



FREQUENTLY ASKED QUESTIONS

AESTHETIC NURSING IN ALBERTA

This FAQ was developed collaboratively by the College of Licensed Practical Nurses of Alberta (CLPNA), the College of Registered Psychiatric Nurses of Alberta (CRPNA), and the College of Registered Nurses of Alberta (CRNA). Members of these regulatory bodies should contact their respective organizations if they have any questions about this document or wish to seek practice guidance about aesthetic nursing.

INTRODUCTION

Aesthetic nursing is the provision of specialized procedures for the purpose of cosmetic treatment such as, but not limited to, dermal fillers, volume enhancers, collagen stimulators, lipolysis, and neuromodulators. This area of practice is constantly evolving and could include more procedures.

The roles and responsibilities of a nurse performing aesthetic nursing procedures may vary by jurisdiction. It is the responsibility of a nurse coming from another jurisdiction to be familiar with the scope of practice in Alberta.

The purpose of this FAQ is to inform all nurses in Alberta about their professional responsibilities and accountabilities related to aesthetic nursing practice.

Personal Service Regulation and Personal Service Standards

The Personal Services Regulation and Personal Services Standards came into force on July 1, 2020. These establish minimum health and safety requirements for the personal services industry. Personal and health services may overlap. All nurses providing aesthetic procedures and treatments need to be aware of all the requirements relevant to your practice, as outlined in the [Personal Services Regulation and Standards \(2020\)](#).

If you are the owner of an aesthetic nursing clinic and provide any of the services identified in the Personal Services Regulation, you must notify the Regional Health Authority (RHA), providing your name and contact information, address and location of the business, and the types of services you will provide. This must be done by **Sept. 30, 2020**. You must also notify the RHA prior to offering any new personal service/activity.

DO AESTHETIC PROCEDURES FALL WITHIN MY SCOPE OF NURSING PRACTICE?

The scope of practice of a nurse in Alberta is outlined in the legislative framework and is further defined by each respective regulatory body. Performing procedures that are not within a nurse's scope of practice can result in significant professional and legal consequences.

Administration of neuromodulators such as "Botox" and dermal fillers are post entry-level competencies and are not taught in the entry to practice nursing programs. Neuromodulators require a client specific order following an initial assessment by an authorized prescriber such as a physician, dentist, or nurse practitioner. Aesthetic nursing procedures pose potential risk to the client therefore appropriate emergency support should be readily available.



The nurse providing an aesthetic procedure uses a skill set comprised of the following competencies:

- a sensitive and respectful manner of communication, a positive non-judgmental attitude, and caring behaviors
- thorough knowledge of anatomy and physiology of the skin and underlying tissue
- thorough understanding of the medications and substances to be used
- strong analytical skills and clinical competence in this practice area
- provision of honest and factual counselling and advertising

In Alberta, LPNs, RPNs, and RNs are authorized under regulation and have the education to administer medications and substances by injection. An order by an authorized prescriber is required before any nurse can administer Schedule 1 medications and/or substances, e.g., neuromodulators and dermal fillers. The nurse is responsible and accountable to have the required competencies (education and experience) to carry out the order.

In addition, The College of Licensed Practical Nurses of Alberta requires that LPNs providing aesthetic nursing procedures within their defined scope of practice must have direct or indirect supervision by a physician or nurse practitioner. The physician or nurse practitioner must be trained in dermatology, on-site, and available to assist as necessary when aesthetic procedures and treatments are being performed.

IS THERE A DIFFERENCE BETWEEN ESTHETIC PROCEDURES AND AESTHETIC PROCEDURES?

Yes. Many esthetic procedures do not require that they be performed by a regulated health professional (e.g., facials, waxing, piercings, tattooing including semi-permanent makeup etc.). These would not fall within the definition of nursing or health services but are included in the *Personal Services Regulation* under the *Public Health Act*. The individual performing these personal services [procedures] could not use the protected title “nurse” and these hours would not qualify toward the practice hours required to maintain licensure.

DO I NEED FURTHER EDUCATION TO PROVIDE AESTHETIC PROCEDURES?

Yes. In order to provide safe, competent care in providing aesthetic procedures, nurses need to ensure that they have the additional education to practice competently to ensure public safety. At entry to practice, nurses do not have the competencies or education to administer dermal fillers, volume enhancers, collagen stimulators, and neuromodulators (e.g., Botox) etc. Nurses must be sure the education and training they take provides core competencies including infection, prevention, and control best practices. On the job training may not provide the necessary competencies to practice aesthetic nursing safely as this requires specific education in anatomy and physiology of the skin and underlying tissue, assessment, knowledge of neuromodulators and dermal fillers etc. Each nurse is responsible and accountable to ensure they have the knowledge to practice safely, competently, and ethically.

Note: The CLPNA, CRNA, and CRPNA do not endorse any specific training course offering related to the field of aesthetic nursing at the present time. It is the responsibility of the nurse to ensure that any education and training they undertake provides core competencies to achieve competence to perform aesthetic procedures safely, it is expected that RNs, LPNs, and RPNs undertake additional theoretical knowledge and supervised clinical practice pertaining to the procedures & treatments in the following areas (but not inclusive to):



- ***Anatomy and physiology related to the treatment area***
- ***Specific assessment of the dermatology patient***
- ***Medications, pharmacology, and technique for treatments***
- ***Complications of treatment and appropriate interventions***

DOCUMENTATION AND RECORD KEEPING – IS IT REQUIRED?

Yes. Nurses are required to document the care they provide accurately and in a timely, factual, complete, and confidential manner. All documentation and record keeping must adhere to the documentation and privacy requirements as defined by their respective regulatory body, employer policy and provincial legislation. These documentation expectations are the same across all practice settings.

Documentation is not separate from care and is not optional. It is an integral part of the nurse's practice, and an important tool that nurses use to ensure high-quality client care. Nurses document holistic, patient focused care including relevant components of the nursing process:

- Assessment
- Nursing diagnosis
- Plan
- Implementation
- Evaluation

Documentation is evidence that care has been provided and is necessary for the following reasons:

- Communication between health care providers
- Meeting professional and legal requirements
- Quality improvement

DO I NEED TO OBTAIN INFORMED CONSENT?

Yes. It is very important that the client understand risks, benefits, and expected outcomes of treatment. Prior to providing any aesthetic nursing procedures to a client, the nurse must obtain informed consent from the client for the specific procedure. Consent must be valid and current, and not have been retracted or withdrawn at the time of the procedure or treatment. Performing a procedure on a client without informed consent is considered unlawful and can result in professional conduct investigations and/or criminal charges regardless of whether the client is harmed or not.

For consent to be 'informed', the nurse must explain the intervention, including alternative options, as well as the disclosure of risks and complications. Consent must be voluntary and cannot be coerced from the client through undue influence or intentional misrepresentation. It is the responsibility of the nurse providing the service to:

- Assess the client's ability to understand the nature of the proposed procedure, any risks and complications, and the right of refusal. Consent is only considered valid if the client fully understands what they are consenting to



- Ensure that the proposed procedure is only provided to a minor (under 18) when parent/legal guardian consent is also obtained prior, and treatment is mutually agreed upon between parent/legal guardian and minor
- Obtain consent in an ethical manner and document accordingly. Re-establish consent if there are changes to the client's initial care plan or the client has changed their mind
- Consent to the proposed procedure needs to be obtained each time the intervention is provided

It is important that the nurse mitigate the risk of complaints and legal action by ensuring that consent is informed and addresses the client's expectations regarding outcomes before any procedure is performed.

WHAT ARE MY INFECTION PREVENTION AND CONTROL (IP&C) RESPONSIBILITIES?

Nurses must ensure client safety which includes preventing healthcare acquired infections. If you are practicing in a clinic or have a self-employed practice it is important to use IP&C best practices and follow IP&C policies.

The following routine practices are an important component of infection prevention and control and should be used at all times:

- There should be dedicated hand washing sinks and hand sanitizer stations
- Follow the four moments of hand hygiene
- Ensure the appropriate personal protective equipment is used for the procedure performed
- Surfaces and equipment must be cleaned, disinfected and/or sterilized appropriately
- Single use devices must only be used once
- Any waste, whether general or biomedical, must be disposed of safely and appropriately

There are many IP&C resources available to help ensure the safety of the client and the nurse.

WHAT DO I NEED TO KNOW ABOUT LIABILITY AND SELF-EMPLOYED PRACTICE?

Specific to the area of Aesthetic Nursing, LPNs are required to have a physician on staff to meet the physician supervision requirements related to this area of LPN practice.

ERRORS AND OMISSIONS:

[Malpractice Liability Insurance](#)

INDEPENDENT PRACTICE:

For those Licensed Practical Nurses thinking about going into independent practice (self-employment) please read the following:

[Practice Guideline: Self-Employed Practice](#)



WHO CAN PRESCRIBE NEUROMODULATORS AND DERMAL FILLERS?

Medication listed on Health Canada's Prescription Drug List can only be prescribed by authorized regulated health professionals. In Alberta, these health professionals include:

- Physicians
- Nurse Practitioners
- Dentists
- Pharmacists (who have been granted prescribing authority by the Alberta College of Pharmacy)

Neuromodulators, for example Botulinum toxin, are Schedule 1 medications and can only be prescribed by an authorized prescriber as outlined in the *Government Organization Act* and respective regulation for each health profession. Some dermal fillers are classified as Schedule 2 medications and do not need a client specific order (unless required by employer policy).

Nurses must be satisfied that the practitioner prescribing the neuromodulator or dermal filler is authorized by their college to engage in this practice.

WHAT ARE THE RULES GOVERNING PRESCRIBERS?

Authorized prescribers must abide by the standards of practice developed by their regulatory college. The standards of practice governing physicians and nurse practitioners require them to personally assess a client prior to providing a prescription. Physicians and nurse practitioners can only prescribe neuromodulators and other medication on Health Canada's Prescription Drug list when a client assessment has been performed. Physicians can only provide a prescription for "office use" when they personally will be attending the patients for whom they will provide an order for injection. An office use medication (i.e., a multi dose vial) can be used for more than one patient attending a clinic.

WHAT ARE THE CONSIDERATIONS FOR PROCUREMENT AND STORAGE OF MEDICATIONS AND SUBSTANCES?

Medications and substances for administration by injection (prescription or otherwise) must be procured through legitimate means (i.e., through a pharmacy or the pharmaceutical company). Medications and substances procured by other means may not be the correct substance, may be beyond expiration date, or may have been stored inappropriately, thereby altering composition, safety, and efficacy. Pharmaceutical companies may have restrictions on who may procure medications and substances. A nurse should not use another health care professional purely for the purposes of procurement. Nurses need to follow the manufacturer recommendations for storage and handling as outlined in standards, best practice guidelines and manufacturer recommendations.

[National Vaccine Storage and Handling Guidelines for Immunization Providers \(2015\)](#) provides an example of a best practice guideline for vaccines and substances that have similar storage requirements.

CONCLUSION

If after reading this document you have questions about aesthetic nursing, please contact the CLPNA's Professional Practice Team using [Ask CLPNA](#), or by phone at 780-484- 8886 or 1-800-661-5877 (toll free in Alberta).



RESOURCES

[Health Professions Act](#)

[Licensed Practical Nurses Profession Regulation, Alta Reg 81/2003](#)

[Competency Profile for LPNs](#)

[CLPNA Policy: Documentation](#)

[Practice Guideline: Self-Employed Practice](#)

[Infection Prevention and Control \(IPC\) \(Alberta Health\)](#)

[Malpractice Liability Insurance \(LPN\)](#)

[Prescription Drug List \(Health Canada\)](#)

[Prescribing Standards for Nurses Practitioners \(NPs\) \(CRNA\)](#)

[Supervision of Restricted Activities \(CPSA\)](#)

[Telemedicine \(CPSA\)](#)

[Informed Consent \(CPSA\)](#)

[Physician Prescribing Practices \(CPSA\)](#)

[National Vaccine Storage and Handling Guidelines for Immunization Providers \(2015\)](#)

[Personal Services Regulation and Standards \(2020\).](#)