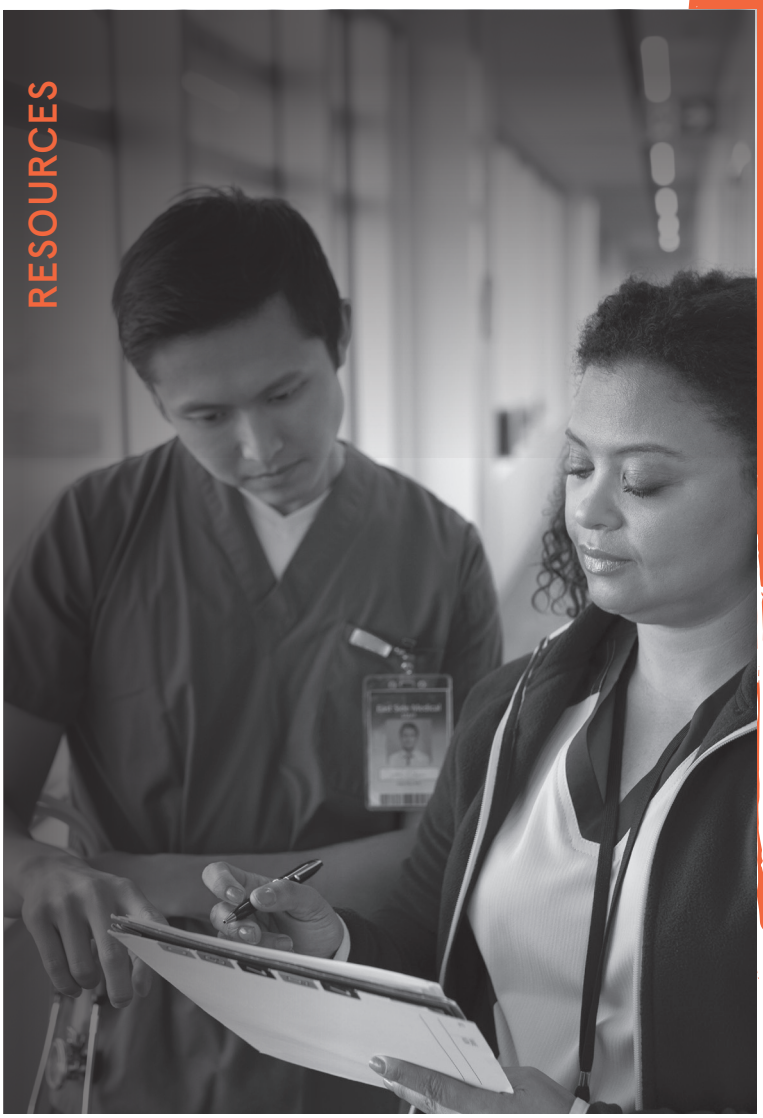
College of Registered Nurses of Saskatchewan



Aesthetic Nursing Resource

Effective: February 17, 2026

Introduction

The College of Registered Nurses of Saskatchewan (CRNS) has the responsibility and authority to regulate Registered Nurses (RN) and Nurse Practitioners (NP) in all areas of nursing practice, including aesthetic nursing. This resource is a compilation of current CRNS guidelines and recommendations for registrants regarding aesthetic nursing and includes links to related information for RNs and NPs.

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for RN and NP practice in Saskatchewan. This resource provides information about how registrants practicing aesthetic nursing comply with the relevant current *Registered Nurse Practice Standards*, *Nurse Practitioner Practice Standards*, *Registered Nurse Entry-Level Competencies*, *Nurse Practitioner Entry-Level Competencies* and the *CRNS Code of Conduct*. Additionally, the following CRNS documents may relate to RN or NP aesthetic nursing practice:

- Documentation Guideline
- Medication Management Guideline
- Reflect on Your Practice: Cosmetic Injectables
- RN Specialty Practices Guideline
- Self-Employed Practice Guideline

Aesthetic Nursing Defined

Aesthetic nursing is defined as the provision of specialized procedures intended to alter or restore a person's appearance. Examples could include but are not limited to dermal fillers, volume enhancers, collagen stimulators and neuromodulators such as Botox®. Aesthetic nursing may also be referred to as cosmetics and other industry-related terms. RNs and NPs who engage in aesthetic nursing are expected to apply the nursing process and comply with current RN or NP legislation, practice standards, competencies and ethical responsibilities.

Practice of Nursing

Legislated Scope of Practice

The practice of registered nursing for RNs and NPs is defined in the Act and is commonly referred to as legislated scope of practice. The current CRNS Bylaws further define authority for registrants.

RNs Working with NPs

RNs and NPs must complete the CRNS Confirming Nursing Practice (CNP) process before engaging in aesthetic nursing, using their professional title and including practice hours worked in aesthetic nursing in their self-reported RN or NP practice hours.

NPs are authorized to diagnose, prescribe and treat common medical disorders. For some NPs, assessments, diagnoses and treatments related to aesthetics may be considered common medical disorders. For more information, please review the Nurse Practitioner Scope of Practice Policy.

NPs with the knowledge, skill, judgment and training to safely prescribe and treat the disorder and who have completed the CNP process are considered to be authorized prescribers. RNs may receive authority to administer injections through a directive (i.e., client-specific or population) from an authorized prescriber, as described in the RN Specialty Practices (RNSP) Guideline. RNs and NPs are responsible for ensuring that the CNP process has been completed before providing or accepting a directive.

NPs authorizing RNs to administer bioactive agents must be available to attend at the

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same location as the procedure is performed should circumstances arise where they are required to assist other health care providers or to manage complications arising from the procedure. Available to attend means, the NP most responsible for care must be available to attend within a reasonable time consistent with the nature of the episode or complication. Depending on the circumstances, "available to attend" may include virtual or in-person care.

Should an RN or NP be seeking to incorporate new and innovative services or activities into their existing aesthetic services, they need to complete the CNP process for any additional services or activities to ensure they fall within the definition of registered nursing practice.

RNs Working with Physicians

RNs, working with physicians, must complete the CNP process before engaging in aesthetic nursing, using their professional title and including practice hours worked in aesthetic nursing in their self-reported RN practice hours.

Physicians have a responsibility to provide directives to RNs when authorizing the injection of bioactive agents. College of Physicians and Surgeons (CPSS) Bylaw 23.7 and Policy: Performing Office-based Insured Procedures describe those responsibilities. As per the CPSS, several key responsibilities for the physician include:

- obtaining CPSS approval to perform injections of bioactive agents;
- may provide a directive authorizing an RN to assess a client for suitability to receive an injection of a bioactive agent, to make a decision whether providing the injection is appropriate, and/or to inject a client with an agent;
- ensuring that the RN who will be providing the services has the appropriate knowledge, skill and judgment and is able to carry out the services as competently and safety as the physician;
- providing a directive setting out the specific services which the RN is authorized to provide, and any requirements for supervision;
- providing a dated directive after which the directive is no longer valid; directives cannot be effective for more than one year, and may be revoked by the physician at any time; and,
- being available to attend at the same location as the procedure is performed should circumstances arise where they are required to assist non-physician providers or to manage complications arising from the procedure. Available to attend means, the physician most responsible for care must be available to attend within a reasonable time consistent with the nature of the episode or complication. Depending on the circumstances, "available to attend" may include virtual or in-person care.

It may be prudent for RNs to obtain a written confirmation from the physician that the physician is meeting all responsibilities outlined in the Bylaw and Policy. RNs and NPs must have the ongoing knowledge, skill, and judgement to safely perform the injection of bioactive agents.

Personal Competence and Initial Accredited Education

Each RN and NP is responsible and accountable for ensuring they have the knowledge, skill and judgment to practice safely, competently and ethically.

Entry-to-practice education programs do not provide the required education for RNs and NPs to administer aesthetic products, including but not limited to dermal fillers, volume enhancers, collagen stimulators and neuromodulators. Therefore, in addition to obtaining the regulatory authority (i.e., CNP) prior to practicing aesthetic nursing, RNs and NPs require initial accredited education and training, beyond on-the-job training, to attain the appropriate competencies to practice competently and reasonably assure public safety. Ongoing learning and training are expected as part of continuing competence.

RNs and NPs must be sure the education and training they take provide competencies,

including infection prevention and control best practices, specific education in anatomy and physiology of the skin and underlying tissue, and assessment and knowledge of products and devices used in practice. You may wish to visit the Canadian Nurses Association website or other accredited educational course websites.

The authority to perform aesthetic nursing varies between jurisdictions. As such, RNs and NPs who completed their aesthetic education in another jurisdiction will still be required to complete the CNP process. to ensure the activities can be performed in Saskatchewan.

Accountabilities

RNs and NPs are accountable to the CRNS, the public and the employer when practicing aesthetic nursing. Before initiating an aesthetic practice, in addition to CNP, RNs and NPs ensure there are policies in place to authorize the nursing practice. For RNs practicing aesthetic nursing, practice can be authorized through an RN Clinical Protocol. The RN Specialty Practices (RNSP) model describes the essential components of an RN Clinical Protocol:

- Is the activity in the client's best interest in their particular environment?
- What evidence exists to support the practice?
- Where will the authority come from?
- Which RNs with which competencies will be approved to perform the RNSP?

For more information, please review the RN Specialty Practices Guideline.

Reflect on Your Practice: Cosmetic Injectables provides information to consider before engaging in aesthetic nursing. Additionally, Health Canada requires all health professionals to follow Canada's Food and Drug Act and the regulatory requirements for advertising health products.

Advertising

RNs and NPs are accountable for how they convey their business to the public through advertising. In addition to the guidance provided for advertising nursing services found in the Self-Employed Guideline, the following are requirements when advertising aesthetic nursing services:

- Informed consent is obtained from the client for the purpose of advertising and privacy and confidentiality are always maintained.
- Client name and identifying features are only used in advertising media if prior written consent has been obtained.
- Health services or products have been authorized for sale in Canada by Health Canada.
- Use of illustrations, images, representations or claims are reasonable and appropriate.
- Advertising media do not contain comparative statements that claim or imply superiority over others.
- Advertising media do not contain or include promotional/sale advertising.

Nursing Process

RNs and NPs are accountable for implementing the nursing process including:

- conducting or using information from the initial and ongoing assessments to develop and update a nursing care plan;
- implementing the care plan and performing interventions safely and competently;
- evaluate whether the intended outcomes of the care plan are being achieved;
- continuing consultation and communication with the NP or physician; and,
- documenting the care provided, any unexpected reactions, and any other information that may impact the ongoing care of the client.

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Informed Consent

The RN or NP must obtain and document informed consent before implementing the treatment plan. Informed consent is obtained according to legislation, practice standards, and the *CRNS Code of Conduct*. Informed consent means the RN or NP has explained the intervention, including alternative options, and disclosed the risks and potential complications. Consent must be voluntary and cannot be coerced from the client through undue influence or intentional misrepresentation. The client can withdraw consent for treatment at any time.

Infection Prevention and Control Responsibilities

RNs and NPs implement evidence-based infection prevention and control principles, standards and guidelines to reduce the risk to the client, public and self. Best practices include, but are not limited to appropriate handling, cleaning and disposing of materials and equipment needed for the procedure. RNs and NPs monitor for changing clinical infection control practices and adapt practice as required. Additionally, RNs and NPs effectively communicate infection concerns and if needed, arrange appropriate follow-up.

Self-Employed Practice and Professional Liability Protection

The *Self-Employed Practice Guideline* provides guidance for RNs and NPs who are self-employed. The Canadian Nurses Protective Society (CNPS) professional liability protection is available only for matters that arise from the provision of professional nursing services pursuant to a valid nursing license or registration. RNs and NPs have professional liability protection for nursing practice; however, not all aesthetic services are considered nursing practice. RNs and NPs engaging in non-nursing aesthetic services do not have professional liability protection through the CNPS for those activities and will require additional liability protection. Please contact the CNPS for further discussion on professional liability protection related to aesthetic nursing practice.

Key Messages

- RNs and NPs must complete the Confirming Nursing Practice process before engaging in aesthetic nursing, using their professional title and including practice hours worked in this area.
- The CNPS professional liability protection is available only for matters that arise from the provision of professional nursing services pursuant to a valid nursing license or registration. Please contact the CNPS for matters on professional liability protection related to aesthetic nursing practice.
- RNs and NPs must have initial and ongoing authority, education and personal competence when engaging in aesthetics nursing.
- RNSPs must be in place when RNs engage in aesthetic nursing.
- RNs and NPs implement the nursing process for each client.
- RNs and NPs advertise aesthetic services responsibly.
- RN and NPs engaged in aesthetics nursing who need more information can contact the CRNS at practiceadvice@crns.ca.

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Bibliography

Ad Standards. (2019). *The Canadian code of advertising standards*. Retrieved from https://adstandards.ca/code/the-code-online/

College of Physicians and Surgeons of Saskatchewan. (2024). *Regulatory bylaws for medical practice in Saskatchewan*. Retrieved from https://www.cps.sk.ca/iMIS/Documents/Legislation/Legislation/Regulatory%20Bylaws.pdf

College of Registered Nurses of Newfoundland and Labrador. (2019). *Advertising nursing services*. Retrieved from https://crnnl.ca/site/uploads/2021/09/advertising-nursing-services.pdf

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