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For more information concerning the history of these regulations, please see the ***Table of Regulations***.

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4291
Email: legislation@gov.pe.ca

CHAPTER R-8.1

REGISTERED NURSES ACT

NURSE PRACTITIONER REGULATIONS

Pursuant to section 35 of the *Registered Nurses Act* R.S.P.E.I.1988, Cap. R-8.1, the Association of Registered Nurses of Prince Edward Island, with the approval of the Lieutenant Governor in Council, made the following regulations:

1. In these regulations — Definitions

(a) "Act" means the *Registered Nurses Act* R.S.P.E.I. 1988, Cap.R-8.1; — Act

(b) "collaborating medical practitioner" means, in respect of a nurse practitioner, a medical practitioner who is, at the relevant time, participating in a collaborative working relationship with the nurse practitioner; — collaborating medical practitioner

(c) "Committee" means the Nurse Practitioner Diagnostic and Therapeutics Committee established under section 8; — Committee

(d) "revoked by EC530/14; — Pharmacy Board

(e) "potentially life-threatening disease, disorder or condition" includes, in respect of a client, any disease, disorder or condition that causes the client to have or to demonstrate — potentially life-threatening disease, disorder or condition

(i) any sign or symptom of an acute event that is potentially threatening to the life, limb, or senses of the client,
(ii) any sign or symptom of the obstruction of any body system of the client,
(iii) any sign of severe or widespread infection,
(iv) a fever greater than 39 degrees Celsius, if the client is a child between 3 and 6 months of age with no identifiable focus of infection,
(v) any sign or symptom of illness if the client is a child less than 3 months of age,
(vi) any blunt, penetrating or other wound that may indicate damage below the fascia or functional impairment, or
(vii) any sign or symptom of any fetal or maternal pregnancy risk factor;

(f) "primary medical practitioner" means, in respect of a client, the medical practitioner who has primary responsibility for the care of the client; — primary medical practitioner

standards of practice

(g) "standards of practice" means, in respect of a nurse practitioner, the professional standards of practice for nurse practitioners that are established or adopted in the bylaws. (EC91/06; 530/14)

Endorsement

2. (1) A nurse practitioner's endorsement on the license of a member authorizes the member, subject to the Act and these regulations, to engage in the practise of nurse practitioner from the date of the issuance of the endorsement and until the expiry date specified in the endorsement.

Striking name of nurse practitioner from record of endorsements

(2) Where

(a) a nurse practitioner's license is revoked; or

(b) a nurse practitioner dies and a notice of his or her death is received by the Registrar,

the endorsement of the nurse practitioner is deemed to be revoked and the Registrar shall strike the name of the nurse practitioner from the record of endorsements required to be kept under subsection 15(2) of the Act. (EC91/06)

Endorsement applications

3. (1) All applications for nurse practitioner's endorsements shall

(a) be made in writing in a form approved or provided by the Registrar;

(b) be dated and signed by the applicant; and

(c) be addressed and delivered to the Registrar.

Verification

(2) Where an application states a fact and the application form or the Registrar requires that the fact shall be verified by a document submitted to the Registrar by a person other than the applicant, including a government, an institution of learning or a regulatory body, the Registrar may refuse to endorse the license of the applicant with a nurse practitioner's endorsement until the document is submitted by that person to the Registrar.

Idem

(3) Where the Registrar has reasonable grounds to believe that a statement in an application or in a document submitted in support of an application is false, or that the application or document is not authentic, the Registrar may refuse to endorse the license of the applicant with a nurse practitioner's endorsement until the statement, application or document has been verified by such procedure as the Registrar may determine. (EC91/06)

Qualifications - information and proof

4. An applicant for a nurse practitioner's endorsement shall, if required by the Registrar, provide such information and proof as the Registrar may require to establish that the member has the qualifications and competence to engage in the practice of a nurse practitioner in a manner that is conducive to the protection of the public in the provision of the professional services of a nurse practitioner, failing which the Registrar

shall not endorse the license of the applicant with a nurse practitioner's endorsement. (EC91/06)

Endorsement requirements

5. (1) An applicant for a nurse practitioner's endorsement under section 15 of the Act shall satisfy the Registrar that the applicant

(a) is not, as of the date of application, subject to a discipline or professional conduct review penalty or proceeding in any jurisdiction;

(b) has graduated from an educational program for nurse practitioners that

(i) is recognized by the Council, and

(ii) is offered by an approved school of nursing;

(c) has, within the three years immediately preceding the date of the application,

(i) lawfully practised as a nurse practitioner in Prince Edward Island or another province for a total of 1800 hours, or

(ii) graduated from an educational program for nurse practitioners of a type described in clause (b),

(d) has passed any nurse practitioner examination required by the Council, and

(e) if required by the Council, has satisfactorily completed a competence assessment, taken at the applicant's expense, to establish that the applicant is competent to practice as a nurse practitioner.

Exception

(2) An applicant for a nurse practitioner's endorsement is exempt from compliance with the requirements of clause (1)(c) if the applicant

(a) has lawfully practised as a nurse practitioner in Prince Edward Island or another province for a total of 600 hours within the year immediately preceding the date of the application; or

(b) has participated in the Beechwood Demonstration Project conducted by the Department of Health and Social Services in the Community of O'Leary in Prince Edward Island during 2004 and 2005.

Repeal and amendment

(3) Subsection (2) and this subsection are repealed on October 31, 2007 and subsection (1) is amended by renumbering it as section 5. (EC91/06)

Scope of practice of nurse practitioner

6. (1) For greater certainty, and subject to subsection (2) and the standards of practice if any, the practice of a nurse practitioner consists of the following, in accordance with the collaborative working relationship with a collaborating medical practitioner:

(a) the diagnosis or assessment of a disease, disorder or condition, and the communication of the diagnosis or assessment to the client;

(b) the ordering of, and interpreting reports of, X-Rays concerning the following areas of the body of a client:

(i) skeletal,
(ii) abdomen,
(iii) chest or breast;

(c) the ordering of, and interpreting reports of, ultrasounds concerning the following areas of the body of a client:
(i) abdomen,
(ii) pelvis,
(iii) breast;

(d) the ordering of, and interpreting of, laboratory tests and other screening and diagnostic tests;

(e) the ordering of, and interpreting reports of, electrocardiograms;

(f) the ordering of, and interpreting reports of, spirometry;

(g) the ordering of the application of forms of energy for therapeutic purposes, including the application of
(i) TENS (transcutaneous electrical nerve stimulation),
(ii) thermal energy, or
(iii) therapeutic touch;

(h) where authorized to do so by a written authorization issued under section 7, the prescribing of a drug or class of drugs listed in the written authorization.

Required consultation with a medical practitioner

(2) Where a nurse practitioner is diagnosing or assessing a disease, disorder or condition of a client, the nurse practitioner shall, subject to subsection (3), consult with the primary medical practitioner of the client, as soon as is reasonable in the circumstances, if

(a) the client's diagnosis or assessment is unclear to the nurse practitioner or beyond the scope of the nurse practitioner to determine;

(b) the client has or demonstrates
(i) a persistent or recurring sign or symptom that cannot be attributed to an identifiable cause,
(ii) a sign or symptom that suggests that the client has a previously undiagnosed chronic systemic illness,
(iii) a symptom that suggests that the client has decreased or decreasing function in any vital organ or body system,
(iv) a sign of a recurrent or persistent infection,
(v) any atypical presentation of a common illness or unusual response to treatment,
(vi) any sign or symptom of sexually transmitted disease in the client if the client is a child,
(vii) any sign or symptom of a behavioural change that cannot be attributed to a specific cause, or
(viii) any deviation from normal growth and development in the client if the client is an infant child;

(c) a diagnostic or screening test conducted on the client suggests that the client has

(i) a previously undiagnosed chronic systemic illness, or

(ii) a decreased or decreasing function in any vital organ or body system;

(d) the client has a potentially life-threatening disease, disorder or condition; or

(e) the client has a chronic condition, and the client has or demonstrates signs or symptoms, or a diagnostic or screening test indicates, that the chronic condition has destabilized.

Consultation where primary medical practitioner is unavailable

(3) Where a nurse practitioner

(a) is required by subsection (2) to consult with the primary medical practitioner of a client; and

(b) is satisfied, after making one or more reasonable attempts to consult with the primary medical practitioner of the client, that the primary medical practitioner is unavailable for consultation,

the nurse practitioner shall, notwithstanding anything to the contrary in subsection (2), consult with another medical practitioner about the health of the client, if it is not reasonable in the circumstances to make further attempts to consult with the primary medical practitioner.

Transfers of clients at immediate risk

(4) Where a nurse practitioner is of the opinion that a client's health or safety is at immediate risk, the nurse practitioner may, without consulting with the primary medical practitioner of the client, transfer the care of the client to another medical practitioner or to a hospital. (EC91/06; 530/14)

Written authorization to prescribe drugs

7. (1) A nurse practitioner who wishes to prescribe a drug or class of drugs shall apply to the Registrar, in accordance with subsection (2), for a written authorization.

Application

(2) An applicant for a written authorization to prescribe a drug or class of drugs shall

(a) submit an application to the Registrar, in the form required by the Registrar, specifying each drug or class of drugs that the applicant wishes to be authorized to prescribe; and

(b) provide proof satisfactory to the Registrar that the applicant has the training and education to competently prescribe each drug or class of drugs specified in the application.

Guidelines

(3) For the purposes of considering an application made in accordance with subsection (2), the Registrar shall follow the Nurse Practitioner Medication Prescription Guidelines established by the Committee under subsection 8(6).

Determination by Registrar

(4) On considering an application made in accordance with subsection (2) and the guidelines referred to in subsection (3), the Registrar shall

(a) issue a written authorization to the applicant respecting each drug or class of drugs, if any, specified in the application that the

Registrar is satisfied the nurse practitioner has the training and education to competently prescribe; and

(b) give written notice to the applicant respecting each drug or class of drugs, if any, specified in the application that the Registrar is not satisfied the nurse practitioner has the training and education to competently prescribe.

Contents of written authorization

(5) A written authorization issued by the Registrar under this section shall

(a) indicate the name of the nurse practitioner in respect of whom the authorization is given;

(b) specify the date on which the authorization is given; and

(c) specify each drug or class of drugs that the nurse practitioner is authorized to prescribe.

Copy to

(6) Upon issuing a written authorization under this section, the Registrar shall promptly provide a copy of the authorization to

(a) the College of Pharmacists; and

(b) each collaborating medical practitioner of the nurse practitioner. (EC91/06)

Diagnostic and Therapeutics Committee

8. (1) There is hereby established a Nurse Practitioner Diagnostic and Therapeutics Committee.

Composition

(2) The Committee shall be composed of 6 members appointed by the Council of whom

(a) one member shall be a licensed member of the Association who is not a nurse practitioner and who is nominated by the Council;

(b) one member shall be, subject to subsection (3), a licensed member of the Association who is a nurse practitioner and who is nominated by the Council;

(c) one member shall be a member of the College of Physicians and Surgeons of Prince Edward Island who is nominated by the Council of the College of Physicians and Surgeons of Prince Edward Island;

(d) one member shall be a pharmacist who is a member of the College of Pharmacists, established under the *Regulated Health Professions Act* R.S.P.E.I. 1988, Cap. R-10.1, and is nominated by the Council of the College of Pharmacists;

(e) one member shall be a person who is knowledgeable in pharmacology and who is recommended by the Lieutenant Governor in Council; and

(f) one member shall be a licensed member of the Association who is recommended by the Lieutenant Governor in Council.

Temporary member and first nurse practitioner member

(3) The first member of the Committee appointed pursuant to clause (2)(b) shall be a licensed member of the Association who is not a nurse

practitioner and shall be appointed to hold office for a term of three months.

Term of office and reappointment

(4) Subject to subsection (3) and (5), members of the Committee shall be appointed for a term of two years, and may be reappointed.

First appointments

(5) Subject to subsection (3), on the first appointment of the members of the Committee

(a) one third of the members, or as nearly as may be, shall hold office for a term of three years;

(b) one third of the members, or as nearly as may be, shall hold office for a term of two years; and

(c) one third of the members, or as nearly as may be, shall hold office for a term of one year.

Nurse Practitioner Medication Prescription Guidelines

(6) The mandate of the Committee is to formulate, maintain and revise, the Nurse Practitioner Medication Prescription Guidelines to be used by the Registrar when assessing applications by nurse practitioners under section 7.

Expert advice

(7) The Committee may, from time to time, seek the advice of experts where the Committee deems such expert advice is required.

Chairperson

(8) The Council shall choose the chairperson of the Committee from among the members of the Committee who are members of the Association, and the chairperson shall call and preside over, and may vote at, meetings of the Committee.

Meetings

(9) The Committee shall meet at least once a year and as requested by the Registrar or the Minister.

Quorum

(10) Quorum of the Committee shall consist of a majority of the members of the Committee.

Decision

(11) Decisions shall be made at Committee meetings based on a majority vote, and in the event of a tie vote the decision favoured by the chairperson shall prevail.

Advice respecting prescription of drugs

(12) The Registrar may seek and obtain advice from the Committee on matters concerning drugs or classes of drugs that may be prescribed by nurse practitioners. (EC91/06; 530/14)

Cessation of collaborative working relationship

9. Every nurse practitioner

(a) shall advise the Registrar immediately after the nurse practitioner, or the nurse practitioner's collaborating medical practitioner, ends the collaborative working relationship; and

(b) shall advise the Registrar that he or she has entered into a new collaborative working relationship with another medical practitioner

and provide the Registrar with the name of the new collaborating medical practitioner. (EC91/06)

Annual declaration

10. (1) Every nurse practitioner shall, each year and by the date required by the Registrar, provide to the Registrar a declaration, in a form approved by the Registrar, that is signed by the nurse practitioner and that

(a) verifies that the nurse practitioner has, during the term of the current endorsement of the nurse practitioner, consulted with a medical practitioner as and when required by section 6;

(b) indicates the ways in which the nurse practitioner and each of his or her collaborating medical practitioners have, during the term of the current endorsement of the nurse practitioner, engaged in a collaborative working relationship; and

(c) such other information as the Registrar may require.

Failure to provide annual declaration

(2) Where a member is a nurse practitioner and fails to provide a declaration to the Registrar in accordance with subsection (1), the Registrar shall refuse to issue a further nurse practitioner's endorsement to that member until the declaration is provided to the Registrar.

Registrar verifies information

(3) Where the Registrar has reasonable grounds to believe that a statement in a declaration provided under subsection (1) is false, the Registrar may refuse to issue a further nurse practitioner's endorsement to the member until the information in the declaration is verified to the satisfaction of the Registrar. (EC91/06)