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SASKATCHEWAN



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# **THE RN SCOPE OF PRACTICE**

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ISBN 1-895704-08-03

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Approved by SRNA Council, March, 2004

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# THE RN SCOPE OF PRACTICE

## I. INTRODUCTION

The purpose of this document is to clarify the professional role and responsibilities of registered nurses (RNs). RNs are responsible for the practice of registered nursing in accordance with the *Saskatchewan Registered Nurses' Act (1988)* (hereinafter referred to as *The RN Act*), *SRNA Bylaws (2003a)*, the *SRNA Standards and Foundation Competencies, Effective Year 2000 (1999)* (as below) and the *Canadian Nurses Association (CNA) Code of Ethics (2002)*. The provision of quality nursing care within a primary health care framework requires the knowledge, skill and judgment of a RN (CNA, 1995).

## II. LEGISLATION

As a professional self-regulating body, the Saskatchewan Registered Nurses' Association (SRNA), has the legislated responsibility in *The RN Act*, to regulate the practice of registered nursing in the public interest. *The RN Act* provides for protection of the following titles: nurse, graduate nurse and registered nurse. In other words, only a member of the SRNA can use the title nurse\*, graduate nurse or registered nurse. (\*Section 23 of *The RN Act* enables registered psychiatric nurses (RPNs) to also use the title nurse). Through *The RN Act*, the SRNA has the responsibility to ensure that only RNs are practicing to the full scope of RN practice. Section 2(k) of *The RN Act* clearly defines the scope of registered nursing practice. Each and every RN is accountable to practice within this definition. The full scope of the RN's practice cannot be delegated to another care provider.

Section 2(k) of *The RN Act* defines the practice of registered nursing as:

the performance or coordination of health care services including but not limited to:

- (i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) the counselling, teaching, supervision, administration and research that is required to implement or complement health care services;

for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services requires:

- (iii) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20\*\*;
- (iv) specialized knowledge of nursing theory other than that mentioned in subclause (iii);
- (v) skill or judgment acquired through nursing practice other than that mentioned in subclause (iii); or
- (vi) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v).

(\*Section 19 or 20 refers to the qualifications and criteria for registration as either RN or graduate nurse, respectively).

*The RN Act*, Section 24 (2) grants specific exemptions for non-RNs to practice registered nursing in the following circumstances:

- nursing students who are practising nursing under the supervision of a RN so long as that practice is part of their nursing education program;
- overlap with other licenced health disciplines;
- provision of first aid;
- auxiliary nursing services; and
- provision of specific services to a specific client in a client's residence where that practice is under the direction of a RN, RPN, or a licenced physician.

## III. SRNA POLICIES, STANDARDS, COMPETENCIES, CODES & GUIDELINES

The *SRNA Standards and Foundation Competencies, Effective Year 2000 (1999)* directs all registered nursing practice and is grounded in *The RN Act*. The Standards identify the level of practice below which performance is unacceptable. Competencies are the demonstration of knowledge, skill and judgment, derived from nursing roles and functions within a specific context.

The *CNA Code of Ethics (2002)* is an ethical standard by which nurses are to conduct their nursing practice. The SRNA Council has endorsed this *Code of Ethics* and thus, all RN practice in Saskatchewan is bound by this *Code of Ethics*.

SRNA guidelines are developed and published as resources to add clarity to specific issues.

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## IV. SCOPE OF PRACTICE OF REGISTERED NURSING

The SRNA regulates two categories of RNs: (1) the registered nurse; and (2) the registered nurse (nurse practitioner) [RN(NP)]. Both categories of RNs fall within the definition of registered nursing practice. Only the RN(NP) can practice to the full scope of the RN(NP) category. The RN(NP) scope of practice requires additional knowledge, skill and judgment achieved through an approved RN(NP) educational program.

A legally defined scope of practice promotes safe, ethical, quality care that responds to the needs of the public. Scope of practice is the range of roles, functions, responsibilities and activities RNs are educated and authorized to perform (ARNNL, 2000). Key components of the scope of practice include: accountability; educational preparation; competencies and practice standards; continuing competence; client risk assessment; evidence-based practice; quality practice environment; legal liability; and regulation (adapted from CMA, CNA, & CPhA, 2002). The scope of practice of registered nursing communicates the competencies and professional accountability of RNs, individually and collectively, within the four domains of practice (direct care, education, administration and research). Registered nursing's legitimacy comes from the legal definition of nursing and the competent, ethical application of sound evidence-based knowledge according to the standards, codes and guidelines of the SRNA, at the point of care.

The RN partners with other health professions to collaborate, refer, and coordinate nursing and other health care services. Nursing has developed both a distinct and a shared body of knowledge and practice (ICN, 1998). Holistic nursing care for individuals, communities, families, groups and populations requires that RNs have a broad educational base that integrates knowledge from the arts and sciences (biological, physical, behavioural, psychological and sociological sciences) along with nursing theory and concepts. This is integral to managing the varying levels of complexity of care and the promotion of self-care, throughout the life span. Given the complexity of the current environment, the most appropriate entry level preparation for a beginning RN is a baccalaureate nursing degree.

There is one discipline of nursing with four licenced nursing care providers: RN, RN(NP), RPN and LPN (licensed practical nurse). *The RN Act*, Section 2(k), specifies that registered nursing practice includes the supervisory role of the RN in the implementation of health services. Sound, evidence-based knowledge and judgment guides the decision-making of RNs in the determination of appropriate staff and skill mix. Key elements of supervision are: assessment and evaluation, ongoing communication and monitoring, directing, guiding, assigning and/or delegating nursing care.

The decision-making about a client's nursing care requires the RN's clinical judgment, critical thinking and analysis skills at the point of care. In the interest of client safety and positive client outcomes, the appropriate category of nursing care provider must be assigned by the RN at the point of care, based on sound current evidence. In any domain of nursing practice, the full scope of RN practice cannot be delegated nor reduced to a list of tasks. As direct nursing care providers, the breadth and depth of the scope of knowledge, skill and judgment of RNs enables comprehensive quality nursing care. Critical thinking and accurate interpretation of complex information from a variety of sources including client data, environmental factors, test results, the assessment of other professionals and nursing assessment indicators are essential to the clinical decision making required for safe and effective client care. Monitoring of client progress and evaluation of care involves astute observation and critical thinking, decisive action and resourceful problem solving regardless of the setting in which the care is provided. The ability of the RN to demonstrate evidence-based practice and to participate in/or conduct research, promotes quality client care by ensuring that nursing interventions are supported by scientific rationale (AARN, 2003). Within the scope of registered nursing practice, RNs have an obligation to direct and/or supervise nursing care services, at the point of care, at all times in health care settings. The level and proximity of RN supervision is determined by the client's nursing care needs and predictability of outcomes. When the client's nursing care needs are complex, the RN cannot delegate the nursing care plan or the nursing assessment to an LPN or an auxiliary nursing care provider.

Agreements, position descriptions and/or employer policies cannot and should not compromise the RNs' professional accountability to provide competent nursing care. Employers have an obligation to the public to understand and support the scope of practice of RNs. Nurse educators, nurse researchers, nurse administrators and nurse policy makers have a responsibility to the public and the profession to ensure that decisions about a client's nursing care is ethical, evidence-based and ensures client safety.

## V. ACCOUNTABILITY

Accountability has been defined in the CNA Code of Ethics (2002) as the "state of being answerable to someone for something one has done" (p. 19). RNs in all practice settings and domains must practice nursing in a manner consistent with their professional responsibilities. The RN is accountable to the client, profession, public, and employer.

### A. Accountability to the Client

The primary professional obligation of the RN is to the client. The client has the right to rely on the breadth and depth of

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knowledge, skill or judgment of the RN at the point of care. RNs have an obligation to intervene on the client's behalf when they have knowledge that a client's safety is in jeopardy, including reporting to the appropriate authority. Nursing care and client safety must not be compromised and thus, requires appropriate decision making, action and/or delegation. RNs are accountable to be competent in the provision of nursing care. RNs should not perform any nursing care for which they do not feel competent. Professional liability protection is maintained for the RN by the SRNA in the public interest.

### **B. Accountability to the Profession**

The RN is accountable for functioning in accordance with *The RN Act*, SRNA Bylaws, Standards, Codes and Guidelines. Employer policy cannot supercede the RNs professional responsibility and accountability for their actions. RNs are accountable for maintaining competency in practice. When RNs move to a new area of practice, they are accountable for assessing their level of competence in the new context of practice. If individual RNs believe they do not possess the required competencies, they have a responsibility to obtain these competencies.

### **C. Accountability to the Public**

The RN is accountable for functioning in accordance with federal and provincial legislation.

### **D. Accountability to the Employer**

RNs are accountable to the employer for working within their position descriptions and collective agreement, as applicable. RNs are responsible for working with employers in the promotion, maintenance and evaluation of competent nursing care.

## **VI. SCENARIOS**

The following questions and answers are provided to assist you to better understand the RN Scope of Practice.

### **1. Over the Counter Medications**

**Question:** Can RNs order/prescribe over-the-counter medications?

**Answer:** No. RNs do not have the authority to order/prescribe over the counter medications. This belongs within the scope of the RN(NP). It requires the diagnosing of a common medical disorder and the prescribing of a medication. *The RN Act* and *SRNA Bylaws* do not authorize general category RNs to diagnose common medical disorders and/or prescribe medications. Therefore, only RN(NP)s can order and prescribe medications, including over-the-counter medications, without a physician's order or an agency authorized medical protocol.

### **2. Flu Vaccination in the Pharmacy Setting**

**Question:** I have worked as a Public Health Nurse for 10 years and have been asked to give flu shots for a local private pharmacy on a contractual basis. Is this within the RN scope of practice?

**Answer:** No. A written physician or RN(NP) order is required before a RN can give immunizing agents. Administering an immunizing agent is done only with a physician or RN(NP) order, through a medical directive or Delegation of Medical Function. The authorization for the RN in public health to prescribe the immunizing agent resides with one employer through the delegation of medical function model. For further information, refer to *Guidelines for Immunization Administration and Immunization Programs* (SRNA, 2003b) document.

### **3. Staff/Skill Mix**

**Question:** As a RN, is it within my scope to determine whether a nursing task or nursing assignment should be carried out by a RN or a LPN, at the point of care?

**Answer:** Yes. The RN is bound to adhere to the RN legal scope of practice to coordinate and supervise client care. To determine the appropriate care provider, the RN at the point of care must consider the complexity of the client's nursing care needs and the context of care, together with the degree of direction and/or supervision available. Staff and skill mix must match the client care needs on a nursing unit and must reflect sound, current evidence.

### **4. Maintenance of RN Standards**

**Question:** As a RN, can I assign more complex RN tasks to an LPN or auxiliary nursing care provider if there are not enough RNs to provide safe nursing care?

**Answer:** Simply stated, no. Consistent with the legal scope of practice, when the client requires the knowledge, skill and judgment of a RN to provide care or to perform a specific task, then the standard must be maintained. Clients have a right to expect competent, caring nursing in any care environment.

If, however, you are confident that you can maintain a safe nursing care environment and practice in accordance with the RN Scope of Practice, Standards, Guidelines and Codes, you may assign and/or delegate specific tasks and provide the appropriate level of direction and supervision.

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If and when there is insufficient staffing to provide safe, competent nursing care, the RN has an obligation to immediately report the situation to a supervisor. The agency has an obligation to ensure adequate staffing to ensure safe nursing care. If the standards of nursing care cannot be maintained, the agency has an obligation to either provide the necessary staffing to ensure safe, competent nursing care and/or to transfer the client to a care area where safe nursing care can be provided.

### **5. Supervision of Unlicensed Care Personnel (UCP)**

**Question:** As a RN, can I assign a LPN to supervise unlicensed care personnel (UCP) in the provision of nursing care?

**Answer:** Yes, LPNs can supervise UCPs in certain non-complex, stable and predictable situations. LPNs are prepared to practice independently in areas where nursing care needs are basic, nursing care requirements are predictable and no crises are anticipated. In this environment, it would be appropriate for an LPN to be assigned to supervise UCPs. In addition, the level of RN supervision and support to the LPN must reflect the client care needs.

### **6. Delegation of the Nursing Process**

**Question:** As a RN, can I delegate a client's nursing assessment, monitoring, evaluation and/or nursing care planning to an LPN?

**Answer:** No. As a RN you cannot delegate the nursing process: assessment, planning, monitoring and evaluation of care. That being said, LPNs and auxiliary nursing personnel can contribute to a client assessment, care plan and/or evaluation in accordance with their level of competence. If a client is assigned to your care, it is reasonable to expect that you will provide and/or oversee that client's care.

## **VII. SUMMARY**

The practice of registered nursing is dynamic. The RN, within the scope of nursing practice, empowers clients to achieve and maintain optimal health. RNs are responsible for the practice of nursing. RNs are key in the promotion, maintenance, rehabilitation and/or restoration of health within the primary health care framework, throughout the life span.

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