



College of
Registered Nurses
of Manitoba

Employer Handbook

A quick guide on what you need to know

This handbook includes information and resources for registered nursing employers. Our goal is to support you as you support RNs in their practice.

About Us

Our mandate is to serve and protect the public interest.

Together with registered nurses we protect the public. We regulate RN practice in Manitoba and here are some of the ways we do this:

- We approve nursing education programs.
- We have a registration process to ensure applicants meet the requirements to practise as RNs in Manitoba.
- We set the standards of nursing practice that all RNs are required to meet every day.
- We set and monitor continuing competency requirements to ensure RNs remain current in their practice.
- We provide consultation and education to RNs, employers, and the public.
- We receive and handle complaints about registered nursing practice and take appropriate action with fairness and transparency.

Employers should familiarize themselves with the [Practice Expectations for RNs](#) and the *Code of Ethical Conduct*.

Legislation

On May 31, 2018, we became governed under *The Regulated Health Professions Act (RHPA)*. The RHPA is considered umbrella legislation and eventually 22 regulated health professions will come under the Act.

The RHPA and the *College of Registered Nurses of Manitoba General Regulation* provide rules and processes for governance, registration, complaints, discipline, regulation and bylaw making authority. They also set out a list of reserved acts that RNs may perform.

Reserved Acts

Reserved acts are any activities that can pose a risk to client safety. There are 21 reserved acts under the RHPA but only 12 apply to RN practice.

The RHPA is broad regulation; it shows us that as health-care professionals, we share many of the same reserved acts but our breadth and depth of a reserved act may be different. Reserved acts encourage interprofessional collaborative teamwork and some even require an RN take additional education before performing one.

Learn more about reserved acts for RNs and RN(NP)s in the following documents:

- [Scope of Practice for RNs](#)
- [Scope of Practice for RN\(NP\)s](#)
- [Scope of Practice for RN\(AP\)s](#)

Additional Education

Identifying Reserved Acts and Maintaining Records

Employers are responsible for identifying any reserved acts that occur in their practice setting.

Click here for the list of [Reserved Acts Requiring Additional Education](#).

Once you've done this, you'll need to ensure that RNs receive additional education that meets Council approved criteria. Employers also need to keep a current record of RNs who have successfully completed additional education for the purposes of performing reserved acts. Your list should include an RN's name, CRNM registration number, area of practice and the date they completed the education. The College may ask you to provide this list. You can reach out to CRNM's Quality Practice team with questions about RN scope of practice, or tools to support you to develop the additional education that meets the Council approved criteria.

Click here for the [worksheet](#).

Criteria

Additional education is a course, program of study, training or other structured process that meets approved criteria and provides an RN with the competence to perform a reserved act. Additional education must meet the following criteria:

- 1. Plan:** The plan contains a comprehensive approach that demonstrates the need for the reserved act in the practice setting and ensures the RN can meet the learning objectives in order to perform the reserved act competently.
- 2. Curriculum:** The curriculum builds upon standards of practice and competencies to provide the learning experiences necessary for RNs to achieve the competence for the reserved act.
- 3. Resources:** The course, program of study, training or other structured process provides quality education to the RN in order to meet the applicable standards and competencies.
- 4. Evaluation:** The program and evaluation supports the RN in achieving the competence to perform the reserved act.

Click here for the [Practice Direction: Criteria for Reserved Acts Requiring Additional Education](#).

Both the College, the employer and the RN have responsibilities when it comes to additional education:

The College's role → maintain Council approved criteria for reserved acts that require additional education. Provide information to RNs and employers regarding scope of RN practice and Criteria for Reserved Acts that Require Additional Education.

The employer's role → provide additional education to RNs based on the competencies required in the practice setting.

The RN's role → ensure you have completed the necessary education to apply the requisite competency to perform a reserved act.

RN Responsibilities

RNs must have the appropriate knowledge, competence and skills before they perform a reserved act. This expectation exists whether or not the reserved act is one that requires additional education. RNs must seek out any necessary professional development to ensure they maintain competence. RNs are also encouraged to maintain their own record of any additional education they've taken to perform a reserved act and the date they completed the education. Before performing a reserved act, an RN should ask these five questions:

1. Does the reserved act apply to RN practice?
2. Does the reserved act require an order or additional education?
3. Do I have the knowledge, skill and judgment to perform this reserved act?
4. Do my employer policies support me to perform the reserved act in my practice setting?
5. Do I know how the *Code of Ethical Conduct* and the *Practice Expectations for RNs* apply to this reserved act?

Clinical Decision Tool

A clinical decision tool is a document whose purpose is to guide the assessment, diagnosis or treatment of a client specific clinical problem. The clinical decision tool is used when an RN is initiating reserved act 2, reserved act 10, or reserved act 9 for the purpose of treating chlamydia, gonorrhea or syphilis.

Reserved act 2:

A registered nurse may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the registered nurse's practice if the registered nurse practices in an approved practice setting and the registered nurse

- a) uses a clinical decision tool in place at the approved practice setting; or
- b) collaborates with a
 - i. registered nurse (nurse practitioner)
 - ii. registered nurse (authorized prescriber)
 - iii. physician
 - iv. physician assistant
 - v. clinical assistant
 - vi. pharmacist, who is legally permitted and competent to order or receive those reports.

Reserved act 10:

A registered nurse may order X-rays for the purpose of diagnosing a health condition or fracture, or for the purpose of imaging a line or tube placement, that is appropriate to the registered nurse's practice if the registered nurse practices in an approved practice setting and the registered nurse.

- a) uses a clinical decision tool in place at the approved practice setting; or
- b) collaborates with a
 - i. registered nurse (nurse practitioner)
 - ii. registered nurse (authorized prescriber)
 - iii. physician
 - iv. physician assistant, or
 - v. clinical assistant who is legally permitted and competent to order x-rays

Reserved act 9:

A registered nurse may administer a drug by any method for the treatment of uncomplicated gonorrhoeae, chlamydia and syphilis if the RN.

- a) provides communicable disease nursing care in either:
 - i. a hospital or health care facility operated by a health authority, the Manitoba Government, the Government of Canada or First Nation, or another practice setting as part of a communicable disease response program funded by a health authority, the Manitoba Government, Government of Canada or First Nation,
- b) uses a clinical decision tool in place in the above practice setting; and
- c) administer the drug in accordance with the protocol for controlling disease approved by the Chief Public Health Officer appointed under The Public Health Act

An employer does not need to submit the clinical decision tool to the College for approval, but they must ensure it meets the criteria.

[Clinical Decision Tool](#)

Continuing Competency Program

The continuing competency program (CCP) helps RNs keep their skills current so that clients receive safe, competent and ethical care. The program is not punitive and the College is here to support RNs as they complete it.

Each year, RNs and RN(NP)s complete our CCP forms and set their learning goals for the year. There are four components to the forms:

- Part A is a self-assessment of your practice
- Part B is your self-development plan
- Part C is completion of the jurisprudence learning module
- Part D is optional and includes other learning activities you did in the current year

[Learn more about the CCP](#)

CCP Review

Each year, RNs and RN(NP)s are also randomly selected to participate in the CCP review. The review is a separate process where we evaluate an RN's learning. Participants also receive feedback from clients and colleagues through a process called multi-source feedback.

[Learn more about the CCP review](#)

Assignment and Delegation

Unregulated care providers are formal members of the health-care team who are not regulated. Instead, these providers have a scope of employment defined by their employer based on their qualifications and education.

Unregulated care providers are accountable to their employer for their individual actions and decisions. They include, but are not limited to:

- resident aides,
- health-care aides,
- service workers in the community,
- psychiatric assistants,
- home support workers, and in some settings
- office assistants.

RNs may **assign** unregulated providers client-care tasks, which may include reserved act exemptions within the unregulated provider's scope of employment. When assigning tasks, the RN is required to:

- use the nursing process,
- understand the scope of employment,
- provide guidance and collaborate with the unregulated provider, and
- intervene when unsafe or unethical practice is identified.

There are circumstances where it is necessary to **delegate** tasks to unregulated providers in order to provide access to care. Delegation is the extension of authority by an RN or other regulated professional to an unregulated provider who does not normally have the authority to perform the task through their scope of employment. Delegation is always client-specific, and the task cannot be further delegated or transferred to another client.

RNs may delegate tasks outside of the unregulated provider's scope of employment if the task meets the following conditions:

- The employer supports delegation of the task
- The task would normally be performed by a client or their family member as part of self-care
- The task has defined limits and does not require the nursing process
- The need, response and possible outcomes have been identified and documented

[Read more in our practice direction: *Assignment and Delegation to Unregulated Care Providers*](#)

Interprofessional Collaborative Practice

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with people, their support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a client and a team of health-care providers is a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

According to our legislation, an RN/member providing health care for a client must:

- work collaboratively and cooperatively with clients, families and other health-care providers in providing for the health care of the client and communicate effectively and appropriately with them;
- ensure that he or she understands the member's role and the role of the other health-care providers in providing for the health care of the client;
- explain to the client or his or her representative the member's role and responsibility;
- comply with any collaborative care decision tool in place at the practice setting where the member and other health-care providers are providing for the health care of the client;
- give his or her full name and designation of membership class to the client, his or her representative, and any other person involved in the client's health care;
- treat other health-care providers with respect; and
- recognize the skill, knowledge, judgment, and roles of others involved in the client's care.

[Click here for to read the Practice Direction: Interprofessional Collaborative Care](#)

Professional Conduct

Measuring Practice Expectations

We measure an RN's practice based on the benchmark of what we would expect from a prudent RN with similar background and experience. Our nursing practice expectations provide a framework to review an RN's practice to determine which standards, ethical values, and competencies the RN is either demonstrating, not demonstrating, or demonstrating inadequately. We recommend employers use the North Carolina Board of Nursing Complaint Evaluation Tool to assist in investigations.

Duty to Report

Reasonable suspicion testing helps identify a potentially unsafe or unfit RN who is currently being monitored by the Complaints Investigation Committee. Recognizing unsafe practice by an RN can be difficult. Knowing the difference between subtle signs of impairment and stress-related behaviour is challenging. Reasonable suspicion testing can be an effective deterrent since it provides a method to identify RNs who engage in prohibited drug or alcohol related conduct.

[Click here to read our *Duty to Report* fact sheet](#)

Nurse Check

You can check the status of an RN anytime using [Nurse Check](#). This easy-to-use tool is updated in real-time and confirms whether or not a person is eligible to practise in Manitoba.

Employers can sign up for our free online verification system. Contact info@crnm.mb.ca to request an account. This would allow you to view all registrants who have indicated you are an employer and is often helpful when you're verifying your staff's registration status during our renewal period.

[Learn more here](#)

Nursing Titles

We have four membership classes in Manitoba. Professionals in each class are authorized to do different things.

Graduate nurse	GN
*Registered nurse	RN
Registered nurse (graduate nurse practitioner)	RN(GNP)
Registered nurse (nurse practitioner)	RN(NP)

**The registered nurse (authorized prescriber) or RN(AP) role is a notation of the registered nurse title.*

[Learn about the practice expectations and scopes of practice for each](#)

Quality Practice Consultants

Our Quality Practice Consultants are knowledgeable in many nursing areas. Here are some of the ways we support RN practice:

- We provide advice and education to RNs, employers and the public regarding nursing practice issues.
- We consult with RNs and employers on projects related to RN practice.
- We develop resources to support RNs and employers.
- We participate in provincial, national and international initiatives related to nursing practice issues.
- We provide education to RNs about the CCP to ensure they meet the annual requirements.
- We work on projects related to RN practice.
- We give presentations to RNs, employers and the public.
- We answer questions about nursing practice in the following areas:
 - a. Scope of practice
 - b. Practice expectations
 - c. Code of ethical conduct
 - d. Professional practice
 - e. Interprofessional collaborative practice
 - f. Medical assistance in dying
 - g. Medical cannabis
 - h. Assignment and delegation
 - i. Reserved acts requiring additional education
 - j. Duty to Provide Care
 - k. Plus, more...

Resources

We have lots of resources available on our website. Visit us online at crnm.mb.ca.

How to Reach Us

Connect with our quality practice team:

204-774-3477 ext. 301

1-800-665-2027 (toll-free in Manitoba only)

practice@crnm.mb.ca