



Aesthetics Nursing

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Introduction

The College of Registered Nurses of Saskatchewan (CRNS) has the responsibility to regulate Registered Nurses (RN) and Nurse Practitioners (NP) in all areas of nursing practice, including aesthetics nursing. This resource is a compilation of current CRNS directions to registrants on aesthetics 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 aesthetics 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 Canadian Nurses Association (CNA) [Code of Ethics for Registered Nurses](#). Additionally, the following existing CRNS guidance documents may relate to RN or NP aesthetics nursing practice:

- [Medication Management Guideline](#)
- [Self-Employed Practice Guideline](#)
- [Documentation Guideline](#)
- [RN Specialty Practices Guideline](#)
- [Reflect on Your Practice: Cosmetic Injectables](#)

Aesthetics Nursing Defined

Aesthetics nursing is defined as the provision of specialized procedures intended to alter, enhance or restore a person's appearance. Examples include, and are not limited to, dermal fillers, volume enhancers, collagen stimulators, and neuromodulators such as Botox. Aesthetics nursing may also be referred to as cosmetics and other industry-related terms. RNs and NPs who engage in aesthetics nursing are expected to apply the nursing process and comply with relevant RN or NP 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 bylaws further define authority for registrants. NPs are authorized to diagnose, prescribe and treat common medical conditions. Diagnoses related to aesthetics nursing may be considered common medical conditions for some NPs and not for others ([Nurse Practitioner Scope of Practice policy](#)).

RNs Working with NPs

NPs with the knowledge, skill, judgment and training to safely prescribe and treat the condition and who have completed the CRNS [recognition of practice](#) process are considered to be authorized prescribers. RNs may receive authority to administer injections through a directive from authorized prescribers as described in the [RN Specialty Practices Guideline](#). RNs and NPs must have recognition of practice through the CRNS before using the RN or NP title and including hours worked in aesthetics nursing in self-reported RN or NP practice hours. RNs and NPs are responsible for ensuring that a recognition of practice has been obtained before providing or accepting a directive. Without recognition of practice, RNs and NPs do not have liability protection through CNPS.

RNs Working with Physicians

Physicians have responsibilities when providing directives to RNs when authorizing the injection of bioactive agents. [CPSS Bylaw 23.5](#) and [Policy: Performing Office-based Non-insured Procedures](#) describe those responsibilities. Several key responsibilities for the physician include:

- obtaining CPSS approval to perform injections of bioactive agents;
- providing a written directive setting out the specific services which the RN is authorized to provide, and any requirements for supervision;
- outlining in the written directive if and under what circumstances an RN can conduct an initial assessment;
- renewing the written directive annually; and,
- being available to attend (virtually or in-person) 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.

RNs are required to confirm the above are in place prior to accepting authorization from a physician for the purpose of injecting a bioactive agent.

Personal Competence

In addition to the regulatory authority, RNs and NPs engaging in aesthetics nursing must have the personal competence to safely provide the necessary care and respond to any adverse reaction resulting from the procedure. Entry-to-practice education programs do not provide the required education for RNs and NPs to administer products, including but not limited to dermal fillers, volume enhancers, collagen stimulators and neuromodulators; therefore, additional [accredited](#) initial education is required to practice aesthetics nursing. Ongoing learning is expected as part of continuing competence.

Education

Each RN and NP is responsible and accountable for ensuring they have the knowledge and judgment to practice safely, competently and ethically. RNs and NPs working in aesthetics nursing require additional education beyond on-the-job training to attain and maintain the appropriate competencies to practice competently and reasonably assure public safety. 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 their practice.

Accountabilities

RNs and NPs are accountable to the CRNS, the public and the employer when practicing aesthetics nursing. Before initiating a practice, RNs and NPs ensure there are directives and policies in place to authorize the nursing practice. For RNs practicing aesthetics nursing, this can be done by developing an RN Clinical Protocol. The RN Specialty Practices 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? and
- Which RNs with which competencies will be approved to perform the RNSP?

[Reflect on Your Practice: Cosmetic Injectables](#) provides information to consider before engaging in aesthetics nursing. Additionally, Health Canada requires all health professionals to follow the FDA and the regulatory requirements for advertising health products.

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 (NPs may conduct an initial assessment under their own authority and RNs may if authorized through a current written physician or NP directive);
- Implementing the care plan and performing interventions safely and competently;
- Conducting ongoing assessments to determine whether the intended outcomes 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.

Informed Consent

The RN or NP must obtain and document informed consent before implementing the treatment plan. Informed consent means the RN or NP has explained the intervention, including alternative options and disclosing risks and potential complications. Consent must be voluntary and cannot be coerced from the client through undue influence or intentional misrepresentation.

Infection Prevention and Control Responsibilities

Implementing evidence-based infection control prevention practices reduces the risk to the client, RN or NP. 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.

Self-Employed Practice and Professional Liability Protection

The [Self-Employed Practice Guideline](#) provides guidance for RNs and NPs who are self-employed. RNs and NPs have professional liability protection for nursing practice; however, not all aesthetics services are considered nursing practice. RNs and NPs engaging in non-nursing aesthetics services do not have professional liability protection through the Canadian Nurses Protective Society (CNPS) for those activities and will require additional liability protection. Please contact CNPS for further discussion on professional liability protection related to aesthetic nursing practice.

Key Messages

- RNs and NPs must obtain recognition of practice approval from the CRNS before engaging in aesthetics nursing, using title and claiming practice hours. Without recognition of practice RNs and NPs do not have legal liability protection.
- RN and NPs already engaged in aesthetics nursing without recognition of practice should contact regulation@crns.ca
- 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 aesthetics nursing.
- RNs and NPs implement the nursing process for each aesthetics client.

