

We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

Scope of Practice Decision-Making

For

BSN Students:

STANDARDS, LIMITS, CONDITIONS

Or

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

Parts 1 and 2

Earlier versions of this document have been designed in partnership with Camosun College, Island Health Student Practice Representation, and University of Victoria School of Nursing. Original versions of Part 1 are drawn from University of British Columbia Okanagan document titled “Scope of Practice: Psychomotor Skills for BSN Students” (2015). Nov 2018 version updated by UVic Practice Education and Sessional Coordinator, and Island-wide partners in education and health care (Camosun College, Island Health, North Island College, Vancouver Island College). Nov 2019 version updated by Practice Education Coordinator and Faculty for Island-wide partners in education and health care delivery. Subsequent versions updated to align with reference documents.

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PART 1

A. PURPOSE of DOCUMENT

The purpose of this document entitled “Scope of Practice Decision-Making for BSN Students: Standards, Limits, Conditions Part 1” is to provide introductory direction for students, faculty, and practice agency Registered Nurse (RN) partners of the UVIC BSN Program in interpreting and understanding professional standards, limits, and conditions in the context of BSN education. This document is modeled on the British Columbia College of Nurses and Midwives (BCCNM) *Scope of Practice for Registered Nurses: Standards, Limits, Conditions* (BCCNM, 2021c) that details the legislated scope of practice of the RN in British Columbia.

Note that BCCNM maintains an ongoing process of creating and updating resources.

Following Part 1 of this document is “Part 2: The Workbook,” which provides opportunities to work through seven different scenarios that require a Scope of Practice decision. Parts 1 and 2 are meant to support, not substitute for, student and faculty interpretation of BCCNM and various health authority and other health agency documents. Students, faculty, and practice agency RN partners must refer to all BCCNM standards of practice specified in the *Professional Standards* (BCCNM, 2020a), *Practice Standards* (various), and *BCCNM Scope of Practice for Registered Nurses* (BCCNM, 2021c) documents.

B. SCOPE of PRACTICE of REGISTERED NURSES

As detailed in the BCCNM (2021c) *Scope of Practice for Registered Nurses*, the scope of registered nursing practice in British Columbia specifies:

- 1) General Practice: Activities that are **Restricted** and Activities that are **Not Restricted**
 - Not Restricted Activities (e.g., assisting a client with activities of daily living, collaborating with the team, pronouncing death except in situations of MAiD).
 - Restricted activities that do not require an order (e.g., making a nursing diagnosis identifying a condition, performing some wound care, performing urinary catheterization in some instances, establishing and maintaining IV access to manage hypovolemia, managing labour, prescribing some medications, administering immunization in a Public Health Setting). *Limits* and *Conditions* are set.
 - Restricted activities that require an order (e.g., procedures below body surfaces such as administering substances by injection).
- 2) BCCNM Certified Practice
 - Nurses require BCCNM certification to carry out these activities (e.g., Remote Nursing Practice, Reproductive Health, RN First Call activities). Decision support tools are maintained by Nurses and Nurse Practitioners of British Columbia (NNPBC) at <https://www.nnpbc.com/>
- 3) Nurse Practitioner Practice

The **autonomous scope of practice** of an RN includes Not Restricted Activities (e.g., assisting a client with activities of daily living, providing some disease prevention and health promotion services, teaching, collaborating with the team, pronouncing death, mentoring and precepting, using isolation techniques)

and Restricted Activities Without a Client-Specific Order (e.g., making a nursing diagnosis identifying a condition, establishing and maintaining IV access to manage hypovolemia). There are Limits and Conditions set on two Not Restricted Activities: cardiac stress testing and financial incapability and incapability for care facility assessments.

In addition to Generalist Practice, BCCNM also specifies BCCNM Certified Practice and Out of Scope activities for Registered Nurses. Categories of Certified Practice include Remote Nursing Practice, Reproductive Health, and RN First Call. Registered Nurses are encouraged to meet high standards of practice in all activities within their scope.

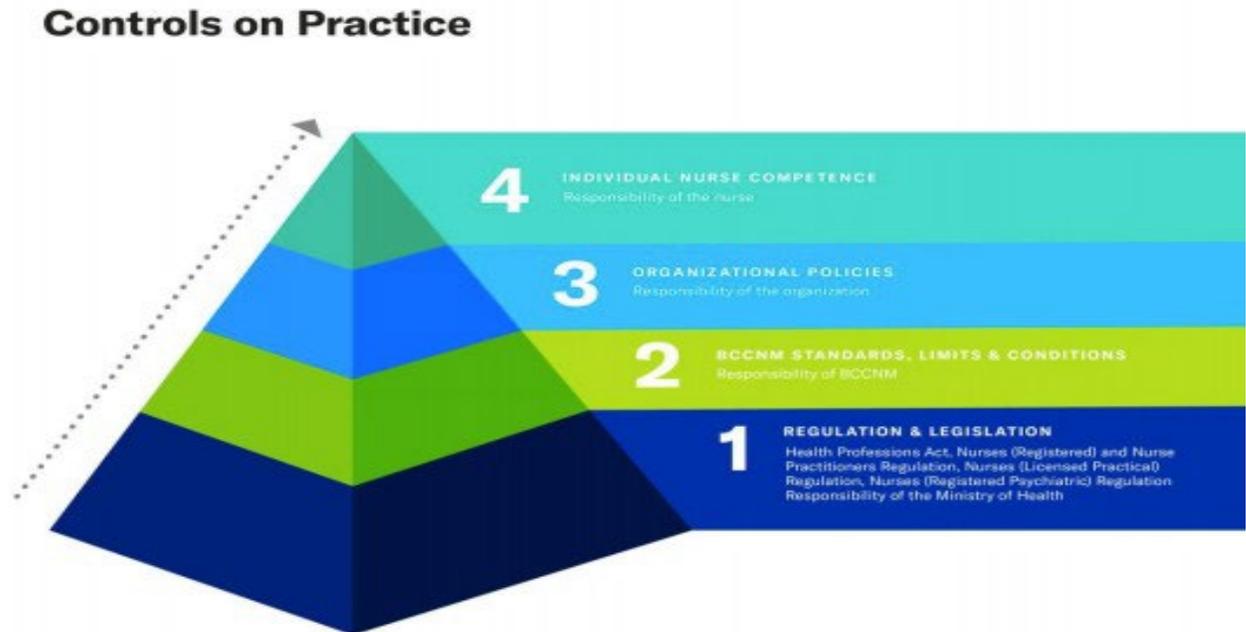
Many of the activities described within the legislated scope of practice of Registered Nurses are subject to specific limits and conditions. Scope of practice, standards, limits, and conditions in the context of BSN education are discussed using the BCCNM “Controls on Practice” diagram below. Practice activities undertaken within the course of BSN education are dependent on the education and learning experience the student has had to date.

Note the Restricted Activities Outside RN Scope of Practice are those activities delegated by registrants of other health profession colleges. A master list of restricted activities has not been finalized. Principles for delegation are found in the BCCNM (2021c) *Scope of Practice for Registered Nurses* on p. 62.

C. CONTROLS on NURSING and BSN STUDENT PRACTICE

BCCNM (2021c) describes four levels of control on registered nurses’ practice, as diagramed in the “Controls on Practice” model. To be used by both Registered Nurses and BSN students, this framework supports decision-making regarding the completion of nursing activities. All factors explicated in the diagram, must be addressed **before performing any activities**. At **level 3**, BSN students adhere to both practice site and educational agency policies, guidelines, and procedures. BSN students, like RNs, must recognize their individual limitations, act responsibly within those limits, and ensure their personal continuing competency and learning. Figure 1 illustrates the four levels of control on nursing practice set forth by BCCNM (2021c, p. 7).

Figure 1. Controls on Practice



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

1. GOVERNMENT REGULATION:

In all contexts, government regulations must be adhered. This includes, but is not limited to, the *Health Professions Act* and *FIOPPA Acts*, as well as other relevant legislation (see BCCNM materials: *Legislation Relevant to Nurses' Practice, Jurisprudence Module*). All RNs and BSN students should be familiar with relevant legislation and documents. Next, the standards, limits and conditions on practice are interpreted in the context of nursing education.

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

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

Standards: BCCNM (2020a) defines a standard as “an expected and achievable level of performance against which actual performance can be compared. It is a minimal level of acceptable performance” (p. 78). In preparation for meeting BCCNM standards all BSN students are expected to practice in accordance with *BCCNM Professional Standards (2020a)* and Canadian Association (CNA) *Code of Ethics (2017)*.

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

Conditions: Conditions describe the specific circumstances in which BSN students may perform particular activities. For example, one condition is that when in practice, BSN students must always be provided regulatory supervision by a qualified individual (see *Regulatory Supervision of Students*) (BCCNM, 2020e). Another example refers to the use of the RN title:

Example 1: TITLES

In accordance with BCCNP Practice Standard Use of Title (BCCNM, 2020f) the title of Registered Nurse or RN is a protected title not used by BSN students, by employed student nurses, or by graduate nurses with provisional registration.

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

- ▶ BSN student

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

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

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

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

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

3. ORGANIZATIONAL/EMPLOYER POLICIES IN THE CONTEXT OF BSN EDUCATION:

At this level, the BSN student scope of practice is controlled by practice and educational agency (practice placement) policies and procedures.

a. University of Victoria BSN PROGRAM-SPECIFIC POLICIES:

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

b. PRACTICE PLACEMENT POLICIES:

In the context of BSN education, the policies and procedures of practice partners must be adhered. While most student-practice placements are situated with the Island Health Authority, some placements occur in other sites. Students and faculty must be familiar with the policies and procedures in the health region/agency within which they are practicing. One such example specific to Transfusion Processes can be found in Island Health policies and procedures Transfusions page. See Example 2. Moreover, agencies such as Island Health house **decision support tools** relevant to the performance of specific activities on their intranet sites.

Example 2 (Restricted Activity with a Client-Specific Order): **BLOOD PRODUCT ADMINISTRATION:**

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

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

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

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

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

Example 3: **MEDICATION ADMINISTRATION:**

Another example of employer specific policy & procedure is seen in the identification of high alert medications. Island Health outlines all High Alert Medications in a current chart, located on the Pharmacy Web page, under Medications policy and procedures. Refer to the most recent version to ascertain if a medication is determined to have a “high alert” status. Search for a document titled “Appendix 1: High Alert Medications Storage, Labelling, Dispensing & Administration Requirements” updated July 2020.

c. RECENT POLICY/PROCEDURE CHANGES AT ISLAND HEALTH (or other Health Authorities)

It is important to keep up to date on policy and procedure refinements and interpretations of such documents within the health care agency. For example, recent refinements to Island Health Professional Practice interpretation of their policy on Independent Double Check procedures is that two *licensed* Health Professionals engage in an independent double check.

Island Health “Rules Governing Administration of Medication D. 22” (2014) specifies:

“An independent double-check and signature/initial by a licensed Health Care Professional (HCP) of certain high alert medications as outlined in Appendix I shall be performed prior to administration. Exceptions shall only be provided in emergency situations or where there are no other HCPs to perform the double-check.”

A student may still participate in an independent double check, but does so with a licensed Health Professional who completes an independent double check and initials the double check.

Released in 2017, the Island Health procedure *Narcotics, Controlled Drugs, and Substances Procedure 27.1 P* specifies the actions involved related to access to opioids and administration of opioids have been revised. Section 2.4 of the 27.1 P states:

“2.4 Nursing students, nursing faculty and ESNs (Employed Student Nurses) do not have independent access to remove narcotics and controlled drugs from either narcotic cupboards/lockboxes or Automated Dispensing Cabinets.

2.4.1 The Island Health nurse who is providing regulatory supervision must remove the narcotics and

controlled drugs.

2.4.2 *The Island Health nurse may provide the student/ESN with the narcotics and controlled drugs but must witness the preparation and administration of the narcotics (new action) and co-sign the administration record and the Narcotic Control Record book with the student.”*

4. BSN STUDENT INDIVIDUAL COMPETENCIES:

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

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

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

D. REGULATORY SUPERVISION

What constitutes regulatory supervision and who does it are two questions frequently posed in the practice setting. BCCNM has a practice standard describing what this entails. In the Practice Standard for *Regulatory Supervision of Students*, BCCNM (2020e) specifies that it must be a BCCNM registrant (i.e., Registered Nurse, Nurse Practitioner, or Licensed Graduate Nurse) who is ultimately responsible for supervising all activities of BSN students that may affect clients.

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

This regulatory supervision involves

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

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

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

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

E. CONCLUSION

BSN students work toward undertaking the full scope of RN practice. As with RN practice, BSN student practice requires the use of decision-making processes to determine activities that may be carried out. Nested within the four levels of controls set forth by government regulation, BCCNM and employer policies and procedures, student scope of practice also features a spectrum of competence, based on the student's education and unique experiences to date. The extent of student practice cannot be defined by a list of skills or tasks. Student practice is dependent on factors that must be determined prior to attempting to perform an activity that falls within the scope of RN practice. There are a few parameters of what a student may NOT do. It is clear, for example, that a BSN student cannot do anything that is outside the scope of Registered Nurse practice. But as for what they may do?? As this document outlines.... It depends....

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

PART 2: The Workbook

Purpose of Document

Part 2 is designed to provide BSN students and course educators an opportunity to work through clinical scenarios that require a Scope of Practice decision based on the levels of control outlined in the *Scope of Practice for BSN Students Part 1*.

Work through the following examples using the levels of control for BSN students to guide your responses.

To help provide guidance to students and educators regarding skills and activities that are within the BSN scope of practice, refer to the following Appendices:

- Appendix A: Skills/activities with limits and conditions in the BSN student scope of practice
- Appendix B: High alert and restricted medications
- Appendix C: Independent double check procedure for medication administration

Example 1:

A BSN student is caring for a patient who requires basic care of a malignant wound. The student has studied the relevant theory, has demonstrated they have the necessary motor skill, has been directly supervised by the course educator previously, and assessed to be competent in stable situations. Can the student change this patient's dressing?

Answer. Yes:

1. *The Health Professions Act or other legislation (see Legislation Relevant to Nurses' Practice, BCCNM, 2021b) does not preclude performance of this activity by BSN students of an accredited program of study.*
2. *BSN students work within BCCNM standards, limits, and conditions. Wound care is a restricted activity that does not require an order (see Scope for Practice for Registered Nurses, BCCNM, 2021c). No additional education is required for completing this particular wound care.*
3. *The student reviews the relevant site of practice agency resources and policies (e.g., [Island Health Intranet](#)) and demonstrates familiarity with Malignant Wound Decision Tree. There are no SON and unit guidelines or policies that preclude performance of this activity by BSN students.*
4. *Completing wound care, including an assessment of the wound, is within the scope of practice for this Individual student. The student can perform this activity with the consent of the patient and upon determining the situation is stable.*

Example 2:

A BSN student is caring for a patient who needs to be transferred with a ceiling lift system. The student has been educated to use a variety of lifts, but is not familiar with the type of ceiling track system used in this facility. Can the student independently transfer this patient?

Answer. No:

1. *Although this activity is within the scope of an RN's practice, follows employer and educational institutional policies, and the student has been taught to use another type of lift in a previous practice course, the student has judged themselves as not competent with this particular system. The student must arrange for direct supervision or to observe and assist a competent practitioner in this activity.*

Example 3:

A BSN student is completing a 1st-year practice experience in a Residential Care setting. A Registered Nurse offers to coach the student through the procedure of re-starting intravenous access for a client, whose previous intravenous infusion became interstitial. May the student perform this skill?

Answer. No:

1. *The Health Professions Act or other legislation (see Legislation Relevant to Nurses' Practice, BCCNM, 2021b) does not preclude performance of this activity by BSN students of an accredited program of study.*
2. *BSN students work within BCCNM standards, limits, and conditions. Establishing and maintaining IV access is a restricted activity that does not require an order (see Scope for Practice for Registered Nurses, BCCNM, 2021c).*
3. *The BSN student is working within Island Health, which specifies that RNs must be certified and maintain certification ([Intravenous \(IV\) Therapy](#)) in order to initiate peripheral IVs. The certification materials do not reference BSN students, thus they apply to BSN students as long as there are no contravening policies within the educational institution.*
4. *Students study relevant theory, have the opportunity to practice this skill in the nursing lab, and may receive approval to complete certification requirements in third year of the BSN program. At 1st-year the student does not have the necessary knowledge or skill level to perform this activity.*

Example 4:

A BSN student is spending the day in the operating room as an 'off-unit' experience. The anaesthesiologist offers to allow the nursing student insert an Endotracheal Tube (ETT) into the patient and states that he will coach the student through the procedure. Can the student perform this activity?

Answer. No:

1. *The Health Professions Act interpreted in the BCCNM Scope of Practice for Registered Nurses (2021c) sets a limit that endotracheal intubation is not within the scope of practice of registered nurses. Therefore, a BSN student would **never** perform this activity.*

Example 5:

A BSN student in their final Nursing Practice course in Island Health is preparing for meeting *Entry-level Competencies for Registered Nurses* (BCCNM, 2021a). The BSN student wonders aloud with their RN preceptor if the RN may delegate to an LPN the ordered insertion of a foley catheter in one of the RNs assigned clients. The RN explains:

Tricky Question:

1. *This is not a situation of delegation, as defined within the Health Professions Act and BCCNM. Within the Health Professions Act, LPNs are self-regulating professionals. LPNs have Controls on Practice similar to those of RNs, i.e., Government, College, Employer, Individual LPN. Delegation by "regulated care providers occurs when an activity is within the scope of the delegating profession and outside the scope of the other profession" (Delegating Tasks to Unregulated Care Providers, BCCNM, 2020e)*
2. *Foley catheter insertion is within the scope of LPN practice.*
3. *The 2021c BCCNM Scope of Practice document specifically addresses the notion of delegation and reinforces that it is done on an exceptional and rare basis. Until forthcoming "legislative amendments are implemented and BCCNM has established bylaws on delegation, BCCNM board-approved Standards provide direction for delegation" (BCCNM, 2021c, p. 57). RN's delegate, and RN/BSN students learn how to delegate, tasks to unregulated care providers.*

4. *Island Health Interprofessional Practice & Clinical Standard Guideline titled “Guideline for Use of Urinary Catheters” (ensure most up-to-date document is accessed), related procedures, and other practice support documents (e.g., [Core Skills: Acute Care](#)) indicate LPNs are generally qualified for insertion and removal of urinary catheters, and care of persons with and post removal of urinary catheters.*
5. *The LPN determines their personal competence to perform the activity, and collaborates with the RN as necessary. The RN is responsible for providing support to the LPN.*

Answer: Delegation is neither required nor appropriate. This is an act of coordination of care or collaboration, not one of delegation.

Example 6:

A BSN student is caring for a 2-year-old child on the pediatric ward of Victoria General Hospital who needs an immunization. There is a physician’s order for the immunization, and the RN is competent to supervise the student. Can the student perform this activity?

Perhaps...

1. *The Health Professions Act or other legislation (see Legislation Relevant to Nurses’ Practice, BCCNM, 2021b) does not preclude performance of this activity by BSN students of an accredited program of study.*
2. *BSN students work within BCCNM standards, limits, and conditions. Establishing and maintaining IV access is a restricted activity that does not require an order (see Scope for Practice for Registered Nurses, BCCNM, 2021c).*
3. *The student reviews the relevant site of practice agency resources and policies (e.g., [Island Health Intranet](#)). There are no SON and placement guidelines or policies that preclude performance of this activity by BSN students. UVic BSN Scope of Practice permits a student to administer immunizations with supervision by a qualified, BCCNM-registered RN. Supervision is required to provide immunizations to children and adults.*
4. *The student has studied relevant theory and has the necessary knowledge (e.g., including but not limited to completion of BC CDC modules) and skills (e.g., gained through simulation).*

Answer: Yes. If the student has the requisite knowledge and skill, they may perform this activity with RN supervision.

What if the BSN student is in a Public Health setting? Although a client-specific order does not exist, the student may perform this activity, if they have the requisite knowledge and skill to perform immunizations, and are directly supervised by a qualified Public Health RN.

In the Public Health context students:

- Are prepared to describe elements of preparing and delivering a PH nurse-led child health clinic.*
- Actively observe at least three child health clinics, prior to conducting immunizations, with a focus on assessing, teaching, gaining consent, safely administering vaccines, and documenting in the PH context.*
- Complete the Immunization PH Nurse Learning Pathway, including but not limited to the BC Centre for Disease Control (BCCDC) Immunization Competency Modules and Basic Competency exam (Accessed via PHSA’s Learning Hub).*
- Advance gradually in taking the lead to obtain informed consent and conduct childhood assessments before administering the immunizations.*
- Follow all BCCDC Decision Support Tools and relevant agency guidelines.*

Congratulations! You have worked through 6 scenarios in relation to the Scope of Practice activities of the BSN. These comprise some common situation types that you will encounter in your practice.

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Appendix A: Activities with Limits and Conditions in the BSN Student Scope of Practice

Refer to the full *BCCNM Scope of Practice for Registered Nurses* statement for more information for BSN activities in practice in relation to the RN scope of practice, including the standards, limits and conditions placed on practice, and the requirement for regulatory supervision.

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

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

Category B: Restrictions to student activity

- Taking a prescriber's order via phone before fourth year. Fourth-year BSN students may take prescriber's order via phone, with RN validation.
- Acting as first or second witness for completing a narcotic and controlled drugs count (federal limitation).

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

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

PERINATAL/NEONATAL SPECIALTY SETTING:

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

COMMUNITY PRACTICE SETTINGS:

- ▶ IMMUNIZATION FOR ADULTS AND CHILDREN OVER THE AGE OF 2 months without a client-specific order
 - Must meet the criteria set forth in the *BSN Scope of Practice Decision Making Part 2: Workbook*
 - Must be in 3rd or 4th year practicum, within context of a Public Health setting and direct supervision of a Public Health Nurse
- ▶ Students must complete the relevant agency education requirements prior to performing the following activities under direct supervision:
 - ANKLE-BRACHIAL INDEX (ABI) MEASUREMENT
 - CENTRAL VENOUS ACCESS DEVICE (CVAD) CARE AND MAINTENANCE
 - OPERATION OF INFUSION PUMPS
 - PERIPHERAL VENOUS ACCESS DEVICE (PVAD) INITIATION
 - SUBCUTANEOUS LIDOCAINE INFUSION FOR THE PURPOSE OF CHRONIC PAIN MANAGEMENT
 - VACUUM ASSISTED CLOSURE (VAC) THERAPY
 - WOUND COMPRESSION THERAPY

*Check relevant agency policies, to ensure education requirements are met for these **and other activities**.*

Appendix B: High Alert and Restricted Medications

The following lists describe medications that have a high risk for patient harm when administered in error and/or medications that are commonly administered in error. The lists are consistent with health authority policies, the University of Victoria School of Nursing policies, and Institute for Safe Medication Practices. Use discretion when referring to these lists, as policy changes occur frequently—become familiar with health authority resources so that you **refer to current policies**.

High-Alert Medications: Students must have the following medications independently double-checked and co-signed by one or more qualified RN. Check health authority and site-specific policies for details of requirements.

Anticoagulants:

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

Insulin (all types)

Methotrexate, any route

Opioids and controlled substances

Intravenous medications/solutions:

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

Parenteral nutrition solutions, including:

- IV dextrose at a concentration of 10% or greater

Epidural or intrathecal medications

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

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

In addition to double-checking and co-signing:

- Opioids and controlled substances (per Island Health including but not limited to: Tylenol #2, #3; Tramacet; Zopicone; Lorazepam): *The nurse must always directly supervise administration at the client's bedside*
- Non-narcotics: *The nurse must directly supervise administration at the client's bedside until the student is deemed competent*
- *All IV medication administration must follow the specific IV monograph for use including monitoring and competency requirements as well as potential use restrictions*

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

IV adrenergic agonists

IV adrenergic antagonists

IV antiarrhythmics

IV radiocontrast agents

General anesthetic agents, inhaled or IV

Cardioplegic agents

Chemotherapy agents by ANY route

Neuromuscular blocking agents

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

For Island Health list of high alert medications and requirements see:

https://intranet.viha.ca/departments/pharmacy/medpp/Documents/section_d/medpp_d_22_appendix_1.pdf

Reference

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

Appendix C: Independent Double Check Procedure for Medication Administration

To promote safety in medication administration, students must follow this procedure when administering a high alert medication (see Appendix B), based upon the Island Health independent double check policy (Island Health, 2016). * *Note that some health authorities may have their own policies or procedures relating to independent double checks. Students should follow the policy that is the most restrictive.*

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

- Camosun College/COTR or U Vic course educator (RN)—confirm with agency policy
- Agency RN (employed)
- Registered psychiatric nurse
- If a RN is not available, a licensed practical nurse (LPN) **might** be able to perform the IDC, in the following circumstances:
 - o If the medication administration is within the scope of practice of the LPN
 - o AND if the educator or preceptor/CLU RN supervising the student follows the BCCNP Regulatory Supervision guidelines
 - o AND if the LPN is not prevented from performing the IDC by agency policy (*Note: college and university educators are not Island Health employees and therefore cannot complete an IDC for opioid administration, and LPNs may not complete an IDC for a student on the IHA-designated high alert medications. Please refer to IHA’s Independent Double Check – Acute Care Nursing Clinical Practice Standard and Procedure*)

WHEN SHOULD CHECKS BE COMPLETED?

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

WHAT “RIGHTS” MUST BE CHECKED?

ALL MEDICATIONS

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

ADDITIONAL RIGHTS FOR PARENTERAL MEDICATIONS

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

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

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

INDEPENDENT DOUBLE CHECK (IDC) PROCEDURE FOR STUDENTS

Step 1	BEFORE taking out medications: <ul style="list-style-type: none">• Look up relevant drug information• Assess client to see if medication administration is appropriate• Perform dosage calculations• If any medications requiring an IDC will be removed from their original packaging (e.g. pouring a liquid or drawing a medication into a syringe), have the nurse performing the IDC watch the full procedure, beginning at Step 2.
Step 2	STUDENT PERFORMS CHECK 1 <p>Gather MAR and medications (e.g., from med cart or Pyxis)</p> <p><i>* Note that for narcotics: The nurse performing the IDC MUST see the narcotic being removed from the original packaging to verify the correct drug and dose</i></p>
Step 3	STUDENT PERFORMS CHECK 2 <p>Prepare medications for administration and verify the rights</p> <ul style="list-style-type: none">• Leave all unit dose medications within their packages• <i>Ensure all other medications removed from their packages are labeled with the drug name, dose, route, and 2 patient identifiers</i>• See step 5, the MAR is initialed at the bedside upon administration, STUDENTS ARE NOT TO PRE-POUR MEDICATIONS.
Step 4	NURSE PERFORMS INDEPENDENT DOUBLE CHECK (VERIFYING CHECK 2) <p>FOR INJECTABLE MEDICATIONS:</p> <ul style="list-style-type: none">• Be sure to prepare injectable medications in front of the nurse completing the IDC, so that the correct drug and dose can be verified as the medication is being withdrawn from the ampoule or vial <p>WHEN A MEDICATION DOSAGE MUST BE CALCULATED:</p> <ul style="list-style-type: none">• Ask the nurse performing the IDC to calculate the required dose independently BEFORE the student reveals the results of their own calculations <p>WHEN A PROTOCOL OR PRE-PRINTED ORDER IS USED:</p> <ul style="list-style-type: none">• The student must provide the required orders (e.g. insulin or heparin orders) and the relevant data (e.g. blood glucose documentation or lab results) to the nurse performing the IDC
Step 5	STUDENT PERFORMS CHECK 3 <p>Note: For some high-alert medications (see Appendix B) the nurse performing the IDC must supervise medication administration at the bedside</p> <p>Take MAR and medications to the bedside and verify the rights</p> <ul style="list-style-type: none">• When checking the patient's identity, also check for an allergy band• Inform the patient about each medication while pouring the medications• Observe the patient take all of the medications• Document the medication administration immediately
Step 6	DOCUMENTATION <p>Documentation of the IDC on the MAR must include the student and the nurse completing the IDC:</p> <ul style="list-style-type: none">• Student: Immediately after administration of the medication, sign in the first position: (e.g. Student Initials / _____)• Nurse: After completing the IDC, sign in the second position: (e.g. _____/ Nurse Initials)