☐ Restricted activities that do not require an order (e.g., make a nursing diagnosis – such as a client being at risk for developing skin breakdown – and intervene appropriately – by placing the patient on a pressure-relieving mattress)
- ☐ Restricted activities that require an order (e.g., administer an opioid medication)
- ☐ Restricted activities for nurses who have completed an approved certification program (e.g., medically diagnose and treat sexually transmitted diseases)
- ☐ Activities that are delegated by another profession and approved by CRNBC

Registered nurses must meet high standards of practice in all activities within their scope.

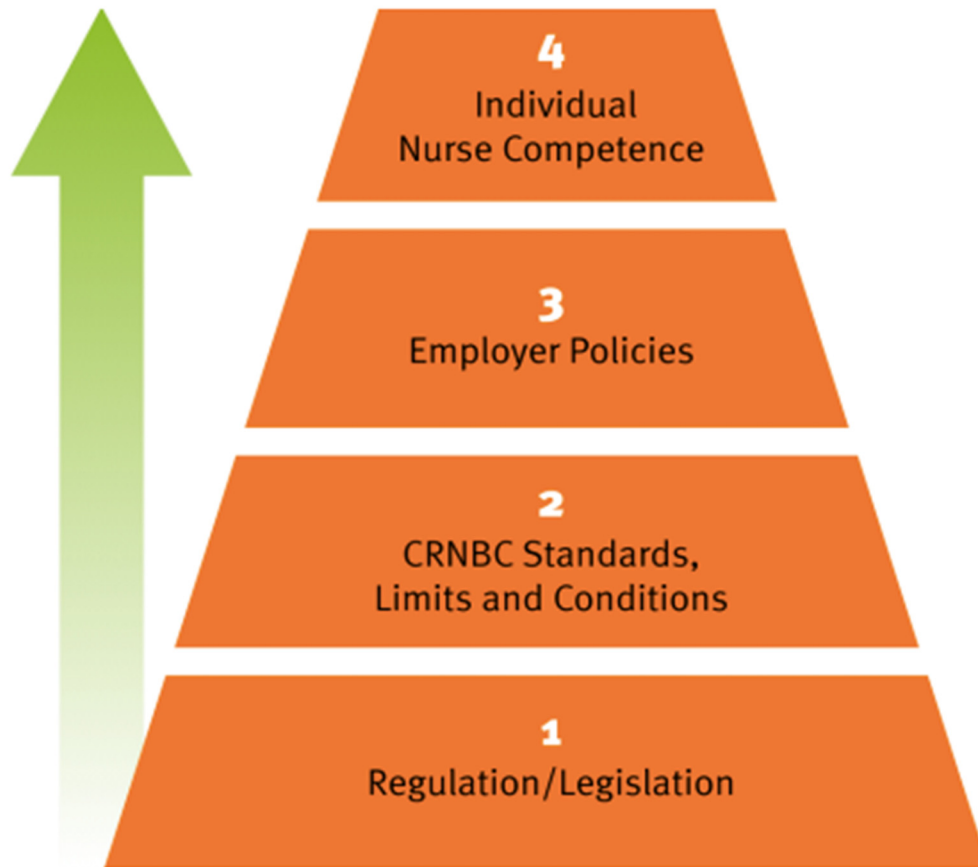
Many of the activities described within the legislated scope of practice of Registered Nurses are subject to specific limits and conditions. These are detailed in the [CRNBC Scope of Practice for Registered Nurses](#) (2017b) document. Scope of practice, standards, limits, and conditions in the context of BSN education are discussed using the CRNBC Controls on Practice Model. Practice activities allowed within BSN education follow a “sliding scale” approach in that they are dependent on the education and learning experience the student has had to date.

C. CONTROLS on NURSING and BSN STUDENT PRACTICE

CRNBC (2017b) describes four levels of control on registered nurses’ practice, as diagramed in the model: “Controls of Practice of a Registered Nurse.” To be used by both registered nurses and BSN students, this framework supports decision-making regarding the completion of specific activities. All factors explicated in the diagram, must be addressed **before performing any activities**. At **level 3**, BSN students adhere to both employer (practice site) and educational agency policies and procedures. BSN students, like RNs, need to recognize their individual limitations, act responsibly within those limits, and ensure their

personal continuing competency and learning. Figure 1 (CRNBC, 2017b, p. 7) illustrates the four levels of control on nursing practice set forth by CRNBC.

Figure 1. Controls on Practice



The four levels of control on the practice of a Registered Nurse are outlined below.

1. GOVERNMENT REGULATION:

In all contexts, government regulations must be adhered. This includes, but is not limited to, the [Health Professions Act](#) and [FIOPPA Acts](#), as well as other relevant legislation. All RNs and BSN students should be familiar with relevant documents listed by [CRNBC](#), including relevant legislation. Next, the standards, limits and conditions on practice are interpreted in the context of nursing education.

2. CRNBC STANDARDS, LIMITS, and CONDITIONS in the CONTEXT OF BSN EDUCATION:

BSN Student Competencies: consistent with pedagogical philosophy and the UVic BSN program requirements, all BSN students must demonstrate the ability to meet specific competencies designed to ensure students are prepared to practice in accordance with the standards, limits, and conditions of RN practice.

Standards: CRNBC (2017b) defines a standard as “an expected and achievable level of performance against which actual performance can be compared. It is a minimal level of acceptable performance” (p. 70). In preparation for meeting CRNBC standards all BSN students are expected to practice in accordance with CRNBC Professional Standards (2012a). This includes adhering to the Canadian Nurses

Association (CNA) Code of Ethics (2017) and acting in conformity with [CRNBC Professional and Practice Standards](#) (CRNBC, 2012).

Limits: Limits describe the activities that BSN students or registered nurses are not permitted to perform. For example, BSN students may not, under any circumstances, take blood for an arterial blood gas analysis. Another example, according to Federal legislation, BSN students may not, under any circumstances take responsibility for carrying narcotic cupboard keys or independently access narcotic and controlled substances for administration to patients.

Conditions: Conditions describe the specific circumstances in which BSN students may perform particular activities. For example, one condition is that when in practice, BSN students must always be provided regulatory supervision by a qualified RN (see “[Regulatory Supervision of Nursing Student Activities](#)”) (CRNBC, 2012b). Another example refers to the use of the RN title:

Example 1: TITLES

In accordance with CRNBC Practice Standard “[Appropriate Use of Titles](#)” (CRNBC, 2015) the title of Registered Nurse or RN is used by CRNBC registrants only, not by BSN students, employed student nurses, or unregistered graduates of the JDPN.

Students enrolled in the JDPN at Camosun College (CC) (Year 1,2, and 3) and University of Victoria (UV) (Year 3 & 4) should use the following title:

- BSN student

When charting, nursing students should indicate their status by following their signatures or initials preceded with the Abbreviation of their institution and followed by “SN” (student nurse) and then their year in the nursing program:

e.g. ----A. Smith, UV SN 3 B Smith CCSN 2

When signing their names, students should indicate their school, i.e., CC or UV, to differentiate between students from other schools of nursing. E.g.,

Date	Printed Name	Initials	Signature	Profession
<i>dd/mm/yyyy</i>	<i>Adam Smith</i>	<i>AS</i>	<i>Adam Smith</i>	<i>UV SN 4</i>

Note: Initials should only be used on flowsheets (not in narrative charting).

3. EMPLOYER POLICY AND PROCEDURES IN THE CONTEXT OF BSN EDUCATION:

At this level, the BSN student scope of practice is controlled by practice and educational agency policy and procedures.

a. JDPN-SPECIFIC POLICIES AND PROCEDURES:

JDPN specific guidelines, policies, and procedures are outlined in Course Syllabi, including supporting documents of each course (e.g., detailed directions or templates for completing assignments; this Scope-of-Practice Decision-Making for BSN Students). As well as illustrating a CRNBC policy, *Example 1* states a JDPN-specific policy, by specifying the requirement to include CC or UV and level or year following the student’s signature. Note that there may also be Camosun or UVIC-specific guidelines, policies, and procedures identified within Course Syllabi and associated supporting documents.

b. EMPLOYER (PRACTICE PLACEMENT) PROCEDURES:

In the context of BSN education, the policies and procedures of practice partners must be adhered. While most student-practice placements are situated with the Vancouver Island Health Authority (VIHA), some placements occur in other sites. Students and faculty must familiarize themselves with the policies and procedures in the health region/agency within which they are practicing. One such

example specific to Transfusion Processes can be found the VIHA policies and procedures Transfusions page. See Example 2. Moreover, agencies such as Island Health house **decision support tools** relevant to the performance of specific activities on their intranet sites.

Example 2: BLOOD PRODUCT ADMINISTRATION:

The following excerpts are taken from the Vancouver Island Health Authority Interprofessional Practice and Clinical Standards, titled “Roles of Health Professionals in the Blood Administration Process” on the intranet link, which opens a pdf document “Professional Responsibilities in the Transfusion Process” #12920100 (Jan 2010)

“Before student RNs and LPNs participate in the transfusion process in any capacity:

- Students must have completed transfusion instruction and be competent in correct technique and safe practice*
- The educational institution must have deemed the activity to be within the student’s scope of practice”*

As well within the document, limits and conditions of the RN student scope of practice are specified in relation to procedures of ordering blood products, confirming documentation of informed consent, delivering blood products, identifying patients for crossmatch, serving as primary identifier or second witness/checker, administering, monitoring, and discontinuing transfusions, and managing transfusion reactions.

Note: *not all such documents specify limits and conditions of the RN/BSN student. This does not necessarily mean the BSN student cannot perform the activity. BSN students practice within the scope of RN practice, which includes completing certification or additional education when specified. Additionally, BSN students undertake activities in accordance with limits and conditions of the education agency policy and BSN student individual competencies.*

4. BSN STUDENT INDIVIDUAL COMPETENCIES:

Individual students within the JDPN have both shared and unique experiences, learning needs and goals, as well as existing knowledge, skills, and attitudes. Students will track competencies by various means: learning plans, records of skill completion, certifications, and other related documents.

In accordance with Government Regulations; CRNBC Standards, Limits, and Conditions; and Practice Placement Policies, and **prior to performing an activity**, BSN students need to discern if they can:

1. Ensure relevant government regulations are upheld.
2. Verify that the activity is within the BSN scope of practice and that there are no additional restrictions placed on this activity by the placement agency or the educational institution or program.
3. Comply with agency policies and procedures relating to the activity.
4. Establish and support individual competence in the delivery of safe, ethical, compassionate, and competent care. This means
 - Demonstrate relevant knowledge (e.g., through certification, meeting specific agency requirements, or through informal verbal or written testing)
 - Demonstrate competence in performing the activity, such that the activity is undertaken in a timely manner, with due regard for patient comfort and safety. This may include the completion of prerequisites (such as performance in simulation, lab, workshop). For any activities that have not been examined in a simulated setting, students should observe the skilled performance/example of the activity prior to undertaking the skill themselves.
 - Arrange for direct supervision when necessary (e.g., as specified by agency policy; until BSN student regulatory supervisor authorizes that the activity may be undertaken independently and in accordance with agency policy)

D. REGULATORY SUPERVISION

What constitutes regulatory supervision and who does it are two questions frequently posed in the practice setting. CRNBC has a practice standard describing what this entails. In the [Practice Standard for the Regulatory Supervision of Nursing Student Activities](#), CRNBC (2012b) specifies that it must be a CRNBC registrant (i.e. Registered Nurse, Nurse Practitioner, or Licensed Graduate Nurse) who is ultimately responsible for supervising all activities of BSN students that may affect clients.

In an instructor-led practicum, the nurse with the primary responsibility for supervising the practice of a BSN student is the practice course instructor. In Preceptorship or Collaborative Learning Unit (CLU) models, this responsibility is shared between the student's course instructor and preceptor/CLU registered nurse.

This regulatory supervision involves

1. Knowing the BSN student's competence
2. Authorizing the activity
3. Setting conditions on how/when/where the activity is performed
5. Managing risks to the client

This [Practice Standard](#) (CRNBC, 2012b) states that the RN who is responsible for supervising the practice of a BSN student may decide to involve a non-CRNBC registrant (e.g. LPN, physiotherapist, social worker, or another student) in the regulatory supervision process. In this case, the RN must clearly communicate the activities authorized and conditions set to both the non-CRNBC registrant and the student. However, the RN who is primarily responsible for supervising the student (e.g., the nursing practice course instructor or preceptor/CLU RN) remains accountable and responsible for the process and for any decisions associated with the process.

The UVic School of Nursing recommends the following guidelines for student supervision:

- ☑ Performance of an activity for the first time in a clinical setting: student is supervised (i.e., close observation) by their practice teacher or preceptor/most responsible nurse
- ☑ Subsequent supervision may or may not require close observation. The precise nature of supervision is consistent with the student's proficiency and determined by the practice teacher or preceptor/most responsible nurse

A student is deemed to be competent to perform an activity after demonstrating adequate, relevant knowledge, dexterity, problem-solving capacity, and critical thinking in the context of the client and situation.

E. CONCLUSION

BSN students work toward undertaking the full scope of RN practice. As with RN practice, BSN student practice requires the use of decision-making processes to determine activities that may be carried out. Nested within the four levels of controls set forth by government regulation, CRNBC and employer policies and procedures, student scope of practice also features a spectrum of competence, based on the student's education and unique experiences to date. Not unlike a sliding scale method used to determine medication dosing, student scope of practice is dependent on factors that must be determined prior to attempting to perform an activity that falls within the scope of registered nurse practice. Hence there is no

one answer, no immediate answer that can be situated within a defined list of tasks. There are a few parameters of what a student may NOT do. We know, for example that a BSN student cannot do anything that is outside the scope of Registered Nurse practice. But as for what they may do?? As this document outlines.... It depends....

Part 2 of this document provides working examples. Students, instructors, and practice partners alike are invited to use Part 2 as a workbook to accompany the content within Part 1.

H. REFERENCES

- BC Centre for Disease Control. (2014). Immunization of Special Populations. In *Communicable Disease Control Manual*. Retrieved from <http://www.bccdc.ca/dis-cond/comm-manual/default.htm>
- CNA. (2017). *Code of ethics for Registered Nurses*. Retrieved from <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf?la=en>
- CRNBC. (2012a). *Professional standards for Registered Nurses and Nurse Practitioners: Accountability, knowledge, service, ethics*. Retrieved from <https://www.crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf>
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- CRNBC. (2015). *Dispensing medications*. Retrieved from <https://www.crnbc.ca/Standards/PracticeStandards/Pages/dispensing.aspx>
- CRNBC. (2017a). *Practice Standard for Registered Nurses and Nurse Practitioners: Dispensing medications*. Retrieved from <https://www.crnbc.ca/Standards/Lists/StandardResources/486DispensingMedications.pdf>
- CRNBC. (2017b). *Scope of practice for Registered Nurses: Standards, limits, conditions*. Retrieved from <https://www.crnbc.ca/Standards/Lists/StandardResources//433ScopeforRegisteredNurses.pdf>
- Kelly, P., Vottero, B.A., & Christie-McAuliffe, C.A. (2014). *Introduction to quality and safety education for nurses: Core competencies*. New York, NY: Springer.

RESOURCES

Island Health Student Practice Hub

https://intranet.viha.ca/departments/professional_practice/Pages/student.aspx

Island Health Policies

<https://intranet.viha.ca/pnp/Pages/default.aspx>

University of Victoria School of Nursing. (2018). *Practicum Handbook*. Author.

University of Victoria School of Nursing Website

<http://www.uvic.ca/hsd/nursing/undergraduate/transfer/index.php>

Appendix 1: Activities with limits and conditions in the BSN Student Scope of Practice

Refer to the full *Scope of Practice for Registered Nurses* statement for more information on the scope of practice for BSN students, the standards, limits and conditions placed on their practice, and the requirement for regulatory supervision.

Category A: Activities that are outside the scope of RN practice

- Endotracheal intubation
- Performing surgery
- Certified practices without CRNBC certification

Category B: Restrictions to student activity

- Taking a phone order from a physician before fourth year eg. Is to be taken at 4th year, and only with RN validation
- Acting as first or second witness for completing a narcotic and controlled drugs count (federal limitation)

Category C: Activities that require additional education AND direct supervision by a Registered Nurse:

Students must complete the following additional education prior to performing, under direct supervision, the activities listed below. These include **but are not limited to**:

PERINATAL/NEONATAL SPECIALTY SETTING:

- VAGINAL EXAM WHEN THE MEMBRANES ARE NOT INTACT
 - Must have completed a recognized Perinatal Level 1 theory course AND have a current practice placement in a Perinatal/Neonatal setting

COMMUNITY PRACTICE SETTINGS:

- IMMUNIZATION FOR ADULTS AND CHILDREN OVER THE AGE OF 2 months
 - Must complete the full British Columbia Centre for Disease Control (BC CDC) immunization competency course *
 - Must be in 4th year final practicum, within context of a Public Health setting and supervision of a Public Health Nurse
 - Must meet the **10 criteria** set forth, from the Student Practice Consultant, Professional Practice, Andrea Taylor, specific to immunization of children over 2 months age. (See *BSN Scope of Practice Decision Making Part 2: Workbook*)
- For the following skills, students must complete the relevant agency education module prior to performing these skills under supervision:
 - ANKLE-BRACHIAL INDEX (ABI) MEASUREMENT
 - CENTRAL VENOUS ACCESS DEVICE (CVAD) CARE AND MAINTENANCE
 - OPERATION OF THE GEMSTAR (OR OTHER MODEL) INFUSION PUMP
 - PERIPHERAL VENOUS ACCESS DEVICE (PVAD) INITIATION
 - SUBCUTANEOUS LIDOCAINE INFUSION FOR THE PURPOSE OF CHRONIC PAIN MANAGEMENT
 - VACUUM ASSISTED CLOSURE (VAC) THERAPY
 - WOUND COMPRESSION THERAPY

* For students practicing in a health authority other than VIHA, students must complete the equivalent training required by the host health authority

Reference

Taylor, Andrea, (January 26, 2017) email communication to Carol McDonald, University of Victoria. Subject title : Professional Practice-Recommendation 4th yr. BSN student Immunizing in Island Health clinics.

Appendix 2: High Alert and Restricted Medications

The following lists describe medications that have a high risk for patient harm when administered in error and/or medications that are commonly administered in error. This list is congruent with Island Health policies, the University of Victoria School of Nursing policies, and Practice Education Guidelines of the BC Academic Health Council.

High-Alert Medications: Students must have the following medications independently double-checked and co-signed by a qualified RN

Additional Safety Precautions for Medication Infusions (including IV, PCA, epidural, intrathecal, nerve plexus infusions, etc.)

Anticoagulants:

- Unfractionated heparin
- Low molecular weight heparins
- Anticoagulants that require regular blood testing (e.g. warfarin)

Insulin (all types)

Methotrexate, any route

Narcotics and controlled substances

Intravenous medications/solutions:

- Solutions containing potassium chloride
- Hypertonic saline (greater than 0.9% concentration)
- All medications (excluding saline/dextrose solutions)

Parenteral nutrition solutions, including:

- IV dextrose at a concentration of 10% or greater

Epidural or intrathecal medications

Care of medication infusions includes monitoring, hanging new bags, changing infusion rates, and administering bolus doses

In addition to double-checking and co-signing:

- Narcotics and controlled substances: *The nurse must always supervise administration at the client's bedside.*
- Non-narcotics: *The nurse must supervise administration at the client's bedside until the student is deemed competent.*

Restricted Medications: Students **MAY NOT** administer the following classes of medications*

IV adrenergic agonists

IV adrenergic antagonists

IV antiarrhythmics

IV radiocontrast agents

General anesthetic agents, inhaled or IV

Cardioplegic agents

Chemotherapy agents by ANY route

Neuromuscular blocking agents

**Refer to a current drug reference for a full list of medications within each class*

Reference

Institute for Safe Medication Practices (2012). *ISMP's list of high-alert medications*. Retrieved from <http://www.ismp.org/tools/highalertmedications.pdf>

Appendix 3: Independent Double Check Procedure for Medication Administration

To promote safety in medication administration, students must follow this procedure when administering a high alert medication (see Appendix B), based upon the VIHA independent double check policy (VIHA, 2016).

* Note that some health authorities may have their own policies or procedures relating to independent double checks. Students should follow the policy that is the most restrictive.

WHO CAN COMPLETE THE INDEPENDENT DOUBLE CHECK (IDC) FOR A STUDENT?

- Camosun College/COTR or U Vic nursing instructor (RN)—confirm with agency policy
- Agency RN (employed)
- Registered psychiatric nurse
- If a RN is not available, a licensed practical nurse (LPN) **might** be able to perform the IDC, in the following circumstances:
 - If the medication administration is within the scope of practice of the LPN (e.g., NOT intravenous route)
 - AND if the nursing instructor or preceptor/CLU RN responsible for the student follows the CRNBC Regulatory Supervision guidelines
 - AND if the LPN is not prevented from performing the IDC by agency policy (*Note: within VIHA, LPNs may not complete an IDC for a student on the IHA-designated high alert medications. Please refer to IHA's Independent Double Check – Acute Care Nursing Clinical Practice Standard and Procedure*)

WHEN SHOULD CHECKS BE COMPLETED?

- Students complete 3 checks when administering medications:
 1. When removing medications from the med cart or Accudose
 2. When preparing medications prior to administration (this is when the independent double check takes place)
 3. At the bedside, right before medication administration

WHAT “RIGHTS” MUST BE CHECKED?

ALL MEDICATIONS

- | | | |
|------------------------|---------------------------------|-------------------------------|
| 1. Right CLIENT | 5. Right ROUTE | 9. Right DOCUMENTATION |
| 2. Right TIME | 6. Right REASON | 10. Right EVALUATION |
| 3. Right DRUG | 7. Right ASSESSMENT | |
| 4. Right DOSE | 8. Right CLIENT TEACHING | |


ADDITIONAL RIGHTS FOR PARENTERAL MEDICATIONS

- | | | |
|--------------------------|-------------------------------|--|
| 1. Right DILUTION | 2. Right COMPATIBILITY | 3. Right RATE OF ADMINISTRATION |
|--------------------------|-------------------------------|--|

ADDITIONAL RIGHTS FOR AN INFUSION DEVICE (IV PUMP, PCA, EPIDURAL)

- | | | |
|---------------------------------|--------------------------|----------------------------------|
| 1. Right INFUSION DEVICE | 2. Right PROTOCOL | 3. Right PROGRAM SETTINGS |
|---------------------------------|--------------------------|----------------------------------|

INDEPENDENT DOUBLE CHECK (IDC) PROCEDURE FOR STUDENTS

Step 1	BEFORE taking out medications: <ul style="list-style-type: none">• Look up relevant drug information• Assess client to see if medication administration is appropriate• Perform dosage calculations• If any medications requiring an IDC will be removed from their original packaging (e.g. pouring a liquid or drawing a medication into a syringe), have the nurse performing the IDC watch the full procedure, beginning at Step 2.
Step 2	STUDENT PERFORMS CHECK 1 <p>Gather MAR and medications (e.g. from med cart or Pyxis)</p> <p><i>* Note that for narcotics: The nurse performing the IDC MUST see the narcotic being removed from the original packaging to verify the correct drug and dose</i></p>
Step 3	STUDENT PERFORMS CHECK 2 <p>Prepare medications for administration and verify the rights</p> <ul style="list-style-type: none">• Leave all unit dose medications within their packages• Ensure all other medications removed from their packages are labeled with the drug name, dose, route, and 2 patient identifiers• After completing the second check, place a small dot to the right of the med administration time on the MAR, indicating the med has been poured (e.g. 0900  _____)
Step 4	NURSE PERFORMS INDEPENDENT DOUBLE CHECK (VERIFYING CHECK 2) <p>FOR INJECTABLE MEDICATIONS:</p> <ul style="list-style-type: none">• Be sure to prepare injectable medications in front of the nurse completing the IDC, so that the correct drug and dose can be verified as the medication is being withdrawn from the ampoule or vial <p>WHEN A MEDICATION DOSAGE MUST BE CALCULATED:</p> <ul style="list-style-type: none">• Ask the nurse performing the IDC to calculate the required dose independently BEFORE the student reveals the results of his/her own calculations <p>WHEN A PROTOCOL OR PRE-PRINTED ORDER IS USED:</p> <ul style="list-style-type: none">• The student must provide the required orders (e.g. insulin or heparin orders) and the relevant data (e.g. blood glucose documentation or lab results) to the nurse performing the IDC
Step 5	STUDENT PERFORMS CHECK 3 <p>Note: For some high-alert medications (see Appendix B) the nurse performing the IDC must supervise medication administration at the bedside</p> <p>Take MAR and medications to the bedside and verify the rights</p> <ul style="list-style-type: none">• When checking the patient's identity, also check for an allergy band• Inform the patient about each medication while pouring the medications• Observe the patient take all of the medications• Document the medication administration immediately
Step 6	DOCUMENTATION <p>Documentation of the IDC on the MAR must include the student and the nurse completing the IDC:</p> <ul style="list-style-type: none">• Student: Immediately after administration of the medication, sign in the first position: (e.g. Student Initials / _____)• Nurse: After completing the IDC, sign in the second position: (e.g. _____ / Nurse Initials)