COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (BC)
Fax:604.738.2272
www.crnbc.ca

March 2, 2007

Paula Bond
Assistant Deputy Minister &
Chief Nurse Executive
Ministry of Health, Clinical Innovation
5-3, 1515 Blanshard St
Victoria, BC V8W 3C8

Craig Knight
Assistant Deputy Minister, Strategic Policy
Legislation & Intergovernmental Relations
Ministry of Health
5-1, 1515 Blanshard St
Victoria, BC V8W 3C8

Dear Ms. Bond and Mr. Knight:

Since August 2005, staff of the College of Registered Nurses of British Columbia (CRNBC) have undertaken policy development activities related to CRNBC-certified practices and have worked with nurse leaders to support implementation of the Nurses (Registered) and Nurse Practitioners Regulation throughout the province. This work, as well as the recent release of the proposed Reserved Actions Regulation, has highlighted a number of issues and we wish to propose several changes to the Regulation.

Definitions

The definition of **compound** in the Nurses (Registered) and Nurse Practitioners Regulation is consistent with the definition of compound in the proposed Reserved Actions Regulation. However, we note that the definition provided by the Health Professions Council is "mixing ingredients, at least one of which is a drug." This latter definition is more accurate than the other definitions, which seem to exclude mixing more than one drug. Compounding, in fact, usually involves mixing more than one drug.

Recommendation: If the definition in the proposed Reserved Actions Regulation is revised to reflect the Health Professions Council's definition, amend the definition of compound in Section 1 of the Nurses (Registered) and Nurse Practitioners Regulation to state, "to mix ingredients, at least one of which is a drug."

It is not clear what drugs are included in the reserved action of **dispensing**. (Please refer to CRNBC's February 19, 2007 letter on the proposed Reserved Actions Regulation.) Once this has been clarified, CRNBC may have additional comments on the Nurses (Registered) and Nurse Practitioners Regulation in relation to dispensing. The definition of dispense in the Pharmacy Operations and Drug Scheduling Act (PODS) refers to *devices* as well as drugs. Registered nurses dispense devices for a variety of purposes (e.g., glucometers for clients' use in blood glucose monitoring as well as needles and syringes for their use in administering insulin). Nurse practitioners need authority to authorize devices to be dispensed.

Recommendations: Revise the definition of dispense in Section 1 to be consistent with the Pharmacy Operations and Drug Scheduling Act. Set out registered nurses'

and nurses practitioners' authority to dispense drugs and devices in the list of reserved actions in Section 8, Section 9 and Section 11.

There is also some confusion about the definition of **prescribe**. (CRNBC's concerns about this are outlined in the February letter on the proposed Reserved Actions Regulation.) In the Nurses (Registered) and Nurse Practitioners Regulation, prescribe means to authorize a pharmacist to dispense a specified drug in a specified amount for use by a named individual. As some registered nurses also dispense drugs and devices, and nurse practitioners order them to dispense, it would be clearer to have the definition in the Nurses (Registered) and Nurse Practitioners Regulation consistent with the definition in PODS.

Recommendation: Amend the definition of prescribe in Section 1 to be consistent with the Pharmacy Operations and Drug Scheduling Act, remove the reference to pharmacists in the definition, and include a reference to devices.

The Nurses (Registered) and Nurse Practitioners Regulation defines **health professional** as "(a) a person who is authorized under an enactment to practice dentistry, medicine, midwifery or podiatry in British Columbia; or (b) a nurse practitioner." Registered nurses require an order from one of these health professionals before carrying out Section 9 reserved actions. Registered nurses also carry out orders from health professionals registered in other Canadian jurisdictions (e.g., nurses working in the East Kootenays routinely carry out orders from Alberta physicians for the initial administration of Schedule 1 medications - such as pain medication - for clients returning to British Columbia following treatment in Alberta).

The Regulation defines **pharmacist** as having the same meaning as in Section 1 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act and will need to be changed to reflect the fact that pharmacists will soon be under the Health Professions Act.

Recommendation: Once pharmacists are governed under the Health Professions Act, amend the definition of pharmacist in Section 1 to "has the same meaning as in Section 25.8 of the Health Professions Act."

The Regulation defines **substance** as "includes air and water." Section 9 permits registered nurses to administer a substance other than a drug that is specified in a Schedule of the Drug Schedules Regulation B.C. Reg 9/98. This includes Schedule III drugs, which are not considered part of the reserved actions model. The proposed Reserved Actions Regulation defines substance as "includes air and water and excludes a drug." We suggest simplifying the Nurses (Registered) and Nurse Practitioners Regulation by defining substance as it appears in the proposed Reserved Actions Regulation.

Recommendation: Amend the definition of substance in Section 1 to read, "includes air and water and excludes a drug."

Section 8: Reserved Actions

The proposed Reserved Actions Regulation creates the reserved action of making a diagnosis, identifying as the cause of signs or symptoms of an individual, the effects of a disease, disorder or condition. CRNBC's letter of February 19, 2007 outlines our concerns about this reserved action. If government decides to keep this proposed reserved action, registered nurses will need authority for it under Section 8 as many conditions diagnosed by registered nurses result from the effects of a disease, disorder or condition.

We note that the proposed Reserved Actions Regulation retains the reserved action of dispensing enteral therapy. Registered nurses do provide enteral feeds to stable clients in community settings in the absence of a dietitian but have not been given authority to perform this reserved action. CRNBC is prepared to discuss an appropriate limit/condition on this Section 8 activity with the College of Dietitians of British Columbia and the College of Pharmacists of British Columbia.

Recommendation: In Section 8(1)(e)(ii), add "dispense" to "administer nutrition by instillation through an enteral method."

In working with registered nurses and nurse leaders throughout the province, we have identified a number of areas where we do not believe the regulatory control of certified practice is required. In these areas, we think an approach similar to the one used to enable registered nurses to administer epinephrine would be more appropriate.

Registered nurses in emergency units administer salbutamol (Ventolin), based on protocols, to known asthmatics to treat respiratory distress (i.e., they do not have an order). This activity has been included in protocols developed by the provincial emergency care task group. CRNBC is prepared to write a limit/condition requiring registered nurses administering salbutamol without an order to follow an evidence-based decision support tool (protocol).

Recommendation: In Section 8(1)(l), add "(iii) salbutamol, for the purpose of treating respiratory distress in known asthmatics."

Registered nurses administer naloxone (Narcan), based on protocols, in a variety of settings to treat suspected drug overdose. These are often community settings (e.g., safe injection sites, corrections facilities, the "street") where a physician is not readily available. It is important to act quickly in suspected drug overdose and administering naloxone in these situations can reverse the overdose and save the client's life. We are prepared to write a limit/condition requiring registered nurses administering naloxone without an order to follow an evidence-based decision support tool (protocol).

Recommendation: In Section 8(1)(l), add "(iv) naloxone, for the purpose of treating suspected drug overdose."

In addition, there is now consensus among key stakeholders such as "expert" provincial specialty organizations, other colleges, public health leaders and the Chief Nursing

Officers that the rigorous oversight provided through certified practice is not warranted for some of the certified practices that had been proposed and, further, that safe, competent nursing care could be assured through mechanisms such as CRNBC limits and conditions in addition to employer policies and other supports.

Communicable Diseases

Registered nurses currently administer both biological products such as vaccines and immunoglobulins (immunoprophylactic agents) and Schedule I medications such as anti-malarials and anti-virals (chemoprophylactic agents) to prevent and control the spread of communicable diseases using protocols established by the B.C. Centre for Disease Control (BCCDC). Examples of these activities include giving routine immunizations to children to prevent diseases such as measles, mumps and rubella; giving travel immunizations and Schedule I prophylactic medications to protect travelers against disease; providing biological products and Schedule I medications to contacts of a person with a communicable disease like meningitis to prevent the spread of that disease; and administering Mantoux tests to screen for tuberculosis. Registered nurses also compound and dispense these immunoprophylactic and chemoprophylactic agents. We are prepared to write a limit/condition requiring registered nurses who (without an order) administer, compound or dispense those immunoprophylactic agents and chemoprophylactic agents identified by BCCDC to demonstrate the competencies established by BCCDC by completing additional education and to follow decision support tools established by BCCDC. Additional education is defined as a course provided by the nurse's employer or a formal course or program of study.

Recommendation: In Section 8(1), add "(m) for the purpose of preventing disease, administer, compound and dispense immunoprophylactic agents and chemoprophylactic agents identified by the B.C. Centre for Disease Control and specified in Schedule I of the Drug Schedules Regulation, B.C. Reg. 9/98."

Emergency Cardiac Care

Registered nurses administer Schedule I drugs and perform defibrillation to manage specific cardiac conditions (such as cardiac arrest) before the physician arrives. The chief nursing officers are identifying an agency to take responsibility for developing, disseminating and updating provincial decision support tools to guide nurses who carry out such emergency cardiac care activities. We will notify you as soon as this agency is identified so that it can be referenced in the Regulation. The decision support tools would set out appropriate registered nurse activities and then outline the required competencies for performing the activities. CRNBC is prepared to establish appropriate limits/conditions on this practice (for example, requiring registered nurses to follow established decision support tools and complete additional education).

Recommendations: Revise Section 8(1)(j) to read, "apply electricity for the purpose of providing emergency cardiac care in the absence of a physician." In Section 8(1), add "(n) for the purpose providing emergency cardiac care, administer cardiac

drugs identified by the [designated provincial agency] and specified in Schedule I of the Drug Schedules Regulation, B.C. Reg. 9/98."

Reproductive Health
Many nurses working in community settings such as youth clinics and public health units provide emergency contraception to women and use decision support tools to guide this practice (i.e., they act without client-specific orders). Some emergency contraceptives are in Schedule 2 in the national drug schedules and we understand that there is discussion about moving Plan B (levonorgestrel) to Schedule 2 in British Columbia. We are prepared to develop a limit/condition requiring registered nurses who administer this emergency contraceptive without an order to follow evidence-based decision support tools and to complete additional education.

Recommendation: In Section 8(1)(l), add "(vi) levonorgestrel, for the purpose of emergency contraception."

Ordering X-rays
Registered nurses in emergency units order X-rays for the purpose of triaging possible fractures of the extremities (e.g., ankles) following established protocols. In these cases, a physician must review assessment information (including X-rays), complete further assessment if required (e.g., ordering additional tests and reviewing the test results), order any treatment that is needed, and discharge the client. CRNBC is prepared to write a limit/condition requiring registered nurses ordering X-rays of the extremities to follow established decision-support tools (protocols).

As part of communicable disease management, registered nurses also order X-rays for the purpose of tuberculosis screening based on protocols established by BCCDC. CRNBC would be prepared develop a limit/condition requiring registered nurses who order chest X-rays for this purpose to follow BCCDC's evidence-based decision support tools.

Recommendation: In Section 8, add (n) "order X-rays of the extremities, for the purpose of triage, and chest X-rays for the purpose of tuberculosis screening."

It has come to our attention that registered nurses are also ordering X-ray and ultrasound for other purposes. However, we do not have sufficient information about the circumstances under which this is occurring, so we will be researching this further and, if appropriate, will send a follow-up letter on the subject.

Managing Labour
CRNBC staff have consulted with the College of Physicians & Surgeons of British Columbia, the College of Midwives of British Columbia, expert nurses with the British Columbia Reproductive Care Program (BCRCP) and the Chief Nursing Officers regarding the management of labour. There is general agreement that it would be appropriate to move the management of normal labour in an institutional setting when the primary maternal care provider is absent or unavailable from Section 10 to Section 8.

CRNBC is prepared to write a limit/condition stipulating that registered nurses must demonstrate the competencies established by BCRCP by completing additional education and must follow the decision support tools established by BCRCP.

Recommendation: In Section 8, add (o) "manage normal labour in an institutional setting if the primary maternal care provider is absent or unavailable."

Section 9: Reserved Actions for Services under an Order

We suggest simplifying the reserved action of administering a substance by changing the definition of substance in the Nurses (Registered) and Nurse Practitioners Regulation to be consistent with the proposed Reserved Actions Regulation and removing the reference to drug schedules in Section 9(1)(b).

Recommendation: In Section 9(1)(b), delete "other than a drug that is specified in a Schedule of the Drug Schedules Regulation, B.C. Reg. 9/98."

We are pleased that the proposed Reserved Actions Regulation now makes clear which forms of energy are considered hazardous. CRNBC continues to learn about new applications of ultrasound, electricity and laser that registered nurses carry out on order from a physician. Furthermore, we anticipate that additional applications will continue to be found. Not only are registered nurses applying electricity with an order for a variety of purposes (e.g., adjusting devices that use electricity to stimulate the vagal nerve to treat seizure disorders), they also use portable ultrasound for imaging purposes on a physician's order (e.g., guiding the placement of peripherally inserted central catheters, assessing blood vessels in hemodialysis to determine the most appropriate location for vascular access). Although the Regulation does not authorize registered nurses to administer laser, we have learned that registered nurses use laser to destroy tissue under a physician's order (e.g., for hair removal in dermatology clinics). Key stakeholders such as the College of Physicians & Surgeons of British Columbia and the Chief Nursing Officers agree that, since these activities are all being done with an order from a health professional who is authorized and knowledgeable about the application, it is appropriate to authorize registered nurses to use these three types of hazardous energy in Section 9.

Recommendation: Change the wording in Section 9(1)(e) to "apply ultrasound, electricity, and laser."

We note that the proposed Reserved Actions Regulation has added the administration of a substance using a hyperbaric chamber. Registered nurses attend patients in these chambers and administer substances such as oxygen, heliox and nitrox under a physician's order.

Recommendation: In Section 9(1)(b), add "(vi) using a hyperbaric chamber."

Registered nurses dispense enteral feeds to clients in community settings in the absence of the dietitian or pharmacist. We are prepared to work with the College of Pharmacists

of B.C. and the College of Dietitians of B.C. to develop a limit/condition on this reserved action.

Recommendation: In Section 9(1)(g), add "dispense" to "design and compound a therapeutic diet if nutrition is administered through an enteral method."

The proposed Reserved Actions Regulation now makes it clearer what the reserved actions related to allergies are. Registered nurses have not been granted the reserved action of conducting desensitizing treatment for allergies except when the treatment involves injection, scratch tests or inhalation. Registered nurses, however, do conduct desensitizing treatments through other methods, on an order, if the client has had a previous anaphylactic reaction. We suggest revising the two reserved actions in Section 9 to be consistent with the proposed Reserved Actions Regulation.

Recommendations: Revise Section 9(1)(h) to read, "conduct allergy challenge testing for allergies (i) that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or (ii) by any method, if the individual being tested has had a previous anaphylactic reaction." Revise Section 9(1)(i) to read, "conduct desensitizing treatment for allergies, (i) that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or (ii) by any method, if the individual being tested has had a previous anaphylactic reaction.

We note that the proposed Reserved Actions Regulation does not identify cardiac stress testing as a reserved action and wonder if this is an oversight. The Nurses (Registered) and Nurse Practitioners Regulation lists this activity in Section 9(1)(j).

Recommendation: If cardiac stress testing is no longer considered a reserved action, delete Section 9(1)(j), "conduct a cardiac stress test for the purpose of diagnosis and treatment planning."

Section 10.1: Transitional (Certified Practices)

Section 10.1 outlines provisions for a transition period related to certified practices. Consultation with key stakeholders (such as representatives from First Nations and Inuit Health Branch, BCRCP and BCCDC as well as the Chief Nursing Officers) reveals that, despite the significant work that is underway to develop certified practice competencies, protocols and courses; develop course approval mechanisms and registration processes for practitioners; and certify existing practitioners, much remains to be done. We do not think the transition date set out in the Regulation will provide sufficient time and we request an additional year to complete this pioneering work. This timeframe is based on the understanding that government will make the changes outlined above, reducing the number of activities that require certification. We understand the Chief Nursing Officers will be proposing an alternative date in a letter to you. CRNBC staff will confirm the

length of the extension with the CRNBC Board and will notify you when the proposed extension has been ratified.

Recommendation: Revise Section 10.1(2) to reflect an extension of one year to the time frame currently specified.

If government agrees to move the management of normal labour to Section 8, this reserved action will need to be removed from Section 10.

Recommendation: Remove Section 10(1)(c) "manage normal labour in an institutional setting if the primary maternal care provider is absent or unavailable."

Section 11: Reserved Actions for Nurse Practitioners

Section 11 states that nurse practitioners can provide or perform activities in Section 9 and Section 10. Nurse practitioners also have authority to give orders to registered nurses. We assume that nurse practitioners can order registered nurses to do anything that is within their scope to provide or perform. Nurse practitioners do give orders to registered nurses related to electricity and ultrasound; however, ordering electricity and ultrasound is a separate reserved action, so we would appreciate clarification on this point.

Section 11(1)(a) prohibits nurse practitioners from prescribing Schedule IA drugs. In fact, nurse practitioners are prohibited through Federal legislation from prescribing all controlled drugs, not just those listed in Schedule IA. CRNBC has an obligation to ensure that nurse practitioners understand they can not prescribe any controlled drug. As you are aware, the federal government is moving toward a change in federal regulation that will allow nurse practitioners to prescribe controlled drugs. CRNBC has already developed consensus on controlled drugs that nurse practitioners have the competence to prescribe and this includes drugs in Schedule IA. To avoid another change in regulation, CRNBC suggests removing the prohibition from prescribing Schedule IA drugs in Section 11. The federal prohibition on controlled drugs will continue to limit nurse practitioner prescribing.

Nurse practitioners in other jurisdictions design therapeutic diets that are delivered through both enteral and parenteral means (TPN). For nurse practitioners to be able to carry out this activity and issue an order to a nutritionist or pharmacist to compound and dispense the diet, an addition to the reserved actions in Section 11 is required. CRNBC will establish appropriate standards, limits and conditions for this practice.

Recommendation: Add to Section 11(1) "(g) if nutrition is administered enterally or parenterally, to select ingredients for a therapeutic diet or to prescribe or give an order to compound or dispense a therapeutic diet."

We look forward to working with you to address these concerns. To explore these ideas more fully, please contact either Jo Wearing at 604.736.7331, local 315 or e-mail: wearing@crnbc.ca; or Mary Shaw, local 318 or e-mail: shaw@crnbc.ca

Sincerely,

M. Laurel Brunke, RN, MSN
Executive Director

cc: Daryl Beckett, Director, Professional Regulation, Ministry of Health
Gulrose Jiwani, Executive Director, Nursing Directorate, Clinical and Integration, Ministry of Health
Perry Kendall, Provincial Health Officer, Ministry of Health
Barb Mildon, Chief Nurse Executive, Fraser Health Authority
Tom Fulton, Chief Nursing Officer, Interior Health Authority
Cathy Ulrich, Chief Nursing Officer, Northern Health Authority
Sherry Hamilton, Chief Nursing & Liaison Officer, Provincial Health Services Authority
David Byres, Interim Chief Nursing Officer, Providence Health Care
Gabriele Yoneda, Interim, Chief of Professional Practice, Providence Health Care
Amy McCutcheon, Chief Nursing Officer, Vancouver Coastal Health Authority
Dr. Lynn Stevenson, Chief Nursing Officer, Vancouver Island Health Authority
Dr. Morris VanAndel, Registrar, College of Physicians & Surgeons of British Columbia
Jane Kilthei, Registrar and Executive Director, College of Midwives of British Columbia
Marshall Moleschi, Registrar, College of Pharmacists of British Columbia
Fern Hubbard, Registrar, College of Dietitians of British Columbia
Dr. Diane Sawchuk, Perinatal Nurse Consultant, British Columbia Reproductive Care Program
Karen Pielak, Nurse Epidemiologist, B.C. Centre for Disease Control
Jacqueline Barnett, Nursing Education Administrator, STD/AIDS Control, B.C. Centre for Disease Control
Janet Currier, Acting Regional Nursing Consultant, First Nations and Inuit Health Branch, Health Canada
Kathy MacDonald, Chair, Public Health Nurse Leaders

Barker, Debbie HLTH:EX

From: Beckett, Daryl K HLTH:EX
Sent: Fri, March 2, 2007 4:23 PM
To: Barker, Debbie HLTH:EX
Subject: FW: Proposed Changes to Regulation
Importance: High
Attachments: Letter MOH 2007 RN Regulation2.doc

pls print and cliff - my cc.

From: Anne Thompson [mailto:THOMPSON@crnbc.ca]
Sent: Fri, March 2, 2007 3:58 PM
To: Bond, Paula HLTH:EX; Knight, Craig HLTH:EX
Cc: Beckett, Daryl K HLTH:EX; Jiwani, Gulrose HLTH:EX
Subject: Proposed Changes to Regulation
Importance: High

Sent on behalf of Laurel Brunke:

As agreed, we have consolidated the proposed changes to the Nurses (Registered) and Nurse Practitioners Regulation in the attached letter.

<<Letter MOH 2007 RN Regulation2.doc>>

Anne Thompson
Secretary, Policy Department
College of Registered Nurses of British Columbia
2855 Arbutus Street
Vancouver, BC V6J 3Y8
Tel: 604 736-7331, ext. 336 Fax: 604 738-2272 Toll-free: 1 800 565-6505 (BC only)
www.crnbc.ca; e-mail: thompson@crnbc.ca
Protecting the public through the regulation of registered nurses

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (BC)
Fax:604.738.2272
www.crnbc.ca

March 2, 2007

Paula Bond
Assistant Deputy Minister &
Chief Nurse Executive
Ministry of Health, Clinical Innovation
5-3, 1515 Blanshard St
Victoria, BC V8W 3C8

Craig Knight
Assistant Deputy Minister, Strategic Policy
Legislation & Intergovernmental Relations
Ministry of Health
5-1, 1515 Blanshard St
Victoria, BC V8W 3C8

Dear Ms. Bond and Mr. Knight:

Since August 2005, staff of the College of Registered Nurses of British Columbia (CRNBC) have undertaken policy development activities related to CRNBC-certified practices and have worked with nurse leaders to support implementation of the Nurses (Registered) and Nurse Practitioners Regulation throughout the province. This work, as well as the recent release of the proposed Reserved Actions Regulation, has highlighted a number of issues and we wish to propose several changes to the Regulation.

Definitions

The definition of **compound** in the Nurses (Registered) and Nurse Practitioners Regulation is consistent with the definition of compound in the proposed Reserved Actions Regulation. However, we note that the definition provided by the Health Professions Council is "mixing ingredients, at least one of which is a drug." This latter definition is more accurate than the other definitions, which seem to exclude mixing more than one drug. Compounding, in fact, usually involves mixing more than one drug.

Recommendation: If the definition in the proposed Reserved Actions Regulation is revised to reflect the Health Professions Council's definition, amend the definition of compound in Section 1 of the Nurses (Registered) and Nurse Practitioners Regulation to state, "to mix ingredients, at least one of which is a drug."

It is not clear what drugs are included in the reserved action of **dispensing**. (Please refer to CRNBC's February 19, 2007 letter on the proposed Reserved Actions Regulation.) Once this has been clarified, CRNBC may have additional comments on the Nurses (Registered) and Nurse Practitioners Regulation in relation to dispensing. The definition of dispense in the Pharmacy Operations and Drug Scheduling Act (PODS) refers to *devices* as well as drugs. Registered nurses dispense devices for a variety of purposes (e.g., glucometers for clients' use in blood glucose monitoring as well as needles and syringes for their use in administering insulin). Nurse practitioners need authority to authorize devices to be dispensed.

Recommendations: Revise the definition of dispense in Section 1 to be consistent with the Pharmacy Operations and Drug Scheduling Act. Set out registered nurses'

and nurses practitioners' authority to dispense drugs and devices in the list of reserved actions in Section 8, Section 9 and Section 11.

There is also some confusion about the definition of **prescribe**. (CRNBC's concerns about this are outlined in the February letter on the proposed Reserved Actions Regulation.) In the Nurses (Registered) and Nurse Practitioners Regulation, prescribe means to authorize a pharmacist to dispense a specified drug in a specified amount for use by a named individual. As some registered nurses also dispense drugs and devices, and nurse practitioners order them to dispense, it would be clearer to have the definition in the Nurses (Registered) and Nurse Practitioners Regulation consistent with the definition in PODS.

Recommendation: Amend the definition of prescribe in Section 1 to be consistent with the Pharmacy Operations and Drug Scheduling Act, remove the reference to pharmacists in the definition, and include a reference to devices.

The Nurses (Registered) and Nurse Practitioners Regulation defines **health professional** as "(a) a person who is authorized under an enactment to practice dentistry, medicine, midwifery or podiatry in British Columbia; or (b) a nurse practitioner." Registered nurses require an order from one of these health professionals before carrying out Section 9 reserved actions. Registered nurses also carry out orders from health professionals registered in other Canadian jurisdictions (e.g., nurses working in the East Kootenays routinely carry out orders from Alberta physicians for the initial administration of Schedule 1 medications - such as pain medication - for clients returning to British Columbia following treatment in Alberta).

The Regulation defines **pharmacist** as having the same meaning as in Section 1 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act and will need to be changed to reflect the fact that pharmacists will soon be under the Health Professions Act.

Recommendation: Once pharmacists are governed under the Health Professions Act, amend the definition of pharmacist in Section 1 to "has the same meaning as in Section 25.8 of the Health Professions Act."

The Regulation defines **substance** as "includes air and water." Section 9 permits registered nurses to administer a substance other than a drug that is specified in a Schedule of the Drug Schedules Regulation B.C. Reg 9/98. This includes Schedule III drugs, which are not considered part of the reserved actions model. The proposed Reserved Actions Regulation defines substance as "includes air and water and excludes a drug." We suggest simplifying the Nurses (Registered) and Nurse Practitioners Regulation by defining substance as it appears in the proposed Reserved Actions Regulation.

Recommendation: Amend the definition of substance in Section 1 to read, "includes air and water and excludes a drug."

Section 8: Reserved Actions

The proposed Reserved Actions Regulation creates the reserved action of making a diagnosis, identifying as the cause of signs or symptoms of an individual, the effects of a disease, disorder or condition. CRNBC's letter of February 19, 2007 outlines our concerns about this reserved action. If government decides to keep this proposed reserved action, registered nurses will need authority for it under Section 8 as many conditions diagnosed by registered nurses result from the effects of a disease, disorder or condition.

We note that the proposed Reserved Actions Regulation retains the reserved action of dispensing enteral therapy. Registered nurses do provide enteral feeds to stable clients in community settings in the absence of a dietitian but have not been given authority to perform this reserved action. CRNBC is prepared to discuss an appropriate limit/condition on this Section 8 activity with the College of Dietitians of British Columbia and the College of Pharmacists of British Columbia.

Recommendation: In Section 8(1)(e)(ii), add "dispense" to "administer nutrition by instillation through an enteral method."

In working with registered nurses and nurse leaders throughout the province, we have identified a number of areas where we do not believe the regulatory control of certified practice is required. In these areas, we think an approach similar to the one used to enable registered nurses to administer epinephrine would be more appropriate.

Registered nurses in emergency units administer salbutamol (Ventolin), based on protocols, to known asthmatics to treat respiratory distress (i.e., they do not have an order). This activity has been included in protocols developed by the provincial emergency care task group. CRNBC is prepared to write a limit/condition requiring registered nurses administering salbutamol without an order to follow an evidence-based decision support tool (protocol).

Recommendation: In Section 8(1)(l), add "(iii) salbutamol, for the purpose of treating respiratory distress in known asthmatics."

Registered nurses administer naloxone (Narcan), based on protocols, in a variety of settings to treat suspected drug overdose. These are often community settings (e.g., safe injection sites, corrections facilities, the "street") where a physician is not readily available. It is important to act quickly in suspected drug overdose and administering naloxone in these situations can reverse the overdose and save the client's life. We are prepared to write a limit/condition requiring registered nurses administering naloxone without an order to follow an evidence-based decision support tool (protocol).

Recommendation: In Section 8(1)(l), add "(iv) naloxone, for the purpose of treating suspected drug overdose."

In addition, there is now consensus among key stakeholders such as "expert" provincial specialty organizations, other colleges, public health leaders and the Chief Nursing

Officers that the rigorous oversight provided through certified practice is not warranted for some of the certified practices that had been proposed and, further, that safe, competent nursing care could be assured through mechanisms such as CRNBC limits and conditions in addition to employer policies and other supports.

Communicable Diseases
Registered nurses currently administer both biological products such as vaccines and immunoglobulins (immunoprophylactic agents) and Schedule I medications such as anti-malarials and anti-virals (chemoprophylactic agents) to prevent and control the spread of communicable diseases using protocols established by the B.C. Centre for Disease Control (BCCDC). Examples of these activities include giving routine immunizations to children to prevent diseases such as measles, mumps and rubella; giving travel immunizations and Schedule I prophylactic medications to protect travelers against disease; providing biological products and Schedule I medications to contacts of a person with a communicable disease like meningitis to prevent the spread of that disease; and administering Mantoux tests to screen for tuberculosis. Registered nurses also compound and dispense these immunoprophylactic and chemoprophylactic agents. We are prepared to write a limit/condition requiring registered nurses who (without an order) administer, compound or dispense those immunoprophylactic agents and chemoprophylactic agents identified by BCCDC to demonstrate the competencies established by BCCDC by completing additional education and to follow decision support tools established by BCCDC. Additional education is defined as a course provided by the nurse's employer or a formal course or program of study.

Recommendation: In Section 8(1), add "(m) for the purpose of preventing disease, administer, compound and dispense immunoprophylactic agents and chemoprophylactic agents identified by the B.C. Centre for Disease Control and specified in Schedule I of the Drug Schedules Regulation, B.C. Reg. 9/98."

Emergency Cardiac Care
Registered nurses administer Schedule I drugs and perform defibrillation to manage specific cardiac conditions (such as cardiac arrest) before the physician arrives. The chief nursing officers are identifying an agency to take responsibility for developing, disseminating and updating provincial decision support tools to guide nurses who carry out such emergency cardiac care activities. We will notify you as soon as this agency is identified so that it can be referenced in the Regulation. The decision support tools would set out appropriate registered nurse activities and then outline the required competencies for performing the activities. CRNBC is prepared to establish appropriate limits/conditions on this practice (for example, requiring registered nurses to follow established decision support tools and complete additional education).

Recommendations: Revise Section 8(1)(j) to read, "apply electricity for the purpose of providing emergency cardiac care in the absence of a physician." In Section 8(1), add "(n) for the purpose providing emergency cardiac care, administer cardiac

drugs identified by the [designated provincial agency] and specified in Schedule I of the Drug Schedules Regulation, B.C. Reg. 9/98."

Reproductive Health
Many nurses working in community settings such as youth clinics and public health units provide emergency contraception to women and use decision support tools to guide this practice (i.e., they act without client-specific orders). Some emergency contraceptives are in Schedule 2 in the national drug schedules and we understand that there is discussion about moving Plan B (levonorgestrel) to Schedule 2 in British Columbia. We are prepared to develop a limit/condition requiring registered nurses who administer this emergency contraceptive without an order to follow evidence-based decision support tools and to complete additional education.

Recommendation: In Section 8(1)(l), add "(vi) levonorgestrel, for the purpose of emergency contraception."

Ordering X-rays
Registered nurses in emergency units order X-rays for the purpose of triaging possible fractures of the extremities (e.g., ankles) following established protocols. In these cases, a physician must review assessment information (including X-rays), complete further assessment if required (e.g., ordering additional tests and reviewing the test results), order any treatment that is needed, and discharge the client. CRNBC is prepared to write a limit/condition requiring registered nurses ordering X-rays of the extremities to follow established decision-support tools (protocols).

As part of communicable disease management, registered nurses also order X-rays for the purpose of tuberculosis screening based on protocols established by BCCDC. CRNBC would be prepared develop a limit/condition requiring registered nurses who order chest X-rays for this purpose to follow BCCDC's evidence-based decision support tools.

Recommendation: In Section 8, add (n) "order X-rays of the extremities, for the purpose of triage, and chest X-rays for the purpose of tuberculosis screening."

It has come to our attention that registered nurses are also ordering X-ray and ultrasound for other purposes. However, we do not have sufficient information about the circumstances under which this is occurring, so we will be researching this further and, if appropriate, will send a follow-up letter on the subject.

Managing Labour
CRNBC staff have consulted with the College of Physicians & Surgeons of British Columbia, the College of Midwives of British Columbia, expert nurses with the British Columbia Reproductive Care Program (BCRCP) and the Chief Nursing Officers regarding the management of labour. There is general agreement that it would be appropriate to move the management of normal labour in an institutional setting when the primary maternal care provider is absent or unavailable from Section 10 to Section 8.

CRNBC is prepared to write a limit/condition stipulating that registered nurses must demonstrate the competencies established by BCRCP by completing additional education and must follow the decision support tools established by BCRCP.

Recommendation: In Section 8, add (o) "manage normal labour in an institutional setting if the primary maternal care provider is absent or unavailable."

Section 9: Reserved Actions for Services under an Order

We suggest simplifying the reserved action of administering a substance by changing the definition of substance in the Nurses (Registered) and Nurse Practitioners Regulation to be consistent with the proposed Reserved Actions Regulation and removing the reference to drug schedules in Section 9(1)(b).

Recommendation: In Section 9(1)(b), delete "other than a drug that is specified in a Schedule of the Drug Schedules Regulation, B.C. Reg. 9/98."

We are pleased that the proposed Reserved Actions Regulation now makes clear which forms of energy are considered hazardous. CRNBC continues to learn about new applications of ultrasound, electricity and laser that registered nurses carry out on order from a physician. Furthermore, we anticipate that additional applications will continue to be found. Not only are registered nurses applying electricity with an order for a variety of purposes (e.g., adjusting devices that use electricity to stimulate the vagal nerve to treat seizure disorders), they also use portable ultrasound for imaging purposes on a physician's order (e.g., guiding the placement of peripherally inserted central catheters, assessing blood vessels in hemodialysis to determine the most appropriate location for vascular access). Although the Regulation does not authorize registered nurses to administer laser, we have learned that registered nurses use laser to destroy tissue under a physician's order (e.g., for hair removal in dermatology clinics). Key stakeholders such as the College of Physicians & Surgeons of British Columbia and the Chief Nursing Officers agree that, since these activities are all being done with an order from a health professional who is authorized and knowledgeable about the application, it is appropriate to authorize registered nurses to use these three types of hazardous energy in Section 9.

Recommendation: Change the wording in Section 9(1)(e) to "apply ultrasound, electricity, and laser."

We note that the proposed Reserved Actions Regulation has added the administration of a substance using a hyperbaric chamber. Registered nurses attend patients in these chambers and administer substances such as oxygen, heliox and nitrox under a physician's order.

Recommendation: In Section 9(1)(b), add "(vi) using a hyperbaric chamber."

Registered nurses dispense enteral feeds to clients in community settings in the absence of the dietitian or pharmacist. We are prepared to work with the College of Pharmacists

of B.C. and the College of Dietitians of B.C. to develop a limit/condition on this reserved action.

Recommendation: In Section 9(1)(g), add "dispense" to "design and compound a therapeutic diet if nutrition is administered through an enteral method."

The proposed Reserved Actions Regulation now makes it clearer what the reserved actions related to allergies are. Registered nurses have not been granted the reserved action of conducting desensitizing treatment for allergies except when the treatment involves injection, scratch tests or inhalation. Registered nurses, however, do conduct desensitizing treatments through other methods, on an order, if the client has had a previous anaphylactic reaction. We suggest revising the two reserved actions in Section 9 to be consistent with the proposed Reserved Actions Regulation.

Recommendations: Revise Section 9(1)(h) to read, "conduct allergy challenge testing for allergies (i) that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or (ii) by any method, if the individual being tested has had a previous anaphylactic reaction." Revise Section 9(1)(i) to read, "conduct desensitizing treatment for allergies, (i) that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or (ii) by any method, if the individual being tested has had a previous anaphylactic reaction.

We note that the proposed Reserved Actions Regulation does not identify cardiac stress testing as a reserved action and wonder if this is an oversight. The Nurses (Registered) and Nurse Practitioners Regulation lists this activity in Section 9(1)(j).

Recommendation: If cardiac stress testing is no longer considered a reserved action, delete Section 9(1)(j), "conduct a cardiac stress test for the purpose of diagnosis and treatment planning."

Section 10.1: Transitional (Certified Practices)

Section 10.1 outlines provisions for a transition period related to certified practices. Consultation with key stakeholders (such as representatives from First Nations and Inuit Health Branch, BCRCP and BCCDC as well as the Chief Nursing Officers) reveals that, despite the significant work that is underway to develop certified practice competencies, protocols and courses; develop course approval mechanisms and registration processes for practitioners; and certify existing practitioners, much remains to be done. We do not think the transition date set out in the Regulation will provide sufficient time and we request an additional year to complete this pioneering work. This timeframe is based on the understanding that government will make the changes outlined above, reducing the number of activities that require certification. We understand the Chief Nursing Officers will be proposing an alternative date in a letter to you. CRNBC staff will confirm the

length of the extension with the CRNBC Board and will notify you when the proposed extension has been ratified.

Recommendation: Revise Section 10.1(2) to reflect an extension of one year to the time frame currently specified.

If government agrees to move the management of normal labour to Section 8, this reserved action will need to be removed from Section 10.

Recommendation: Remove Section 10(1)(c) "manage normal labour in an institutional setting if the primary maternal care provider is absent or unavailable."

Section 11: Reserved Actions for Nurse Practitioners

Section 11 states that nurse practitioners can provide or perform activities in Section 9 and Section 10. Nurse practitioners also have authority to give orders to registered nurses. We assume that nurse practitioners can order registered nurses to do anything that is within their scope to provide or perform. Nurse practitioners do give orders to registered nurses related to electricity and ultrasound; however, ordering electricity and ultrasound is a separate reserved action, so we would appreciate clarification on this point.

Section 11(1)(a) prohibits nurse practitioners from prescribing Schedule IA drugs. In fact, nurse practitioners are prohibited through Federal legislation from prescribing all controlled drugs, not just those listed in Schedule IA. CRNBC has an obligation to ensure that nurse practitioners understand they can not prescribe any controlled drug. As you are aware, the federal government is moving toward a change in federal regulation that will allow nurse practitioners to prescribe controlled drugs. CRNBC has already developed consensus on controlled drugs that nurse practitioners have the competence to prescribe and this includes drugs in Schedule IA. To avoid another change in regulation, CRNBC suggests removing the prohibition from prescribing Schedule IA drugs in Section 11. The federal prohibition on controlled drugs will continue to limit nurse practitioner prescribing.

Nurse practitioners in other jurisdictions design therapeutic diets that are delivered through both enteral and parenteral means (TPN). For nurse practitioners to be able to carry out this activity and issue an order to a nutritionist or pharmacist to compound and dispense the diet, an addition to the reserved actions in Section 11 is required. CRNBC will establish appropriate standards, limits and conditions for this practice.

Recommendation: Add to Section 11(1) "(g) if nutrition is administered enterally or parenterally, to select ingredients for a therapeutic diet or to prescribe or give an order to compound or dispense a therapeutic diet."

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (BC)
Fax: 604.738.2272
www.crnbc.ca

April 24, 2007

Daryl Beckett
Director, Professional Regulation
Ministry of Health
Legislation & Professional Regulation
5-2. 1515 Blanshard St
Victoria BC V8W 3C8

Dear Mr. Beckett:

You asked me to provide more information related to our recent request for a change in the Regulation. As we held more discussions on the implications of certified practice it became clear that the regulatory mechanism of standards, limits and conditions was a more appropriate mechanism for activities that were a common nursing practice and did not involve the diagnosis or treatment of diseases or disorders. You are already aware of the discussions related to the management of labour so I will not repeat that information here. The other two areas that we originally proposed would require certification were communicable diseases and emergency cardiac care.

Communicable Diseases

The decision by government to move all routine immunizations to Schedule II of the drug schedules started the consultation to re-examine the proposed communicable disease category of certified practice. The College of Registered Nurses of British Columbia (CRNBC) staff completed a consultation with key stakeholders [e.g., public health nurse leaders, representatives from the BC Centre for Disease Control (BCCDC)] who all supported not including routine immunizations in certified practices. They indicated that setting standards limits and conditions was the appropriate approach. CRNBC then began reviewing the few remaining activities in the proposed communicable diseases certified practice category. Staff decided to propose to government that common registered nurse activities such as administering Mantoux tests and ordering X-rays for tuberculosis screening following a positive Mantoux test could be moved to Section 8 of the Nurses (Registered) and Nurse Practitioners Regulation. CRNBC also explored with staff at BCCDC the possibility of registered nurses independently administering or dispensing medications related to communicable disease outbreaks (e.g., injecting gamma globulin and giving prophylactic Schedule 1 medications). BCCDC supported this approach. Providing Schedule I travel immunizations and medications was the only remaining activity in the proposed communicable disease category of certified practice.

At a meeting on January 16, the chief nursing officers (CNOs) indicated that they did not support certification for travel immunizations only. CRNBC agreed that it would be reasonable to include travel immunizations in Schedule 8 with limits and conditions. The work is preventive in nature and the appropriate immunizations are all set out clearly in protocols. Following this meeting, staff were in touch with BCCDC to see if they would be willing to add Schedule I immunizations and medications for travel to the decision support tools they were developing. BCCDC agreed that creating a certified practice for travel immunizations when the appropriate action is set out in clear provincial protocols is not necessary. Staff also consulted with Perry Kendall, Provincial Medical Health Officer, who agreed with the standards, limits and conditions approach to regulating all these activities. A proposed change to the Regulation, along with a possible limit and condition, were arrived at in consultation with BCCDC. The proposed limit/condition would require registered nurses who (without an order) administer, compound or dispense those immunoprophylactic agents and chemoprophylactic agents identified by BCCDC to demonstrate the competencies established by BCCDC by completing additional education and to follow decision support tools established by BCCDC. Additional education is defined as a course provided by the nurse's employer or a formal course or program of study.

Emergency Cardiac Care

CRNBC had a number of discussions with the chief nursing officers and other stakeholders on this category of certified practice. The activities that currently require certification include applying electricity without an order and administering Schedule I drugs without an order. Thousands of registered nurses would need to be certified in emergency cardiac care, so other options to certification were explored (for example, the use of pre-printed orders for patients in intensive care). Further investigation by the chief nursing officers, however, indicated that the number of registered nurses who would need to be certified remained very high. CRNBC agreed with the chief nursing officers that these activities are common registered nurse practice and involve diagnosis of a condition and therefore staff were prepared to explore the possibility of moving these activities to Section 8 of the Regulation.

CRNBC then reviewed again the issue of independent management of cardiac emergencies. Registered nurses have been starting the cardiac emergency protocols in the absence of a physician for many years. Registered nurses who carry out this activity have additional education such as Advanced Cardiac Life Support (ACLS) certification. CRNBC is aware that activities related to cardiac emergencies are increasingly being considered within the scope of practice of nursing. For example, the College of Registered Nurses of Nova Scotia recently sent out a bulletin stating that defibrillation no longer requires delegation and is considered part of the shared scope of practice with physicians.

When CRNBC did its earlier consultation, registered nurses agreed that defibrillation and beginning Schedule I drugs for specific cardiac conditions was nursing practice. However, they also indicated that employers do not always update the protocols guiding this practice and that the protocols that are in place (e.g., ACLS) are developed for a full code when a team of providers, including both physicians and registered nurses, is present. Registered nurses believe that protocols designed for nurse-managed cardiac emergencies are required.

CRNBC met with the chief nursing officers on February 16 and indicated that CRNBC would support requesting government to move emergency cardiac care activities to Section 8 if the chief nursing officers could identify an agency to take responsibility for the development, dissemination and revision of standardized provincial protocols setting out appropriate registered nurse practice and the development of the required competencies that registered nurses must demonstrate. These emergency cardiac protocols would be designed to be used by one or two registered nurses until the physician arrives. CRNBC would then use the mechanism of standards, limits and conditions rather than certification to ensure safe and consistent practice.

In a recent meeting with representatives of the College of Physicians and Surgeons (CPSBC), CRNBC staff reviewed the additional proposed changes to the Regulation. CPSBC did not object to moving items that are common registered nurse (RN) practice (e.g., prophylaxis of communicable diseases and managing cardiac emergencies) from certified practices to Section 8 using standards, limits and conditions. However, they believe that CRNBC should determine the correct protocols to be followed by registered nurses and review these protocols regularly to ensure the protocols remain the most appropriate ones to direct practice. They do not agree that organizations such as British Columbia Reproductive Care (BCRCP) should be named in the Regulation. They believe it is important to be clear that the CRNBC Board is determining the appropriate protocols and is responsible for changing the source of the protocols if necessary. CPSBC recommends that the Regulation should refer to protocols acceptable to the CRNBC Board. CRNBC agrees that the approach proposed by the CPSBC is the best one to ensure clear responsibility and accountability.

In conclusion, activities such as prevention of communicable diseases, management of labour in the absence of the primary care provider and management of cardiac emergencies in the absence of an authorized health professional are commonly considered the practice of registered nurses in B.C. and other jurisdictions. The registered nurse in these situations is not diagnosing and treating a disease. CRNBC can oversee these common nursing activities through the use of standards, limits and conditions. This mechanism can be used to ensure there will be decision support tools that set out safe evidence-based practice for registered nurses and also to define the competencies required for registered nurses to safely carry out these activities. An expert agency identified by CRNBC with a mandate to set provincial standards will develop, disseminate

and update the decision support tools and set out the required competencies. Limits and conditions on activities that the government moves from Section 10 to Section 8 will be brought to the Board for review and approval.

Sincerely,

Jo Wearing

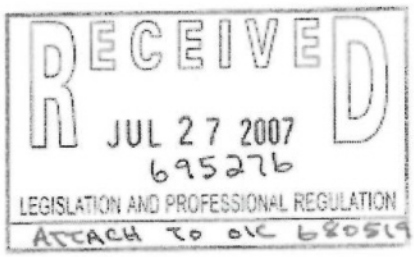
Jo Wearing, RN, MN
Director, Policy Department

cc: College of Physicians and Surgeons

Barker, Debbie HLTH:EX

From: Beckett, Daryl K HLTH:EX
Sent: Friday, July 27, 2007 3:04 PM
To: Barker, Debbie HLTH:EX
Subject: FW: Managing Labour

Attachments: Scan001.PDF



Scan001.PDF (613 KB)

pls print and cliff as OIC. Thx.

-----Original Message-----
From: Pat Sing Key [mailto:SING_KEY@crnbc.ca]
Sent: Friday, July 27, 2007 10:46 AM
To: Beckett, Daryl K HLTH:EX
Cc: dsawchuck@phsa.ca; Preston, Roanne; dcochrane@phsa.ca; XT:HLTH VanAndel, Morris; XT:HLTH registr@cmbc.bc.ca; XT:HLTH Stevenson, Lynn; XT:HLTH Hamilton, Sherry
Subject: Managing Labour

Daryl Beckett: Attached is a letter re Managing Labour sent on behalf of Jo Wearing, Director, Policy Department.

Thanks.

Pat Sing Key
Secretary, Policy Department
College of Registered Nurses of British Columbia
2855 Arbutus Street
Vancouver, BC V6J 3Y8
Tel: 604 736-7331, (ext 335) Fax: 604 738-2272 Toll-free: 1 800 565-6505

www.crnbc.ca
Protecting the public through the regulation of registered nurses.

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (BC)
Fax: 604.738.2272
www.crnbc.ca

July 27, 2007

Daryl Beckett
Director, Professional Regulation
Ministry of Health
5-2, 1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Daryl:

Re: Managing Labour

The College of Registered Nurses of British Columbia (CRNBC) notes that the Ministry of Health has posted a change to the Nurses (Registered) and Nurse Practitioners Regulation that moves the reserved action of managing normal labour from Section 10 to Section 8. As you know, CRNBC supports this change.

The proposed reserved action is:

> 8(1)(h.1) manage normal labour in an institutional setting if the primary care provider is absent or unavailable.

CRNBC intends to set a limit/condition on the reserved action requiring registered nurses to demonstrate the competencies established by the British Columbia Reproductive Care Program (BCRCP) by completing additional education and to follow the decision support tools developed by BCRCP.

BCRCP has been working with expert clinicians and educators to develop these competencies and decision support tools. BCRCP advised us that the word "normal" and the phrase "or unavailable" in the reserved action are creating confusion for registered nurses and other care providers.

Registered nurses who manage labour in the absence of the primary maternal care provider must be able to manage the labour independently and they must know when it is necessary to contact the primary care provider. The decision support tools will provide clear and sufficient direction for client assessment, nursing diagnosis and treatment; flag decision points where orders from the primary maternal care provider are required; and provide direction for practice until the primary maternal care provider can intervene. The competencies will also cover these areas.

CRNBC consulted with stakeholders, including representatives of the College of Physicians and Surgeons of British Columbia (CPSBC), the College of Midwives of British Columbia (CMBC) and the chief nursing officers as well as experts in clinical practice and patient safety. There was agreement that it is appropriate to remove the words "normal" and "or unavailable" from the reserved action. Additional, clarifying information can then be provided to nurses and others through supplementary documents (e.g., CRNBC's scope of practice standards document, BCRCP's competencies and decision support tools, and/or a joint statement by the colleges).

CRNBC therefore recommends removing "normal" and "or unavailable" from the reserved action, which would then read:

> **8(1)(h.1) manage labour in an institutional setting if the primary maternal care provider is absent.**

Another issue that was brought to our attention is the common use of Entonox to manage pain during labour. Use of this mixture of oxygen and nitrous oxide is initiated by the registered nurse who also teaches the labouring woman to self-administer the analgesic. When managing labour was included in Section 10 as a certified practice, this did not create any difficulty; however, Entonox is a medical gas (substance) that requires an order under the current Regulation. Stakeholders, including representatives from CPSBC, CMBC and the chief nursing officers as well as clinical experts, agree it is appropriate for registered nurses to independently administer Entonox for pain management in labour. CRNBC is prepared to establish a limit/condition on this activity requiring registered nurses to demonstrate the competencies and follow the decision support tools established by BCRCP. CRNBC recommends adding the administration of Entonox to Section 8(1)(e). The reserved action would then read:

> **8(1)(e) administer**
> **(i) oxygen or humidified air by inhalation, or**
> **(ii) a mixture of oxygen and nitrous oxide for the purpose of pain management in labour, or ....**

We note that government posted the proposed change related to management of labour as a "standalone" change to the Regulation. Although the development of BCRCP competencies and decision support tools is well underway, it will take additional time to complete. CRNBC therefore recommends having all changes to the Nurses (Registered) and Nurse Practitioners Regulation proceed at the same time.

Thank you for considering this request. If you require additional information, please contact Mary Shaw at 1-800-565-6505 ext. 318 or shaw@crnbc.ca or Jo Wearing at ext. 315 or wearing@crnbc.ca.

Sincerely,

Jo Wearing, RN, MN
Director, Policy

c.c. Dr. Diane Sawchuk, British Columbia Reproductive Care Program
Dr. Roanne Preston, British Columbia Reproductive Care Program
Dr. Doug Cochrane, Provincial Health Services Authority
Dr. Morris VanAndel, College of Physicians and Surgeons of British Columbia
Jane Kilthei, College of Midwives of British Columbia
Dr. Lynn Stevenson, Vancouver Island Health Authority
Sherry Hamilton, Provincial Health Services Authority

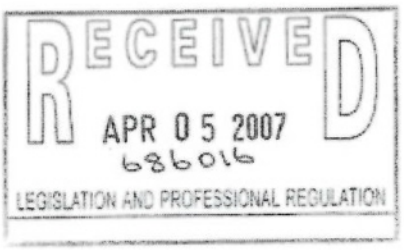
Barker, Debbie HLTH:EX

From: Beckett, Daryl K HLTH:EX
Sent: April 17, 2007 2:47 PM
To: Barker, Debbie HLTH:EX
Subject: FW: Bylaw change

Attachments: Schedule E (Revised) - Requirements for Certified Practice.doc; Schedule E bylaw change.doc


Schedule E Revised) - Require..


Schedule E bylaw change.doc (2...



-----Original Message-----
From: Beckett, Daryl K HLTH:EX
Sent: April 5, 2007 10:02 AM
To: Bouchard, Carola HLTH:EX
Subject: FW: Bylaw change

Pls print, cliff and set up as OIC.

-----Original Message-----
From: Laurel Brunke [mailto:BRUNKE@crnbc.ca]
Sent: Thu, April 5, 2007 9:37 AM
To: Beckett, Daryl K HLTH:EX
Cc: Pet Dias; Jo Wearing
Subject: Bylaw change

Hi Daryl - attached please find the documentation required for the proposed bylaw change to amend Schedule E. If you have any questions let me know. Thanks for your help.
<<Schedule E (Revised) - Requirements for Certified Practice.doc>> <<Schedule E bylaw change.doc>>

Laurel Brunke, RN, MSN
Executive Director
College of Registered Nurses of British Columbia
2855 Arbutus Street
Vancouver, BC V6J 3Y8

Tel: 604 736 7331 (ext 319) Fax 604 736 5154 Toll-free: 1 800 565-6505 (BC only)
www.crnbc.ca Protecting the public through the regulation of registered nurses

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (BC)
Fax:604.738.2272
www.crnbc.ca

April 5, 2007

Mr. Daryl Beckett
Director for Professional Regulation
Legislation and Professional Regulation Branch
Ministry of Health
5 – 2 1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Daryl,

Attached for deposit with the minister, please find a copy of a bylaw amendment approved by the Board of the College of Registered Nurses of British Columbia: Schedule E – Certified Practices.

The Board reviewed Bylaw changes for certified practices at its March 30, 2007 meeting. The Board approved Schedule E - Certified Practices of the Bylaws. The requirements for Schedule E are set out in Section 4.16 of the CRNBC Bylaws. Certified practices refer to activities that registered nurses cannot carry out until the registered nurses have been certified through successful completion of an educational program approved by CRNBC. The Bylaw sets out three categories of certified practices, the requirements for designation on the certified practice register and approved terms that can be used by those entered on a certified practice register. A copy of the resolution and schedule is attached.

If you have any questions regarding this, please contact myself or Jo Wearing, Director, Policy.

Sincerely,

M. Laurel Brunke, RN, MSN
Executive Director

RESOLUTION OF THE BOARD OF THE COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA MADE THE 30th DAY OF MARCH 2007, AT VANCOUVER, BRITISH COLUMBIA

RESOLVED THAT, in accordance with the authority established in section 19(1) (k.3) and (k.4) of the *Health Professions Act*, and subject to the approval of the Lieutenant Governor in Council, where required by the Health Professions Act, the Board amend the Bylaws of the College of Registered Nurses of British Columbia, as indicated in the Schedule attached to this resolution.

CERTIFIED A TRUE COPY

Laurel Brunke
Executive Director

SCHEDULE

The Bylaws made by the College of Registered Nurses of British Columbia under the authority of the *Health Professions Act* are amended

1. by repealing Schedule E and substituting the attached new Schedule E.

Schedule E

Certified Practice	Requirements	Authorized Terms
Remote Practice	**Initial Certification** - hold practicing registered nurse registration in good standing; and - graduation from a certified practice program/course approved by the Board; or - meet requirements set out in board policy. **Maintaining Certification** Registrants attest yearly that they: - continue to carry out certified practice activities; and - meet the continuing competence requirements set by the Board.	Registered Nurse Remote Practice Certified Registered Nurse (Certified) RN(C)
Reproductive Health	Same as above.	Registered Nurse Reproductive Health Certified Registered Nurse (Certified) RN(C)
RN First Call	Same as above.	Registered Nurse First Call Certified Registered Nurse (Certified) RN(C)

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (CANADA)
Fax: 604.738.2272
www.crnbc.ca

January 29, 2009

Daryl Beckett
Director, Professional Regulation
Ministry of Health Services
5th Floor, 1515 Blanshard St
Victoria BC V8W 3C8

Dear Daryl:

Re: Proposed Amendments to the Nurses (Registered) and Nurse Practitioners Regulation

We are pleased that government is proposing changes to the Nurses (Registered) and Nurse Practitioners Regulation that reflect suggestions CRNBC has put forward since the Regulation came into force in 2005. Further, we appreciate government's efforts to clarify and standardize regulations establishing scope of practice among professions. This has already had a positive impact on communication and collaborative initiatives among regulatory bodies.

CRNBC has reviewed the proposed amendments, discussed them with selected registrants and representatives of other regulatory bodies, and offer the following comments and suggestions.

Definitions
Compound: The Regulation authorizes registered nurses to compound some Schedule 1 medications under Section 6; however, this is not referenced in the definition of "compound."

Recommendation: Revise the definition of compound to state, "(a) in sections 6(1)(k), 6(l)(i) and 7(l)(f), to mix …."

Health Professional: The list of health professionals authorized to give orders to registered nurses will likely need to expand as the scope of practice of other professions is clarified. For example, we note that optometrists will be a prescribed health care profession but they have not been added to the list of those who can give an order to a registered nurse.

We wonder if the list of authorized health professions is required in the definition as Section 7 states that the health professional must be authorized to provide the service. Perhaps the wording could be changed in Section 7 to address issuing an order. For example, in Section 7(2)(b)(i) "... the health professional who gives the order is authorized under an enactment to provide the service without an order."

If the list is integral to the definition of health professional, it might be appropriate to adopt a model similar to the one used in the Pharmacy Operations and Drug Scheduling Act (i.e., naming only key professionals and providing a mechanism for adding others). Although the definition refers only to certain health professionals authorized under an enactment to practise in B.C., registered nurses also carry out orders from health professionals working in other Canadian jurisdictions. Additional information about this issue is included in CRNBC's letter of March 2007.

Substance: It would be helpful if "drug" could be defined separately from "substance." The definition of drug in the Pharmacy Operations and Drug Scheduling Act is broader than the definition of drug in the restricted activities list and this continues to cause confusion in practice.

We also note that the definition of substance in the restricted activities list is inconsistent with the definition in the Nurses (Registered) and Nurse Practitioners Regulation. One states, "includes air and water but excludes a drug" while the other states, "includes air and water but excludes a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation ...." In our view, the latter definition is clearer.

Section 6: Restricted Activities

We are pleased that registered nurses will be given greater authority to apply electricity in managing cardiac emergencies. CRNBC will work with the expert agency, Providence Healthcare, to establish appropriate limits and conditions on defibrillation.

The Regulation proposes giving registered nurses broad authority to order the application of ultrasound and X-ray in the course of assessment [6(j.1)(i) and (ii)]. CRNBC will work with registrants and other stakeholders to establish appropriate limits and conditions on these restricted activities.

It is now clearer that Schedule II drugs require a prescription and must be dispensed. Authorizing registered nurses to prescribe Schedule II drugs, subject to CRNBC standards, limits and conditions, will support more effective working relationships between registered nurses and pharmacists. We assume this will require registered nursing to be named as a prescribed health care profession for

the purpose of the definition of "practitioner" in Section 1 of the Pharmacy Operations and Drug Scheduling Act.

We appreciate the inclusion of compounding, dispensing and administering Schedule 1 drugs to deal with a variety of emergent situations. We note, however, the omission of Schedule 1 drugs to manage post-partum hemorrhage. This request was made in May 2008 and arose from the development of competencies and decision support tools related to the management of labour. The B.C. Perinatal Health Program recommends this addition, which also has the support of the College of Physicians and Surgeons and the College of Midwives. CRNBC will establish limits and conditions on this restricted activity.

Recommendation: Add to 6(1)(l)(iv)"(F) post-partum hemorrhage."

Several activities are related to the provision of enteral nutrition – selecting the ingredients, compounding and dispensing the therapeutic diet, and administering the diet through enteral instillation. Registered nurses only select the ingredients for the therapeutic diet with an order (as outlined in Section 7). Registered nurses have authority to independently instill and dispense enteral diets. We have learned that, in some cases, registered nurses are also compounding the diet. As is the case with dispensing, these are stable clients in community settings where the dietitian or pharmacist is no longer involved. The College of Dietitians of British Columbia supports the inclusion of dispensing and compounding enteral diets, subject to limits/conditions developed in consultation with other regulatory bodies.

Recommendation: Revise 6(1)(m) to state, "if nutrition is administered by enteral instillation, compound and dispense a therapeutic diet."

Section 7: Restricted Activities for Services Under an Order
We are pleased that application of ultrasound and electricity have been included in the list of restricted activities registered nurses can do under an order. Application of laser for the purpose of destroying tissue, however, has not been added. This restricted activity was requested by CRNBC in March 2007 as registered nurses are applying laser under an order (e.g., for hair removal in dermatology clinics). We note the addition of ordering laser in Section 9 and wonder, therefore, if the omission of application of laser from Section 7 was simply an oversight.

Recommendation: Add 7(1)(e.1) "apply laser for purpose of destroying tissue."

We were initially puzzled by the addition of prescribing Schedule I or IA drugs under an order but then realized this provides a mechanism to allow registered nurses in certified practice to prescribe Schedule I drugs. We support this

expansion for certified practice as it will permit pharmacists to be involved in the process, will support best practices, and may provide clients with enhanced choices.

In our discussions with stakeholders on the proposed amendment, however, we found there was universal confusion about what prescribing under an order meant. In addition, CRNBC would have to set a limit stating that registered nurses must not prescribe under an order. We therefore request that government consider deleting the reference to prescribing Schedule I or IA drugs in Section 7 and replace it with a reference to prescribing Schedule I drugs in Section 8.

Recommendation: In 7(1)(f), delete "(i) prescribe the drug" and in 8(1), add "(c) prescribe a drug specified in Schedule 1 of the Drug Schedules Regulation, B.C. Reg. 9/98."

If government includes compounding and dispensing therapeutic diets administered by enteral instillation, 7(1)(g) (ii) and (iii) then will repeat what is covered in Section 6. It may be appropriate to consider retaining only "selecting ingredients" in Section 7.

We note that cardiac stress testing has been deleted from the restricted activities that registered nurses can carry out with an order and recognize this may be because cardiac stress testing is no longer on the list of restricted activities. If cardiac stress testing is added to the restricted activities list, then registered nurses will need authority to carry out this activity with an order.

Section 8: Restricted activities for certified practices
As noted earlier, we suggest adding a reference to prescribing Schedule 1 drugs to the activities permitted in certified practice. This prescriptive authority is not currently an expectation of nurses carrying out certified practice roles and has implications for education, not only for existing practitioners but also for nurses moving into certified practice after the transition date. We would therefore like to discuss options for dealing with this change with you (for example, not bringing the provision into force until after the transition date for certified practice has passed).

Section 9: Restricted activities for nurse practitioners
Section 9(1)(a) continues to prohibit nurse practitioners from prescribing Schedule IA drugs, when in fact, nurse practitioners are prohibited through federal legislation from prescribing all controlled drugs. CRNBC has an obligation to ensure that nurse practitioners understand they cannot prescribe any controlled drug. The federal government is moving toward a change in regulation that will allow nurse practitioners to prescribe controlled drugs. CRNBC has developed consensus on controlled drugs that nurse practitioners have the

competence to prescribe and this includes drugs in Schedule IA. To avoid another change in the Nurses (Registered) and Nurse Practitioners Regulation, CRNBC suggests removing the prohibition from prescribing Schedule IA drugs in Section 9. The federal prohibition on controlled drugs will continue to limit nurse practitioner prescribing.

Recommendation: In 9(1)(a), delete "... except compound, dispense or administer a drug specified in Schedule IA of the Drug Schedules Regulation, B.C. Reg. 9/98."

As noted in our letter of March 2007, nurse practitioners in other jurisdictions select the ingredients for therapeutic diets that are administered by both enteral and parenteral instillation. Authority to select ingredients for a therapeutic diet administered by parenteral instillation is not listed in Section 7 and therefore needs to be added to Section 9. CRNBC will work with other regulatory bodies to develop limits and conditions on this restricted activity.

Recommendation: Add "If nutrition is administered by parenteral instillation, (i) select ingredients for a therapeutic diet."

If authority is given to registered nurses in Section 6 to order the application of ultrasound for diagnostic or imaging purposes, including application of ultrasound to a fetus, Section 9(1)(e)(i) becomes redundant and could be deleted.

If registered nurses are not given authority to apply laser under an order, then giving an order for laser is not required in Section 9 and should be deleted.

We are concerned about the change in language in 9(3), which implies that nurse practitioners may only carry out restricted activities on which CRNBC has established standards, limits and conditions. Where this terminology is used in the regulations of other health professions, it only applies to targeted activities, not to all the restricted activities of the profession. We hope government will revert to the language in the current Regulation (i.e., "... in accordance with all standards, limits and conditions ...").

Section 10: Transitional (certified practice)
Prescriptive authority is not currently an expectation of nurses carrying out certified practice roles. Neither current nor proposed education includes information about prescribing, so we would like to discuss the certified practice transition date with you.

We look forward to working with you to resolve these few outstanding concerns. Please contact either Christine Penney at 604.736.7331 ext 315 or e-mail penney@crnbc.ca or Mary Shaw, extension 318 or e-mail shaw@crnbc.ca.

Sincerely,

Laurel Brunke, RN, MSN
Registrar/CEO

cc: Heidi Oetter, Registrar, College of Physicians and Surgeons of British Columbia
Fern Hubbard, Registrar, College of Dietitians of British Columbia
Marshall Moleschi, Registrar, College of Pharmacists of British Columbia
Jane Kilthei, Registrar and Executive Director, College of Midwives of British Columbia
Barb Mildon, Chief Nurse Executive & Vice President, Professional Practice and Integration, Fraser Health Authority
David Byres, Chief of Professional Practice and Nursing, Providence Health Care
Amy McCutcheon, Executive Lead, Professional Practice and Chief Nursing Officer, Vancouver Coastal Health Authority
Lynn Stevenson, Chief of Professional Practice and Nursing, Vancouver Island Health Authority
Sherry Hamilton, Chief Nursing and Liaison Officer, Provincial Health Services Authority
Suzanne Johnson, Vice President, Academic Affairs and Chief Nursing Officer, Northern Health Authority
Tom Fulton, Leader, Professional Practice and Chief Nursing Officer, Interior Health Authority
Wendy Hill, Assistant Deput Minister and Chief Nurse Executive, Health Authorities Division, Ministry of Health Services
Gulrose Jiwani, Executive Director, Nursing Directorate, Ministry of Health Services
Karen Vida, Director, B.C. Perinatal Health Program

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6305 (CANADA)
Fax: 604.738.2272
www.crnbc.ca

March 13, 2009

Daryl Beckett
Director, Professional Regulation
Ministry of Health Services
5th Floor, 1515 Blanshard St
Victoria BC V8W 3C8

Dear Daryl:

Re: Additions to the Nurses (Registered) and Nurse Practitioners Regulation

Further to your discussions with College staff, we have reviewed proposed additions to the Nurses (Registered) and Nurse Practitioners Regulation with representatives of other health regulatory bodies and the health authority Chief Nursing Officers. Health regulatory representatives agree with the proposed additions and the Chief Nursing Officers have not expressed any concerns about them to us. We therefore recommend that the following additions be posted for consultation and appreciate that the posting period for consultation will be shortened.

Post-partum Hemorrhage
In the list of proposed amendments to the Regulation, government has included compounding, dispensing and administering Schedule 1 drugs to deal with a variety of emergent situations. Managing post-partum hemorrhage with Schedule 1 drugs, however, is not included. The British Columbia Perinatal Health Program recommends adding this restricted activity. CRNBC will establish limits and conditions on this restricted activity in consultation with key stakeholders.

Recommendation: Add to 6(1)(l)(iv) "(F) post-partum hemorrhage."

Therapeutic Diets
Several activities are related to the provision of nutrition – selecting the ingredients, compounding and dispensing the therapeutic diet, and administering the diet through enteral or parenteral instillation.

Registered nurses have authority to independently instil and dispense enteral diets. We have learned that, in some cases, registered nurses are also compounding the diet. As is the case with dispensing, these are stable clients in

community settings where the dietitian or pharmacist is no longer involved. CRNBC is prepared to work with other regulatory bodies to establish appropriate limits and conditions on compounding enteral diets.

Recommendation: Add compounding to 6(1)(m), which then states, "if nutrition is administered by enteral instillation, compound and dispense a therapeutic diet."

If compounding and dispensing therapeutic diets administered by enteral instillation is included in Section 6, then 7(1)(g)(ii) and (iii) will repeat what is covered in Section 6 and can be deleted. "Selecting ingredients" is the term now being used for "designing" diets. Section 7(1)(g)(i) gives authority to registered nurses to select ingredients with an order; however, registered nurses do not have the knowledge to design therapeutic enteral diets and an order would have to specify ingredients for the registered nurse to compound and administer or dispense.

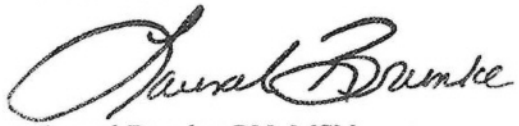
Recommendation: Delete 7(1)(g)(i), (ii) and (iii).

Nurse practitioners in other jurisdictions select ingredients for therapeutic diets that are administered through both enteral and parenteral instillation. Selecting ingredients for these diets will not be listed in Section 7 and will therefore need to be added to Section 9 to allow nurse practitioners to carry out the activity and issue an order to compound and dispense the diet. CRNBC is prepared to work with other regulatory bodies to develop appropriate limits and conditions on this restricted activity.

Recommendation: Add to Section 9, "If nutrition is administered by enteral or parenteral instillation, select ingredients for a therapeutic diet."

If you require any additional information, please contact either Christine Penney at 604.736.7331 ext 315 or e-mail penney@crnbc.ca or Mary Shaw, extension 318 or e-mail shaw@crnbc.ca.

Sincerely,



Laurel Brunke, RN, MSN
Registrar/Chief Executive Officer

cc: Heidi Oetter, Registrar, College of Physicians and Surgeons of British Columbia
Fern Hubbard, Registrar, College of Dietitians of British Columbia
Marshall Moleschi, Registrar, College of Pharmacists of British Columbia
Jane Kilthei, Registrar and Executive Director, College of Midwives of British Columbia
Sherry Hamilton, Chief Nursing and Liaison Officer, Provincial Health Services Authority
Barb Mildon, Chief Nurse Executive & Vice President, Professional Practice and Integration, Fraser Health Authority
Lynn Stevenson, Chief of Professional Practice and Nursing, Vancouver Island Health Authority
Tom Fulton, Leader, Professional Practice and Chief Nursing Officer, Interior Health Authority
Suzanne Johnson, Vice President, Academic Affairs and Chief Nursing Officer, Northern Health Authority
Amy McCutcheon, Executive Lead, Professional Practice and Chief Nursing Officer, Vancouver Coastal Health Authority
David Byres, Chief of Professional Practice and Nursing, Providence Health Care

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

2855 Arbutus Street
Vancouver, BC
Canada V6J 3Y8

Tel: 604.736.7331
1.800.565.6505 (CANADA)
Fax: 604.738.2272
www.crnbc.ca

September 25, 2009

Daryl Beckett
Director, Professional Regulation
Ministry of Health Services
5th Floor, 1515 Blanshard St
Victoria, BC V8W 3C8

Dear Daryl:

Re: Proposed Amendment to the Nurses (Registered) and Nurse Practitioners Regulation

The amendment to the Regulation being proposed by government will give registered nurses authority under Section 6 to administer and dispense antivirals to treat influenza or suspected influenza. We understand that this change is being made to address concerns related to the H1N1 pandemic, particularly in remote aboriginal communities.

CRNBC recognizes that registered nurses have an important role to play in preventing and managing influenza. However, we have some concerns with the broad authority proposed through this amendment.

The change authorizes registered nurses to give antivirals to treat disease, but does not authorize them to diagnose the disease. Conceptually, diagnosing disease has been one of the key distinctions between registered nurse practice and nurse practitioner or certified nurse practice. This change makes the distinction less clear.

Diagnosing disease is not included in registered nurse education and we are concerned that registered nurses will not be able to meet the College's Standards of Practice if they administer or dispense antivirals without doing an assessment and making a diagnosis. These Standards set out requirements for registrants' practice and are used in considering the professional conduct of registrants.

The Regulation currently permits registered nurses to administer and dispense chemoprophylactic agents to prevent disease. Registered nurses are expected to follow decision support tools established by the B.C. Centre for Disease Control (BCCDC) in order to do this. Current BCCDC decision support tools, however, require registered nurses to have an order before administering or dispensing antivirals prophylactically.

CRNBC has started development of a decision support tool for nurses in Remote Certified Practice, under which diagnosing disease and treatment with Schedule 1 drugs (such as antivirals) is already permitted. To the best of our knowledge, these registered nurses are the ones who will need to administer and dispense antivirals to treat H1N1 influenza. However, the Regulation does not limit authority for this proposed restricted activity to these registrants.

Our understanding is that antivirals will be supplied to pharmacies and dispensaries (e.g., in Remote Practice), not to public health units. Pharmacists need a prescription to dispense Schedule 1 drugs and registered nurses do not prescribe. Registered nurses cannot administer or dispense drugs that are not stocked by their employer.

We are concerned that there are a number of issues that need to be addressed and CRNBC has not had time to research the issues or complete a consultation with stakeholders. We recognize the urgency of this matter. However, we are concerned that implementing the proposed changes without consideration of these concerns could have a negative impact on public safety. We will work with the Provincial Health Officer (PHO), representatives from the B.C. Centre for Disease Control and expert nurses to develop appropriate limits and conditions on the proposed new Section 6 restricted activity. However, in light of the aforementioned concerns, we suggest that this authority should be restricted in the Regulation. Suggestions include adding a statement regarding the context in which the restricted activity may be carried out (e.g., "treating influenza or presumed influenza in the context of a pandemic") or ending the authority at a date to be determined in consultation with the PHO or after full implementation of CRNBC-certified practice.

We would appreciate the opportunity to discuss this with you and determine the most appropriate way to move forward. Please contact Christine Penney, Director, Policy and Quality Assurance at 1.800.565.6505 ext. 315 or penney@crnbc.ca or Mary Shaw, Nursing Policy Consultant at ext. 318 or shaw@crnbc.ca

Sincerely,

Laurel Brunke, RN, MSN
Registrar/Chief Executive Officer

cc: Dr. Perry Kendall, Provincial Health Officer
Craig Knight, ADM, Corporate Policy, Legislation
Brenda Canitz, Chief Nurse Executive