Bachelor of Science in Nursing

BCIT BSN Student Scope of Practice
Standards, Limits, Conditions

Purpose

The purpose of this document is to provide direction for students, instructors, and practice placement agency nurses around professional standards, limits, and conditions in the context of the BCIT Bachelor of Science in Nursing (BSN) student. This document is aligned with the BC College of Nurses and Midwives (BCCNM) Scope of Practice for Registered Nurses: Standards, Limits, Conditions (2021). This document provides direction for the BCIT BSN on which skills nursing students may or may not perform, and describes the specific standards, limits, and conditions under which certain skills may be performed.

In addition to the BCCNM Scope of Practice for Registered Nurses, BSN students have additional limits and conditions placed on their practice. The responsibility rests with the student to recognize their own limitations, act responsibly and ensure their own level of competency and learning. BSN students must at all times adhere to the Canadian Nurses Association (CNA) Code of Ethics (2017) and act in conformity with the BCCNM Professional Standards (BCCNM, 2021) and Practice Standards (BCCNM, 2020).

Use of Title - Nurse

The use of the title "nurse" carries particular meaning and conveys a level of knowledge and skill in managing the health care of a client. Reserved titles are restricted by the Health Professions Act for use only by the registrants of a regulatory college. The Health Professions Act, Nurses (Licensed Practical) Regulation, Nurses (Registered) and Nurse Practitioners Regulation, Nurses (Registered Psychiatric) Regulation, and BCCNM Bylaws specify which titles may be used by individuals who are practising practical nursing, nursing (including nurse practitioners), and psychiatric nursing. Only individuals who are registered with BCCNM may use a reserved nursing title in B.C. and the permission to do so is granted when you register with BCCNM (taken directly from the BCCNM website, use of title).

In accordance with BCCNM Practice Standard, Use of Title, the title of *Nurse* is a protected title not to be used by BSN students, or by graduate nurses with provisional registration. Students who are enrolled in an entry-level nursing education program are to identify themselves as a "student nurse" or "SN" when documenting or providing care or services to a client.

Students must also indicate their school, 'BCIT' to differentiate between students from other nursing schools. Initials should not be used in narrative charting. Initials are used only on flowsheets.
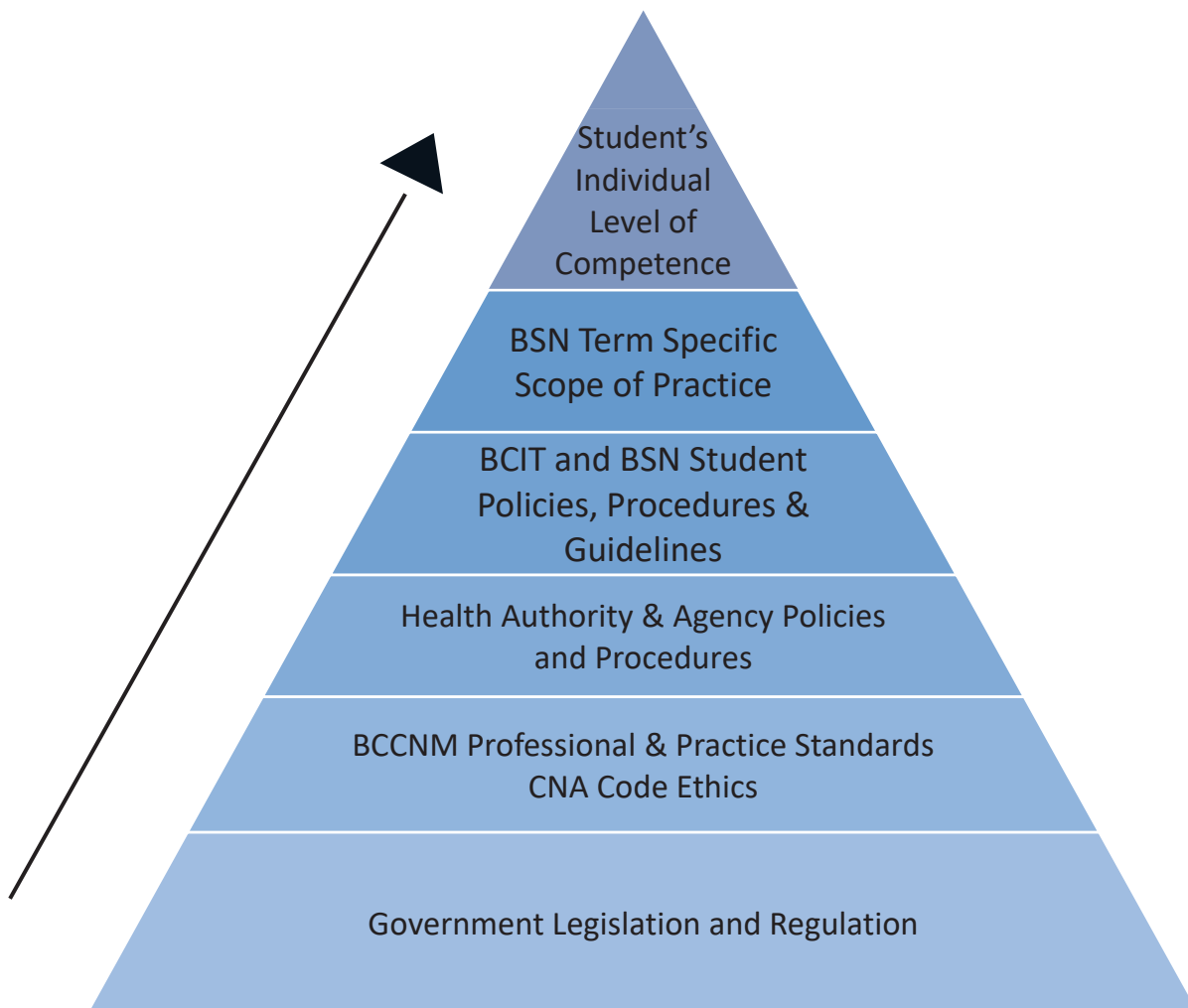
For Example: *D. Jones*, BCIT SN

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Controls on Nursing Practice

When in attendance at any practice setting, students must always adhere to the BCCNM Practice Standard of Professional Responsibility and Accountability and the Canadian Nurses Association (CNA) Code of Ethics. Students must take responsibility for their continued competence and learning and recognize and disclose their own limitations. Students must familiarize themselves with the policies and procedures in the health agency within which they will be practicing. The **MOST** restrictive is what the student must follow.

Students have six levels of control. These are:

Figure 1: Controls in Student Nurse's Practice

Student's Individual Level of Competence

BSN Term Specific Scope of Practice

BCIT and BSN Student Policies, Procedures & Guidelines

Health Authority & Agency Policies and Procedures

BCCNM Professional & Practice Standards CNA Code Ethics

Government Legislation and Regulation

Government Legislation and Regulation
In all contexts, government regulation must be adhered to. This includes, but is not limited to, the Health Professions Act, FIPPA Acts, as well as other relevant legislation. All BSN students should be familiar with relevant legislation and documents.

BCCNM Professional & Practice Standards, CNA Code Ethics

Consistent with the BCIT BSN curriculum and program requirements, all BSN students must meet specific competencies designed to ensure students are prepared as generalists, and able to practice in accordance with the standards, limits, and conditions of RN practice. Refer to:

- BCCNM Entry Level Competencies for Registered Nurses and Nurse Practitioners
- BCCNM Practice Standards for Registered Nurses and Nurse Practitioners
- BCCNM Nurse Practitioners & Registered Nurses Professional Standards
- BCCNM Registered Nurses Scope of Practice: Standards, Limits, Conditions
- CNA Code of Ethics

Health Authority & Agency Policies and Procedures

The BSN student scope of practice is controlled by practice agency policies and procedures. In the context of BSN education, the policies and procedures of practice partners must be adhered to. Students must be familiar with the policies and procedures in the health region/agency within which they are practicing.

Agency policies and procedures for nursing practice may differ between health authority, BCIT, and/or BSN program. At each practice site, students are required to ensure they are knowledgeable of all relevant policies and procedures prior to performing any clinical activity. Students must access agency policies and procedures and consult with their instructors as necessary to ensure accuracy and comprehension of policies and procedures prior to implementing an activity. The **MOST** restrictive is what the student must follow.

BCIT and BSN Student Policies, Procedures & Guidelines

Both the Institute and the BSN program have specific policies and procedures that a student must adhere to while a BCIT student.

BSN Term Specific Scope of Practice

In addition to the BCCNM Scope of Practice for Registered Nurses, the BCIT BSN Program places additional limits and conditions on the practice of the BSN students.

BSN students are expected to recognize their own limitations, always act responsible, and take responsibility for ensuring their own continued competency and learning. BSN students must at all times adhere to the *CNA Code of Ethics* and act in conformity with the *BCCNM Practice and Professional Standards*.

BSN Student's Individual Level of Competence

Individual students within the BSN program have both shared and unique experiences, learning needs and goals, as well as existing knowledge, skills, and attitudes. Students will track competencies by various means: learning plans, records of skill completion, certifications, and other related documents.

Assessing Individual Competence

To ensure the quality and safety of one's practice, students must take the following steps **prior to performing any psychomotor skill**. The student:

1. Ensures the government and regulatory regulations are upheld.
2. Verifies activity is within student scope of practice.
3. Complies with practice placement policies and procedures.
4. Establishes and supports individual student's competence in the delivery of safe, ethical, competent nursing care.

Regulatory Supervision

The BCCNM Practice Standard for Regulatory Supervision of Students (2020), indicates nurses have a professional responsibility to provide regulatory supervision of student activities that affect clients (e.g., assessments, treatments, interventions). The nurse may be in any number of roles, including an instructor supervising a clinical rotation or a nurse supervising a student's preceptorship, and has a responsibility when they agree to supervise students. The title nurse refers to the following BCCNM nursing registrants: licensed graduate nurses, licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, except where otherwise specified.

In instructor-led clinicals, the nurse with the primary responsibility for supervising the practice of a BSN student is the practice course instructor. In Preceptorship, this responsibility is shared between the student's course instructor and preceptor.

The BCIT BSN program recommends the following guidelines for student supervision:

- Performance of an activity for the first time in a clinical setting requires the student is supervised (i.e., close observation) by their practice course instructor or preceptor/most responsible nurse.
- Subsequent supervision may or may not require close or direct observation. The precise nature of supervision is consistent with the student's proficiency and determined by the practice course instructor or preceptor/most responsible nurse.

A student is deemed to be competent to perform a psychomotor skill/activity after demonstrating adequate, relevant knowledge, dexterity, problem-solving capacity, and clinical reasoning in the context of the client and situation.

Conclusion

BSN students work toward undertaking the full scope of RN practice. As with RN practice, BSN student practice requires the use of decision-making and clinical reasoning processes. Student practice cannot be defined by a list of psychomotor skills or tasks. Student practice is dependent on factors that must be determined prior to attempting to perform an activity that falls within the scope of RN practice.

Scope of Practice for Registered Nurses

The BCCNM Scope of Practice for Registered Nurses details the activities that Registered Nurses can perform. These activities are divided into:

Restricted Activities that are not Restricted or Autonomous Scope of Practice

- Autonomous scope of practice is a nurse's ability to make decisions about client care activities in which they are educated, competent and authorized to make. Autonomous scope of practice includes acting to perform these activities within the BCCNM Scope of Practice without the direction of another health care provider.
- Some examples are assisting clients with activities of daily living, planning client care, providing health promotion services (i.e., blood glucose screening)

Restricted Activities that Require an Order

- Restricted activities that may be carried out during registered nursing practice but require an order from a listed health professional.
- The BCCNM Autonomous Scope of Practice and Client-Specific Orders standard outlines 'what is a client-specific order' and 'what is not a client-specific order'.
- Some examples are medication, procedures below body surfaces (i.e., wound care), putting items into body openings.

The following two categories are **NOT** included in the student scope.

1. Restricted Activities for Certified Practice
   - Nurses require BCCNM certification to carry out these activities (e.g., Remote Nursing Practice, Reproductive Health, RN First Call activities).
2. Restricted Activities Outside RN Scope of Practice
   - Delegation of a restricted activity to registered nurses is done on an exceptional and rare basis.

Many of the activities described within the BCCNM Scope of Practice for Registered Nurses are subject to specific limits and conditions.

Standards, Limits, Condition for the BSN Student

In addition to the BCCNM Scope of Practice for Registered Nurses, BSN students have additional limits and conditions placed on their practice. The responsibility rests with the student to recognize their own limitations, act responsibly and ensure their own level of competency.

The following provides further guidance regarding skills and activities that are within the BSN student scope or practice:

- Appendix A lists the psychomotor skills per Term across the BSN program.
- Appendix B provides a detailed list of psychomotor skills/activities students may come across and identifies limits and conditions for the BCIT BSN student.
- Appendix C identifies key roles and responsibilities of a BSN student in a code blue situation in both the acute and community settings.
- Appendix D addresses high alert medications.

Regulatory Supervision of Nursing Students

Regulatory supervision is the process nurses follow in authorizing nursing student activities. Regulatory supervision of nursing students is guided by the BCCNM Regulatory Supervision Practice Standard. This Standard describes the process nurses follow in authorizing nursing student activities.

Instructors may involve others but are still responsible for the regulatory process. All registered nurses share in the responsibility of regulatory supervision will anticipate and manage potential and actual risks that originate from nursing student activities. This includes reviewing and revising regulatory supervision decisions.

The student is **not** to exceed the scope or knowledge, skills, and abilities of the registered nurse who is providing direct practice supervision.

Learning Experiences when Instructor or Preceptor is Not on Site

There are some practice experiences/sites when the instructor is not physically in the same site as the student (i.e., community and/or public health). Students are responsible for communicating and/or planning with their instructor **prior to performing** any skill/activity that requires direct observation. In the case of preceptorship, the student would communicate and/or plan with their preceptor prior to performing any skill/activity.

References

British Columbia College of Nurse Practitioners and Midwives. (2021). BCCNM registered nurses
        requisite skills and abilities: Becoming a registered nurse in British Columbia. Vancouver: Author

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British Columbia College of Nurse Practitioners and Midwives. (2020). Registered nurses scope of
        practice: Standards, limits, conditions. Vancouver: Author

Canadian Nurses Association. (2017). Code of ethics for Registered Nurses. Ottawa: Author

Appendix A: BSN Program Psychomotor Skills by Term

The following table lists when skills are first introduced and taught in specific Terms of the BSN program. This table is not exhaustive in the skills students have learnt or practiced. It is meant as a guide to provide a program level view. Psychomotor skills are taught in labs and simulation as well as in clinical settings. Relational inquiry and clinical judgement/reasoning skills are taught throughout all practice, nursing knowledge, communication, research, and evidence-based courses.

There are no new psychomotor skills taught in Year 3 of the program.

Psychomotor Skill	Year 1			Year 2		
	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
Medical Asepsis	•					
Hand Hygiene	•					
Infection Prevention and control - PPE	•					
Quality & Safety	•					
Basic Interview Skills	•					
Vital Sign Assessment • TPR, BP, oxygen saturation	•					
Intro to Health Assessment – focused assessments	•					
Windshield Community Assessment	•			•		
Head to Toe Assessment		•				
Principles of Asepsis – Acute setting • additional precautions		•				
Body mechanics, Lifts, Transfers, Positioning • fall prevention		•				
Bowel Care • changing briefs • Bristol Stool Chart		•				
Catheter Care including emptying bag		•				
Feeding (includes nutrition assessment) • total care client • client with dysphagia		•				
Suctioning – oral & pharyngeal with Yankuaer		•				
Specimen Collection – Urinary • urinalysis, clean void specimen, culture & sensitivity (c&s), 24 hr. collection & urine test strips (Chemstrips) • non-sterile urine collection from Foley		•				

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Psychomotor Skill	Year 1			Year 2		
	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
Specimen Collection – Bowel • C & S, occult blood, C. difficile and ova & parasites (O & P)		•				
Specimen Collection – Sputum		•				
Specimen Collection - multidrug resistant organism (MDRO)		•				
Medication Administration • oral, suppository, drops, narcotics, inhaled, PRN		•				
Blood Glucose Monitoring		•				
Oxygenation • delivery methods • titration of oxygen using algorithm		•				
Principles of Surgical Asepsis • simple dressing change, sterile gloving			•			
Subcutaneous (S/C) Injections (includes insulin) • includes s/c butterflies			•			
Simple Wounds • care & management			•			
Suture & Staple Removal			•			
Surgical drain management & removal			•			
Urinary catheter management & removal			•			
Ostomy Care			•			
Nasogastric (NG) tube assessment, management & removal (no medication administration)			•			
Intravenous (IV) Infusion • pumps & gravity, priming lines, tubing change, removal • Saline lock management, flushing & removal			•			
IV Medication Administration • secondary			•			
Intramuscular (IM) Injection – Naloxone				•		
Mental Status Assessment				•		
Head to Toe Assessment • obstetric • pediatric					•	
Medication Administration **(Theory only)** • Labour & Delivery • Newborn					•	
Medication Calculation - Pediatric					•	
Newborn Feeding • breast • formula					•	

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Psychomotor Skill	Year 1			Year 2		
	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
IV Syringe Pumps					•	
Gastric Tubes						•
Chest Tubes • care & maintenance						•
Blood Transfusion						•
Urinary Catheter Insertion						•
Central Venous Catheter (CVC) Care						•
Parenteral Nutrition						•
IV Medication Administration • Direct						•
Nasogastric (NG) tubes / Large bore or Salem Sump only • maintenance • insertion & removal • medication administration • Enteral Nutrition						•
Percutaneous Endoscopic Gastrostomy (PEG) or Percutaneous Endoscopic Jejunostomy (PEJ) • maintenance • medication administration • Enteral Nutrition						•
Tracheostomies • care • suctioning						•
Basic ECG Interpretation **(Theory only)**						•

Appendix B: Controls and Limits on BCIT BSN Student Practice

Students and instructors/preceptors must be aware of the *controls and limits placed of a student's scope of practice* and the *practice placement agency specific policies and procedures* **prior** to performing any skills/activities. The **most restrictive** policy is always followed.

Appendix A identifies the BSN program psychomotor skills by Term. Students are not permitted to perform any skill/activity prior to being assessed by an instructor that they are safe and competent to perform the skill/activity in a clinical setting. Once the student is deemed to be safe and competent to perform the skill/activity, it is the student's responsibility to maintain their level of competence for the remaining of the program. Students may be assessed in the following Terms by instructors to ensure competency has been maintained, however the skill/activity will not be re-taught.

The following table identifies the levels of control on the BSN student practice. Preceptorship students will have a different level of control in certain practice settings. These are identified by grey highlighting.

Levels of Control on BSN Student Practice:

Category A: These skills/activities must be directly supervised by the instructor or preceptor until the student is assessed as competent and then they can perform independently. Once assessed as competent, students are expected to maintain the skill competency throughout the rest of the program by attending practice sessions and/or open lab. In some cases, students in later terms of the program, may practice a skill/activity prior to practicing that skill in a scheduled lab **only** if they have permission from and are supervised by their instructor.

Category B: These skills/activities must **always** be directly supervised by the instructor/preceptor or nurse. As with any skills/activities, students must follow practice placement agency policies, procedures and guidelines which may set boundaries for student practicing a category B skill/activity.

Category C: These skills/activities must **not** be performed by a BSN student at any time.

> Grey highlighted Skills/Activities indicates a level of control assigned only to **preceptorship** students who are in a specific focus of practice. Students can perform the different level of control in preceptorship **only** if the following criteria are met:
> - Upon approval by instructor and preceptor, in alignment with the health authority policy, and the specific skills, interventions, or nursing care may be provided by students in focus of practice areas where these are regularly provided by the nurse. This can be approved on a case-by-case basis for students in specialized focus of practice areas.

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TOPIC	SKILLS / ACTIVITIES	CATEGORY		
		A	B	C
Assessment – Emergency & Critical Care FOP	Initial assessment of all clients with documentation co-signed by a nurse – Preceptorship only (emergency & critical care)		X	
	Triage, assessment, and management – Preceptorship only (emergency)		X	
Blood & Blood Product Transfusion	Check blood products			X
	Preparation of blood products		X	
	Monitor blood product infusion		X	
	Administer RHOGAM			X
	Administer RHOGAM – Preceptorship only (LDR/Post Partum)		X	
Cardiac	Cardioversion or defibrillation			X
	Epicardial AV line, post-removal monitoring			X
	Epicardial dressing change			X
	Hold pressure on femoral site hematoma post coronary angiocatheter			X
	Identification of cardiac dysrhythmias for the purpose of instituting treatment (beyond basic CPR)			X
	Post coronary angiocatheter checks, radial and femoral			X
	Removal or adjustment of a vascular band or radial compression device			X
	Telemetry monitor interpretation			X
	Telemetry Monitor Rhythm Interpretation – Preceptorship only		X	
	Ankle-Brachial Index (AB)I measurement			X
	Fetal Health Surveillance monitoring interpretation – Preceptorship only		X	
Catheter	Urinary Catheter – insertion, management, and removal - Adult only	X		
	Urinary Catheter – management– Peds only	X		
	Urinary Catheter – removal – Peds only		X	
	Urinary Catheter – insertion Preceptorship only (Peds)		X	
Chest Tubes – Adult only	Assessment, care, and dressing change of small and large bore chest tube	X		
	Changing over the chest drainage atrium device		X	
	intermittent irrigation with medications			X
	Intermittent irrigation with normal saline ONLY			X
	Obtaining fluid samples			X
	Pleurx drain, dressing change and draining of the drain			X
	Pneumostat, changing of device			X
	Pneumostat, dressing change	X		
	Removal of small and large bore chest tubes, and tying of purse-string sutures if applicable			X
Code Response	Code Blue (See Appendix C for specific student scope)	X		
	Code Red - activate	X		
	Code Red – Respond as per instructions		X	
	Codes White, Yellow, Green, Orange, and Black as per instructions		X	
	Codes Brown, Pink, Grey, and Silver			X
Constant Care	Constant Care Provider (commonly referred to as a 1:1 nurse)			X
Death	Care of the body	X		
	Documentation of Notification of death to next of kin			X
	Pronouncement of death			X
Diabetic/Glucose Monitoring	Blood glucose monitoring - Adult only	X		
	Perform a blood sugar check in an infant under 1 year – Preceptorship only		X	
	Capillary blood glucose level (finger prick) –Adult only	X		
	Hypoglycemia protocol	X		

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TOPIC	SKILLS / ACTIVITIES	CATEGORY		
		A	B	C
Dialysis	Pre-dialysis assessment	X		
	Set up/strip down/clean dialysis machine	X		
	Hemodialysis, initiation, and monitoring			X
	Hemodialysis, initiation, and monitoring – Preceptorship only		X	
	Hemodialysis (i.e., insertion of hemodialysis needles)			X
	Change settings on hemodialysis machines			X
	Change settings on hemodialysis machines – Preceptorship only		X	
	Medication administration, oral	X		
	Medication administration, parenteral			X
	Peritoneal dialysis, assessment, and care		X	
	Permacath or tunneled CVAD line care			X
	Set up/strip down/clean dialysis machine	X		
Documentation	Completing nightly review of charts and Medication administration record (MAR)		X	
	Verifying a client's signature on a consent form			X
Emergency Response	Code white, management			X
	Care and management of aggressive persons			X
	Care and management of aggressive person - Preceptorship only		X	
	Physical or chemical restraints			X
	Code blue, management			X
	Code blue, participation		X	
	Code pink, management			X
	Code pink, Preceptorship students with Neonatal Resuscitation Certification in NICU or OB are to follow hospital policy and procedure for Code Pink at all times			X
	Cardioversion or defibrillation			X
	Documentation of resuscitation events			X
Epidural or Patient-Controlled Analgesia Pump (PCA)	Epidural/PCA, assess & monitor		X	
	Epidural/PCA – manage pump functions			X
	Epidural/PCA – manage pump functions – Preceptorship only		X	
	Epidural catheter, removal			X
	Epidural catheter, removal – Preceptorship only		X	
Escort	Accompany clients requiring nursing supervision with the designated nurse for observation only		X	
	Designated escort for clients requiring nursing supervision during transport.			X
	Transfer of client to theatre		X	
Immunization	Acute care, See BCCDC and health authority policies		X	
	Obstetrics			X
	Community, See BCCDC and health authority policies		X	
Intravenous (IV) - Adult & Peds	Insert or start an IV			X
	Insert or start an IV/saline lock– Preceptorship only		X	
	Assess and maintain	X		
	Prime and change tubing and fluid	X		
	Convert to a saline lock	X		
	Flush saline lock	X		
Lifts & Transfers	Utilize client handling equipment, including mechanical lifts, slings, and devices for lateral transfers or repositioning		X	
Medication – Adult only	Administer medications via Volutrols or syringe pumps		X	
	Administer feeds/medication though an NG tube, g-tube, j-tube	X		
	Restricted medications (See Appendix C)			X
	Administration of local parenteral anesthetics			X

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TOPIC	SKILLS / ACTIVITIES	A	B	C
	Completing a manual narcotic and controlled substance count			X
	Dispensing (including preparation and transfer of a medication to a client)		X	
	High alert medications (See Appendix C)		X	
	Low dose ketamine infusion			X
	Preparation & administration of medications (except high alert meds) per ER protocols– Preceptorship only	X		
	Preparation and administration of ANY medications designated as High Alert (see Appendix C)		X	
	Pyxis/Omnicell narcotic count		X	
	Subcutaneous lidocaine infusion for chronic pain management			X
	Total Parental Nutrition (TPN,) preparation and administration		X	
	Wastage of all narcotics/controlled substances – Student with 2 nurses		X	
	Tuberculosis (TB) skin test		X	
	Prepare, initiate, or titrate Oxytocin infusions for induction or augmentation during labour			X
	Fetal monitoring during titration of related infusions during labour			X
	Administer oxytocin IM post-delivery			X
	Administer oxytocin IM post-delivery – Preceptorship only		X	
	Prepare Oxytocin infusion bags or initiate infusions - Postpartum			X
	Administer or regulate Oxytocin for PPH (postpartum hemorrhage)			X
	Monitor stable clients receiving an Oxytocin infusion but NOT regulate the infusion rate - postpartum		X	
	Administer or titrate medications for conscious sedation or independently monitor clients undergoing conscious sedation			X
Medication – Peds only	Administer PO route		X	
	Administer peripheral IV route		X	
	Administer subcutaneous (s/c) route		X	
	Administer intramuscular (IM) route		X	
	Administer Nebulizer		X	
	Administer Oxygen via Optiflow – Preceptorship only		X	
	Administer metered dose inhalers (MDIS's)		X	
	Administer medication by G tube, NG, etc.			X
	Administer medication by G tube, NG, etc. – Preceptorship only		X	
Nasogastric (NG) Tube- Adult only	Insertion, nasogastric tube	X		
	Assessment, care, documentation	X		
	Flushing, with saline or water	X		
	Monitoring with gastric decompression (suction)	X		
	Monitoring, care, and maintenance for enteral nutrition	X		
	Removal of NG	X		
	Insert NG/orogastric (OG) tubes in unconscious clients – Preceptorship only (ER & ICU)		X	
NG Tube – Peds only	Assess & manage			X
	Assess & manage – Preceptorship only (Peds & NICU)		X	
Palliative care	End of life care		X	
Perinatal	Delivery of a newborn			X
	Vaginal and/or cervical examinations			X
	Newborn weight –done in pairs	X		
	Newborn weight – Preceptorship only (LDR, Post Partum & NICU)	X		
	Newborn bath –done in pairs	X		
	Newborn bath – Preceptorship (LDR, Post Partum & NICU)	X		

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TOPIC	SKILLS / ACTIVITIES	A	B	C
	Newborn tests - critical congenital heart defects (CCHD) and transcutaneous bilirubin (TCB)		X	
	Newborn tests - critical congenital heart defects (CCHD) and transcutaneous bilirubin (TCB) – Preceptorship only (LDR, Post Partum & NICU)	X		
	Phototherapy initiation			X
	Phototherapy initiation – Preceptorship only (LDR, Post Partum & NICU)		X	
	Fundal Massage			X
	Fundal Massage – Preceptorship only	X		
	Introducing nipple shield			X
	Introducing nipple shield – Preceptorship only		X	
	Hand expression of breastmilk		X	
	Hand expression of breastmilk – Preceptorship only	X		
	Check expressed breastmilk/donor milk			X
	Check expressed breastmilk/donor milk – Preceptorship only	X		
	Check formula to student's assigned client, with a doctor's order &/or documented feeding plan	X		
	Car seat check			X
	Car seat check – Preceptorship only	X		
Physician Orders	Taking a verbal or phone order – RN must hear order		X	
	Transcribing physician orders		X	
Specimen Collection	Urine, Sputum, Nasopharyngeal, Feces	X		
	Multi Resistant Organ (MRO) Swabs	X		
	Arterial puncture (i.e., arterial blood gas collection)			X
Tracheostomy	Changing dressing	X		
	Changing/removing a tracheostomy tube			X
	Suctioning, cleaning, and changing of inner cannula	X		
	Changing trach ties		X	
	Inflate or deflate trach cuff			X
	Inflate or deflate trach cuff – Preceptorship only		X	
Trauma	Intraosseous devices, insert or remove			X
	Management of unstable C-spine – ER & ICU Preceptorship only		X	
	Log roll of pt with c-spine precautions- ER & ICU Preceptorship only		X	
	Assist with nursing care of pt with c-spine precautions - ER & ICU Preceptorship only		X	
Ventilation	Endotracheal intubation or extubation			X
	Mechanical Ventilator, setting up and supervising operation			X
	Administer Oxygen via Optiflow – Preceptorship only		X	
	Assessment and management of CPAP & BIPAP – Preceptorship only		X	
Venous Access Device – Adult only	Implanted venous access device (i.e., Port-a-Cath), accessing or de-accessing			X
	Implanted venous access device (i.e., Port-a-Cath), assessment		X	
	Central venous access devices (CVAD) or extended dwell catheter assessment		X	
	Drawing blood samples, peripherally inserted central catheter (PICC)			X
	CVAD Dressing changes			X
	CVAD or extended dwell catheter, insertion & removal			X
	CVAD/PICC, flushing and aspirating for patency, de-accessing			X
	CVAD (PICC), change or replace primary IV bags & administer secondary medications if the CVC/PIC has a currently infusing IV solution	X		
	Percutaneous ventricular assist devices (PVAD), Flushing and aspirating for patency			X

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TOPIC	SKILLS / ACTIVITIES	CATEGORY		
		A	B	C
	Medication, non-narcotic, and non-high alert with existing IV infusion		X	
	Peripheral Venous Access Device (PVAD) Insertion			X
	Peripheral Venous Access Device (PVAD) Insertion – Preceptorship only		X	
	Removal of arterial lines			X
	Measurement of arterial & central venous pressure or wedge pressure (Swan-Ganz catheters)			X
	Total Parental Nutrition (TPN), preparation and administration		X	
	TPN connect to CVAD			X
Venous Access Device – Peds only	Peripheral Venous Access Device (PVAD) Insertion – Preceptorship only		X	
Wound Care	Wounds dressing and product selection - Basic – Adult only	X		
	Wounds dressing and product selection - Basic – Peds only		X	
	Wounds dressing and product selection - Complex-Adult only		X	
	Wounds dressing and product selection - Complex- Peds only			X
	Suture/Clips/Staples removal- Adult only	X		
	Suture/Clips/Staples removal- Peds only		X	
	Draining removing/shortening- Adult only	X		
	Draining removing/shortening- Peds only			X
	Flap checks – Adult only		X	
	Flap checks – Peds only			X
	Pico and Prevena dressings			X
	Wound compression therapy			X
	VAC (vacuum assisted closure)			X

NOTE

In the case of any discrepancies between this scope of practice document and what has been taught or practiced in previous terms, consult with the instructor for clarity **prior** to implementing the skill/activity.

It is essential for students to have a thorough understanding of their scope of practice to provide safe and effective care to their clients. If students and/or preceptors are uncertain about any aspect of the student's scope of practice, they should seek guidance from the instructor and agency policies.

Appendix C: BSN Student Role in Code Blue

Code Blue is the emergency code designed to respond to cardiac arrest or medical emergency when a person is experiencing a real or suspected imminent loss of life. Examples of life-threatening medical emergencies include but are not limited to airway compromise, circulation compromise including cardiac and/or respiratory arrest, choking, shock, unconsciousness, hemorrhage, excessive bleeding, anaphylaxis, and overdose.

Nurses are often the first responders to Code Blues. They are the ones at the bedside around the clock, and the ones who first notice signs of clinical deterioration. Nurses play an important role during Code Blues, including nursing students. The following outlines a nursing student's potential role and responsibilities for responding to Code Blue events in various health care settings. This guide assumes that students are current with their BLS certification, have attended relevant BSN Labs and Simulation, i.e., Naloxone administration, Oxygen Therapy, and are familiar with applicable Health Authority guidelines, i.e., Infection Prevention and Control, Emergency Equipment at Bedside.

Code Blues are often distressing for staff and students that are involved. When possible, instructors should endeavour to be present with their student at any Code Blue and make time to debrief with student as soon as possible to reflect on the experience.

Acute Care Setting

During a code blue, the role of BSN students may include:

- Calling a Code Blue or pressing the Code Blue button at the bedside
    - Provide the following information:
    - Name of code
    - Name of building
    - Exact location (room # or department)
- Obtaining the crash cart
- Bringing the chart or WOW into the room
- Administer oxygen
- Notifying healthcare team members as directed
- Ensure personal protective equipment (PPE) available for responders
- Removing obstacles and escorting visitors out of the client's room
- Keeping track of time
- Performing chest compressions
- Managing airway through use of an ambu-bag
- Documenting the situation prior to calling the code if they are the first responder
- Obtaining supplies and equipment (e.g., IV fluids, suction equipment, etc.)
- Administer Naloxone

Community Setting

An emergency response in a community setting differs to an acute setting as there is no designated code team to assist as such the student role differs.

The role of the BSN student may include:

- Calling 911, providing the following information:

- o Client's current status
- o Diagnosis, allergies, relevant past medical history
- o Exact location (client's address)
- Keeping track of time
- Performing chest compressions
- Aiding in directing of emergency medical services (EMS) upon arrival
- If an automated external defibrillator (AED) is present, the student could implement
- If suspected overdose, administering Naloxone if available (**Term 4 and above**)

Appendix D: High Alert & Restricted Medications

The BCCNM Medication Practice Standard outlines accountabilities for providing safe care to clients when performing activities involving medication. Students may perform medication-related activities as allowed by relevant government legislation and regulation; BCCNM standards, limits, and conditions; practice placement and BSN program policies and procedures; and the student's individual level of competence.

High-alert medication are drugs that bear a heightened risk of causing significant client harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devasting to clients. There are extra safeguards put in place to reduce the risk of errors.

For high alert medications, ensure the following:

1. Check health authority and site-specific details and/or requirements as these may vary between authorities/agencies.
2. Students must have the following medications **double-checked** and **co-signed** by the instructor/preceptor or nurse.

High Alert Medications Include:

1. Anticoagulants
    a. Unfractionated heparin
    b. Low molecular weight heparins
    c. Anticoagulants that require regular blood testing (e.g., warfarin)
2. Insulin & hypoglycemics
3. Methotrexate, any route
4. Opioids and controlled substance
5. Oxytocin
6. Parenteral nutrition solutions, including IV dextrose at a concentration of 10% or greater
7. Epidural or intrathecal medications
8. Intravenous medications/solutions
    a. Solutions containing potassium chloride
    b. Hypertonic saline (greater than 0.9% concentration)
    c. All medications (excluding saline/dextrose solutions)
        i. except for IV direct Lasix, dimenhydrinate (Gravol) and/or Ondansetron which must always be checked by a RN but not supervised by an RN once the student is deemed competent by instructor/preceptor or Registered Nurse to administer

IV medications that can **NOT** be administered directly by a student:

    a. Antineoplastic/Cytotoxic medications
    b. Antihypertensive medications
    c. Vasopressors
    d. Anesthesia agents (e.g., Ketamine, Propofol etc.)
    e. Antiarrhythmic and/or other cardiac medications

See the next page for more information about Restricted Medications

Additional Safety Precautions for Medication Infusion (including IV, PCA, epidural, intrathecal, etc.)

Care of medication infusions includes monitoring, hanging new bags, changing infusion rates, and administering bolus doses.

In addition to double-checking & co-signing:

- *Narcotics and controlled substances:* the nurse must always supervise administration at the client's bedside.
- *Non-narcotics*: the nurse must supervise administration at the client's bedside until the student is deemed competent.
- For all high-alert medications requiring an infusion device, the student and the nurse verifier must go to the client bedside together and verify the client using two identifies.

Restricted Medications

Students may **not administer** the following classes of medications:

- IV Adrenergic agonists and/or isotopes
- IV Adrenergic antagonists
- IV Antiarrhythmics
- IV Insulin
- IV Radiocontrast agents
- General anesthetic agents – Inhaled or IV
- Cardioplegic agents
- Chemotherapy agents – any route
- Dialysis solutions
- Neuromuscular blocking agents

*IV refers to the intravenous route

Refer to a current drug reference for a full list of medications within each class.

References

British Columbia College of Nurse Practitioners and Midwives (2020). Practice standard for all BCCNM nurses: Medication. Vancouver: Author

Institute of Safe Medication Administration Practices (2018). ISMP list of high-alert medications in acute care settings. https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf

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