



College of
Registered Nurses
of Manitoba

Self-Employed Practice Handbook

A handbook to guide self-employed RNs in Manitoba

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If your self-employed practice is agency nursing, refer to the Practice Direction: [Registered Nursing Agency Practice](#)

If you are interested in self-employed practice, refer to the [Practice Direction: Self-Employed Practice](#)

Introduction

In this document, the use of the word nurse or registrant refers to registered nurses (RN), registered nurse (authorized prescriber)s, RN(AP), and registered nurse (nurse practitioner)s RN(NP).

The purpose of the Self-Employed Handbook is to augment the [Practice Direction: Self-employed Practice](#) by further describing self-employed practice considerations.

Background

Self-employed Registered Nurses improve access to health care services in Manitoba by practicing within their scope and using their expertise in the practice environment. Self-employed practitioners apply their knowledge, skills and judgment in many roles that enable individuals, families, groups, communities, and populations to achieve optimum levels of health. Self-employed registrants may have one client, or several based on their practice (casual to full time equivalent practice).

There are many factors that may be used to determine if you are an engaging in nursing practice as an employee or as a self-employed registrant/independent contractor. Each situation is unique and must be assessed based on specific circumstances. To help identify if you are a self-employed registrant/independent contractor, ask yourself the following questions:

- Do you own the business or practice you are claiming RN practice hours from?
- Are you financially invested in the business that you are claiming RN practice hours from?
- Do you profit from the business and/or are you at risk of personal financial loss?
- Do you control the business activities?
- Do you hire your own employees?
- Do you submit invoices for services you provide?
- Are you the trustee of the client record?

If you answered yes to most of these questions, you are most likely a self-employed/independent contractor. If you are still unsure, please refer to The Employment Standards Code, The Worker Recruitment and Protection Act or contact Employment Standards.

All RNs and RN(NP)s who declare that they are a self-employed registrant or independent contractor are accountable to:

- Federal, Provincial and Municipal Laws
- The Regulated Health Professions Act
- Practice of Registered Nursing Regulation

- College of Registered Nurses of Manitoba General Regulation
- College of Registered Nurses of Manitoba Practice Directions
- College of Registered Nurses of Manitoba Practice Expectations for RNs, RN(NP)s, RN(AP)s
- College of Registered Nurses of Manitoba, Entry Level Competencies for RNs, RN(AP)s, RN(NP)s
- All College of Registered Nurses of Manitoba Policies, including but not limited to:
 - AA-1 Health Profession Corporation
 - AA-5 Continuing Competency
 - AA-15 Accepted Practice Hours
 - AA-17 Opening, Closing, Leaving or Moving a Self-Employed Practice
 - Code of Ethical Conduct

You are accountable for complying with the expectations in the College's practice documents, as well as the laws that apply to your practice therefore it is important that you take the time to review the resources available on the [CRNM Website](#).

Before you get too far into the process it is recommended that you contact the local and municipal government to be informed of various licenses and regulations related to opening and operating your specific business.

STEP ONE: Self-Reflection Prior to Engaging in Self-Employed Practice

Are you in good standing with the College of Registered Nurses of Manitoba?

- This means you have no restrictions/conditions on your certificate of practice. If you do have restrictions or conditions, please contact a staff person with the CRNM Self-Employed Team to discuss.

Do you have enough hours of practice?

Nurses considering a self-employed practice must have a minimum of 2,015 hours of Canadian RN practice.

- Clinical experience plays a critical role in consolidating theoretical knowledge, enhancing critical thinking and decision-making capabilities, and fostering an understanding of clinical risk, ethical consideration, and legal responsibilities.

Does your practice fall within your scope of practice?

Scope of practice refers to the range of activities that RNs are both educated and authorized to perform. You can find the legal authority for RN scope of practice in the Manitoba regulations. A self-employed nurse must practice within the boundaries established by legislative, regulatory, business, ethical and professional standards.

In your self-employed practice, consider how you define your role and think about how your registered nursing knowledge and skill has prepared you for self-employed practice.

The *Practice of Registered Nursing Regulation* defines RN scope of practice as the application of registered nursing skill, knowledge, and judgment to:

- Assist individuals, families, groups, communities, and populations to achieve, maintain and restore their optimal physical, emotional, mental, spiritual, and social health.
- Assess, diagnose, plan, and provide treatment and interventions and evaluate their effectiveness and to make referrals.
- Teach, counsel and advocate on behalf of their clients to enhance health and well-being.
- Coordinate, supervise, monitor, deliver and evaluate the provision of health care.
- Manage, administer, and develop systems related to registered nursing and the provision of other health care.
- Teach registered nursing theory and practice.
- Engage in research related to health or the practice of registered nursing.

It is important to understand that there are many Health-Canada approved interventions/products that are outside of the registered nursing profession scope of practice. You must ensure you limit your practice to only the procedures that align within the legislated scope of practice in which there is a reasonable link between foundational knowledge (entry level competencies), skill, judgement, and intervention.

- If you are still unclear if the professional activity you want to engage in is within the scope of your registered nursing practice, contact a staff person with the CRNM Self-Employed Team (selfemployed@crnm.mb.ca)

Do you have the legal authority to engage in this professional activity?

Registered nurses are governed by The Regulated Health Professions Act (RHPA). The RHPA is “umbrella” legislation which means each regulated health profession will be governed under common legislation but will also have its own profession specific regulations. For registered nurses, there are two regulations that we are accountable to: The College of Registered Nurses of Manitoba (CRNM) General Regulation and the Practice of RN Regulation. Registered Nurses are also accountable to Practice Directions, Council Policy, the Code of Ethical Conduct and Bylaws.

The RHPA includes a reserved act model. **Reserved acts** are activities that are deemed to pose a higher risk to the public. Some of the reserved acts that registered nurses can perform require additional education that meets college approved criteria.

- See the [Practice Direction: Criteria for Reserved Acts Requiring Additional Education](#) for more information

Is there evidence to support your practice as being safe, effective, and beneficial to your clients?

As a registered nurse there is a requirement that your practice be evidenced informed. Therefore, if you wish to use complementary or alternative therapies for example, you must be able to demonstrate that the intervention is supported by evidence and science and is in keeping with professional, ethical, and legal obligations. Clients must be allowed to question the use of the modality, must be given the option to choose conventional methods and conflicts of interest must be resolved in favor of the client.

What does Evidence Informed Practice mean?

The nursing research pyramid, or nursing research hierarchy of evidence, provides a visual and systematic depiction of forms of research from the least reliable(base) to the most reliable(apex). The pyramid includes both qualitative

and quantitative paradigms. (Rebecca Ingham-Broomfield). As a registered nurse, you must be familiar with current, objective evidence of benefits to health and the health system. You can then integrate the evidence with your experience and knowledge of contextual factors to decide, in consultation with clients, what best supports the clients' needs.

Understanding the Evidence Pyramid

Level 1	Systematic Reviews and Meta-analysis	Systematic Reviews: Most Reliable. Is an extensive review of all available evidence, removing studies done poorly and identify recommendations for practice based on the well-done studies. Meta-analysis: analysis of several randomized controlled trials, combining all the results of the studies.
Level 2	Critically Appraised Topics (Evidence syntheses)	Provides an evaluation of several research studies on a particular topic.
Level 3	Critically Appraised Individual Articles (Article Synopses)	Provides an assessment of an individual research studies effectiveness.
Level 4	Random Control Trials	Individuals/groups are randomly assigned to an intervention and the effect of the interventions are measured. Very reliable.
Level 5	Cohort Studies	Observational. A study observing a group of individuals who meet selection criteria that are monitored over time.
Level 6	Case Controlled Studies, Case Series / Reports	Observational. Case Controlled Studies/Case Report: research study of an individual unit (1 person, family, or group) often with a disease/condition where information is obtained about exposure or non exposure of the study factor. Case Series: research that tracks subjects with an outcome of interest or a known exposure or similar treatment
Level 7	Background Information, Personal Opinions, Editorials, Anecdotes	Not necessarily backed by research

Level 1-3 are filtered resources: the quality of the study is reviewed and recommendations for practice are made.

Where to find resources: Cochrane Database of Systemic Reviews, JBI EBP Database, Database of Abstracts of Reviews of Effects, CINAHL Plus with Full Text

Level 4-6 are unfiltered resources: the reader takes part in reviewing the information, ensuring it is valid and reliable.

Where to find resources: CINAHL Plus with Full Text, MEDLINE with Full Text, TRIP Database

Level 7: Not necessarily backed by research.

Where to find resources: point of care resources such as textbooks, editorials, etc.

In addition, you may wish to consider the following 8 questions when looking for evidence informed information:

- Why was the study undertaken? (This includes whether an ethics review occurred)
- Who conducted the study?
- Who funded the research?
- How was the data collected? (Double blinded, anecdotal etc.)
- What was the sample size (is it sufficient)?
- Does the research make use of secondary data?
- Does the study measure what it claims to?

- Can the findings be generalized to other populations/reproduced?

Is your practice client centered?

Your client may be an individual, a family, a group of people, a community or population. Client-centered care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making.

You must apply as a framework, the nursing process, which is the systemic approach to the practice that encompasses all steps taken by RNs in planning for the needs of your client, including assessment, diagnosis or determination, planning, implementation, and evaluation.

STEP TWO: Regulated Health Professions Act, Regulation Practice Directions, and Code of Ethical Conduct

Due to the many different RN practice settings and services, it is important to be aware of the information in this section to determine which elements are a requirement for your practice and client population.

Accepting Clients

The Regulated Health Professions Act (RHPA) sets out specific requirements for clients of self-employed RNs.

Accepting or refusing a client must be based on your ability to provide safe, competent care based on the client's health-care needs.

To meet these aspects of care, you must determine if the care required is within your scope of practice. That is, you have the knowledge, skill and judgment required to provide care for the client. An example of this would be providing foot care as part of a client's overall health-care needs. If a client requests in writing that you are willing to take them on as a client, you must provide this.

In special or exceptional circumstances, you can accept a client who has aspects of care beyond your scope of practice if you have a plan to collaborate with other health-care providers to meet the client's needs. For example, an RN(NP) may accept a client in a rural community who has complex health needs (some of which require collaboration with other specialists) to minimize travel for the client.

Self-employed RNs have a legal and ethical responsibility to obtain informed consent from clients for any registered nursing services.

Refusing Clients

There is a difference between refusing clients because the care required is beyond your scope of practice and refusing because the complexity will be time consuming. Refusing because the time spent with clients is time consuming does not uphold the principles of justice.

You cannot refuse to enter a therapeutic relationship because a client's health issues are complex, because there will be a lot of documentation required or because caring for the client will take longer than usual. However, you should refuse clients if the care they require is beyond your competence or scope.

Clients have a right to know why they are refused care; however, you need to consider if revealing this information will threaten the mental or physical safety of them or others.

Starting and Ending Client Relationships

When accepting clients into your practice, it is important to outline the expectations from both the client and RN perspective. For example, clients who accept RNs into their home for care may interpret this as a social visit, making it difficult to maintain professional boundaries. Outlining expectations of the therapeutic nurse-client relationship may help mitigate any potential conflicts.

If you end a therapeutic relationship, you will need to notify the client or their representative, have reasonable grounds for doing so and document these reasons on the client record. You can end a professional relationship if:

- A client poses a risk to other clients, staff, or yourself.
- A client is abusive to you or others.
- A client does not respect professional boundaries or acts inappropriately.
- You need to leave the practice urgently because of illness or urgent circumstances.
- You have completed the agreed upon nursing service.

Fees and Services

You must notify clients or their representatives in advance if there will be a cost associated with the nursing services you provide. For example, an RN who has been asked to provide foot care is required to advise how much it will cost before providing the service.

Client Record Management/Documentation

Documentation and client record keeping are formal, legal documents that provide details about a client's healthcare and progress. Documenting is a vital part of registered nursing practice, and you are accountable for documenting and maintaining your client care record.

Documentation is any written or electronic information about the client that describes the status, care or services provided to that client. It is an essential way for you to demonstrate the nursing process and communicate your observations, decisions, actions, and client outcomes.

Ensure you are documenting on your client appropriately by including:

- Assessment
- Informed consent including disclosure of risks, patient understanding, and opportunity to ask questions
- Orders
- Treatment
- Outcome
- Informed discharge

- Consultation or follow up if necessary

Keeping Client Records

Adult client records must be retained for 10 years past the last entry on the record. If the client is a minor, the records must be retained for 10 years after the minor turns 18 years old.

Due to the extended time frame for record storage, you are encouraged to familiarize yourself with legislation that addresses access, use, disclosure, and storage of personal health information.

When health records reach their storage timeline, you must ensure their destruction preserves confidentiality and is in accordance with [The Personal Health Information Act](#) (PHIA).

If you are not the custodian of information, consider how you ensure that you can have access to the patient's records in case of a complaint/litigation relating to your care.

Providing Service in Another Facility

If your self-employed role requires that you provide services within other facilities, for example foot care nurse going into a Personal Care Home (PCH), it is important to consider:

- Do you have permission from the client and facility to access the client's existing health-care record?
Remember, the facility owns that record.
- Does the facility know you are there? How will you notify them?
- What are the facility's policies on providing private care for their clients?
- Have you signed a confidentiality form?
- If you document on the client file, how do you maintain records for your own practice?

Before accessing an electronic medical record, you must seek permission from the facility. Having permission at one facility does not automatically grant you permission at another.

Medication or Product Storage

Any items such as medications, laboratory specimens, equipment and supplies required for your nursing practice must be stored according to manufacturers' direction to ensure stability, and safely disposed of when expired or no longer required.

Inventory management practices must be in place (expiry date/lot #/volume)

Stay informed of Health Canada advisories and recalls.

Notifying Clients and CRNM of Changes in Practice

We understand that as a self-employed RN your practice may change. In these cases, you will need to provide your clients and the College with a written notice of the following:

- Addition or change to procedures/therapy being provided.
- Your intention to close your practice.
- If you are relocating your practice.

- If you are taking a leave of absence.
- If you will no longer be practicing in Manitoba.
- Where client records are located and how copies can be obtained or transferred to another health-care provider.

If a client or their representative requests a transfer of records to another health-care provider, you will need to complete it no later than 30 days after you receive the request.

Inter-professional Collaborative Care

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with clients, 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. For additional information, please review the [Practice Direction: Interprofessional Collaborative Care](#).

Informed Consent

There are six criteria for valid consent:

- The consent must be genuine and voluntary.
- The procedure must not be an illegal procedure.
- The consent must authorize the treatment or care as well as the particular care giver.
- The consenter must have the legal capacity to consent.
- The consenter must have the necessary mental competency to consent.
- The consenter must be informed.

To be genuine and voluntary, consent should be obtained without coercion, threat, or undue influence and without the influence of drugs or alcohol. Informed consent must be obtained in writing. You must have documented evidence of:

- The client's treatment plan.
- Explanation of risks, benefits.
- Limitations to evidence, alternative options.
- Possible negative outcomes and their management with the client.

Extra Consent Considerations for Aesthetics:

There are heightened requirements for consent when it comes to aesthetics procedures:

- You must **disclose all known risks**, even if they have a low probability of occurring.
- You must discuss with your clients' expectations regarding outcomes to ensure they are realistic to the care you are providing. Document discussions.

Informed Discharge

Does your client know when and where to seek attention for a possible complication? Are they aware of:

- Normal expectations after they leave your care.
- Potential complications and how they would manifest.
- When to seek attention.
- What could happen if they don't seek attention.
- Where to go outside of regular business hours.

Client Photography

Consent for use of photography should be obtained in writing and include:

- Purpose of the photograph.
- Area to be photographed.
- Number of photographs that will be taken and posted.
- Medium used i.e., digital.
- Security measures in place to limit risks associated with posting on social media.
- Process for deleting photographs from social media.
- Right to withdraw consent if client chooses.

The written consent form you create and use in your self-employed registered nurse practice should contain the criteria identified under informed consent and client photography.

Conflict of Interest

Self-employed RNs and RN(NP)s are required to practice according to the values outlined in the current Code of Ethical Conduct. The registered nurse must not exploit any relationships they have established as a practitioner in a setting outside of their self-employed practice to further their own interests at the expense of the client.

Providing care to friends, family members or acquaintances should be limited and done with caution. Ideally, family members should be directed or referred, with consent to another care provider as soon as able; however, there may be times when this is not possible. In this type of situation, there must be careful consideration of the impact of providing or not providing care to the client and the possible outcomes for the client (Saskatchewan).

Advertising

When we use the term “advertising” we mean any communication shared by a registered nurse to the public where the main purpose is the promotion of registered nursing services. This could include but is not limited to signs, announcements, media appearances, brochures or any ads that appear in print, online or through social media. See Guidelines for Advertising <https://www.crnmb.ca/wp-content/uploads/2022/01/Guidelines-for-Advertising.pdf>.

We encourage you to acknowledge the broad scope of nursing activities by referencing the profession of nursing in your advertisements.

You must be transparent about your service and products:

- Include a description of your services.
- Pertain to activities only within your scope of practice.
- Include only accurate, factual, evidence-based, and verifiable information.
- Include your name and protected title.
- Include the name and protected title of your authorized prescriber (if applicable).

Your advertisement must **not include**:

- The College's logo.
- Sensational claims or guarantees.
- Misleading claims.

For legal reasons, CNPS advises keeping copies of all advertisements, including their published dates.

When determining the roles and responsibilities within your practice setting, the use of medical director as a business title is discouraged. CRNM recommends language that aligns with the profession of nursing... Nursing Director / Clinic Director vs Medical Director

Protected Titles

Membership class	Protected Title and Abbreviation
Registered Nurse	Registered Nurse - RN
Registered nurse who also meets the authorized prescribe requirements	Registered Nurse (Authorized Prescriber) -RN (AP)
Registered nurse (interim practice)	Registered Nurse (interim) -RN (interim)
Registered nurse (temporary practice)	Registered Nurse (temporary) -RN (temporary)
Registered nurse (nurse practitioner)	Registered Nurse (Nurse Practitioner) -RN (NP)
Registered nurse (nurse practitioner – interim practice)	Registered Nurse (Nurse Practitioner interim) -RN (NP interim)

Registered nurse (nurse practitioner – temporary practice)	Registered Nurse (Nurse Practitioner temporary) -RN (NP temporary)
Registered nurse (graduate nurse practitioner)	Registered Nurse (Graduate Nurse Practitioner) -RN (GNP)
Graduate nurse	Graduate Nurse -GN

Selling Products in Accordance with Regulatory Guidelines

When selling products at a self-employed practice setting you must inform the client that they may purchase the product elsewhere if that is the case. You must not require a client to purchase a specific product as part of the plan of care unless it is:

- Not available elsewhere; and
- Was included in the informed consent process.

Nurses can only sell products at cost, and can include:

- Shipping cost.
- Cost of storage.
- Professional time in placing order, etc.

Reporting of Adverse Events to Health Canada

All marketed drugs and health products have benefits and risks. All health products are carefully evaluated before they are licensed in Canada. However, some adverse reactions or problems may become evident only after a product is in use by consumers.

Your report helps to indicate if there is an issue with a health or cannabis product (a signal). Each single case must be looked at and considered as unique. However, more than one report is usually needed to generate a signal.

A signal is an initial indicator of an issue with the drug, health, or cannabis product. However, it is not proof the drug, health, or cannabis product caused the adverse reaction or problem. Health Canada evaluates every signal to confirm or disprove a connection between the product and the reaction or problem.

Controlled substances can also cause potential risks to your health.

Reporting a suspected adverse reaction or medical device problem helps:

- Identify potential safety issues
- Improve health product safety for all Canadians
- Identify previously unrecognized, rare, or serious adverse reaction or problems
- Add to international data on the benefits, risks or effectiveness of drugs, health, and cannabis products

- Communicate changes in product safety information to industry, hospitals, health care provider and consumers
- Undertake regulatory actions, such as changing the product label or removing a product from the Canadian market (Government of Canada)

Adverse events that can be reported to Health Canada include:

- Drugs
- Medical Devices
- Vaccines
- Natural Health products
- Cannabis

See the Government of Canada Website on [Adverse Reaction Reporting Information](#) to report a side effect.

STEP THREE: Other Considerations for Self-Employed Practice

Business Name Selection

Not every self-employed nurse creates a business or has a business name. If you are moving forward with selecting a business name, you may want to start by consulting with the CRNM Self-Employed Team.

Here are some things to be aware of:

- You cannot use medical or medicine in your business name.
- The name should reflect positively on the profession of nursing and maintain the public's trust in the profession.
- The name should reflect the product or service you offer to decrease confusion for your prospective customers.
- How will your business be perceived by your name selection?
- If you are using nurse or nursing in your business name, the Companies Office will require CRNM approval prior to registering your business name.
- Business modifiers (Limited, Ltd, Corporation, Corp, Incorporated, Inc) identify that the business is incorporated and can only be used when the business is incorporated.

You can also view the information on the government's [Companies Office](#) website to help choose your business name.

Incorporating Your Business

Nurses in independent practice may find it beneficial to consult with a business lawyer, accountant, or financial advisor to review business structure options (sole proprietorship vs incorporation) to determine the best model for their business.

Under [The Regulated Health Professions Act \(RHPA\)](#), a self-employed registered nurse who wants to incorporate, or has incorporated, must also establish their corporation as a Health Profession Corporation (HPC).

To make this determination, the expectation is that the nurse will consult with a person (lawyer/accountant) familiar with The Regulated Health Professions Act and Regulation prior to submitting the HPC permit application. There are unique restrictions around who can be shareholders, and the naming of the corporation (this is not the business name, but the legal name behind your business); your advisor will assist you in ensuring your corporation meets with the criteria outlined in the RHPA.

Other Considerations When Incorporating:

- If you incorporate federally (even if you are in Manitoba), you are still required to register your corporation in Manitoba through the Companies Office.
 - You must register your corporation in any province that your corporation is doing business in.
- If you live in another province and incorporated there, and your business works in Manitoba, you are required to meet the RHPA requirements and become an HPC.
 - You can become an HPC in your province and register it in MB.
 - You can become an HPC in MB which requires a trustee with a MB address to act on your behalf.
- If you are incorporated in another province and your corporation is doing business in Manitoba through another business, it is not your corporation doing business here; therefore, you are not required to become an HPC.
- An HPC may employ individuals who provide services in support of the profession such as administrative, financial, and non-regulated health care workers (for example, Health Care Aides).

****See HPC checklist in appendices to assist with the process once reviewed with your advisor****

Liability

Prior to starting a self-employed practice, nurses need to be aware of what they are covered for as they may require additional liability protection for their business, to supplement Canadian Nurses Protective Society (CNPS) coverage

provided through the annual certificate of practice renewal. Self-employed nurses are responsible for researching and determining the level of liability risk associated with their nursing practice to purchase the appropriate liability coverage.

Consultation with a lawyer, accountant, or tax specialist to understand business structure, tax, and legal implications should be considered when planning a self-employed practice.

Lawyer: able to advise around legal issues and potential risks associated with self-employed practice, business type, vicarious liability, labour laws, etc.

Accountant: can provide advice on reporting taxes, setting reasonable fees, issuing receipts, bookkeeping services, and confirm worked hours.

Verification of Practice Hours

You need to keep track of your registered nursing practice hours and determine a way to have them verified with an independent third party. If you are required to send in your verified hours to the College, they need to be sent in by the independent third party.

An independent third party could be an accountant, lawyer, tax specialist or designated person in authority (but cannot be a family member).

If you are not in a setting where a third party is present to verify your hours, you will need to discuss with your independent third party how you plan to identify worked hours for verification.

- Do you identify your hours of service on your client's invoice?
- Do you set up a table that identifies "x" service = "y" hours?
- Do they have an option for you to use?

Risk Mitigation

In operating a self-employed business, you must be aware of actual and potential risks to the client, and aware of the impact if something were to go wrong. In understanding the risks, you need to identify a plan that can be put in place to prevent, minimize, and manage the risks and their consequences. Any risk management plan should be reviewed and updated regularly to ensure that the resources and policies are in place to manage them appropriately.

When thinking about risk mitigation it is important to focus on the client and adverse events, but don't stop there. Think about all potential or unexpected risk that your business could face such as:

- IT system fails.
- Flooding/leaks.
- Health and safety.
- Theft.
- Property damage.
- Equipment failure.

- Security compliance.
- Human error.

STEP FOUR: Declaring your intended self-employed practice to CRNM

After gaining knowledge about the requirements of a self-employed practice and prior to seeing your first client, you are required to submit your intentions to CRNM by completing the [Self-employed Nursing Practice Notification and Declaration Form](#).

In the document, you will declare that you are aware of and in compliance with self-employed practice requirements. You will also describe a summary of registered nursing activities provided. This summary should describe your application of the nursing process (assessment, diagnosis, planning, implementation, and evaluation to the practice setting).

STEP FIVE: Resource Development for Your Practice

Once you understand your business, population, and the services you will be providing, it is time to look at developing resources that support your nursing practice.

Position Descriptions

Position descriptions guide and support the activities of your practice and those you may employ. They are in place to reflect the nursing services provided and support your practice. You are encouraged to use the template provided in the appendices to describe what activities support the nursing process in your practice.

Infection Control Protocols

Infection control protocols are a basic requirement as they assist in ensuring that the clients are well protected from possible sources of infection and cross contamination.

Credible resources for you to refer to are [Infection Prevention and Control Canada](#), [WHO](#), and [WRHA Infection, Prevention & Control](#).

Quality Assurance

Quality assurance is a process that involves planning, fulfilling, and monitoring activities to assess the quality levels essential in health care settings. Quality assurance allows for continued improvement. A nurse in self-employed practice is personally and professionally responsible for all clinical aspects of the service they provide.

Here are some quality assurance activities:

- Continuing Competency Program
 - Professional Development
 - Self-Development Plan
 - New and emerging ideas
 - Best Practice Guidelines
- Client Experience Surveys
- Client / Family Engagement
- Client Safety
- Health Outcome Metrics
 - Infection rates
 - Hand Hygiene Compliance
 - Point of Care Testing
 - Practice Specific Goals/Outcomes
 - Adverse Events and follow up

Policies and Procedures

Policies are the statements and parameters by which your business will conduct itself. It should outline what employees must do, provide directions, limits, principles, and provide guidance for decision making. They answer what and why. The policy template is available in the appendices.

Procedures are the instructions/steps that describe how a policy is followed, how you complete the tasks within your business.

Together they set up expectations, keep the team accountable, ensure compliance with the law, help defend against employee claims, and inform employees where to turn for help. Once established, policies and procedures must be reviewed on a regular basis to ensure they remain current.

From the Self-Employed Practice Direction: As a self-employed registered nurse you must at a minimum have policies in place that demonstrate self-employed regulations found in the College of Registered Nurses of Manitoba General Regulations including the following:

1. Accepting and refusing clients.
2. Ending client relationships.
3. Notice of required payment.
4. Client record management including storage, disposition, retention and transfer.
5. If using electronic health records, ensure the electronic records have comprehensive audit capability including a system that enters all access onto a permanent file log, identifying and recording where the access originated and by whom, and if alterations are made to the record, identifying whom, what was altered, and when the alteration was made.
6. Request by the client to view their personal health information recorded in the client record.

Other procedures and /or policies to have in place to demonstrate compliance with practice expectations may include, but are not limited to:

- Patient care / continuity of care.
- Infection prevention and control.
- Health and Safety.
- Informed consent.
- Information management.
- Supply handling and management.
- Safe storage of medications and substances.
- Administrative (i.e.: office memos).
- Management of emergent situations.
- Monitoring and maintenance of equipment.

Standard Work

Is another tool that can be used to minimize variability, reduce errors, waste, and risk. Standard work helps to define who does what task, when it is done and how it is done. Standard work template is available in the appendices.

Additional Resources

Agency Nursing Declaration form: <https://www.crnmb.ca/resource/agency-nursing-declaration/>

Agency Practice: <https://www.crnmb.ca/rns-nps/practice-support/self-employed-practice/agency-practice/>

Agency Practice Direction: <https://www.crnmb.ca/resource/registered-nursing-agency-practice/>

Adverse Reaction Reporting: [Adverse Reaction Reporting Information - Canada.ca](#)

Duty to Report: [Duty-to-Report.pdf \(crnm.mb.ca\)](#)

Health Profession Corporation:

[Self-Employed Practice - College of Registered Nurses of Manitoba | College of Registered Nurses of Manitoba \(crnm.mb.ca\)](#)

[Health Profession Corporation \(AA-1\) - College of Registered Nurses of Manitoba | College of Registered Nurses of Manitoba \(crnm.mb.ca\)](#)

[Health Profession Corporation Permit Application - College of Registered Nurses of Manitoba | College of Registered Nurses of Manitoba \(crnm.mb.ca\)](#)

<https://www.crnmb.ca/rns-nps/practice-support/self-employed-practice/incorporation/>

Opening, Closing, Leaving or Moving a Self-Employed Practice: [AA-17-Opening-Closing-Leaving-or-Moving-a-Self-Employed-Practice.1.pdf \(crnm.mb.ca\)](#)

Opening Self-employed Practice Notification & Declaration Form:
<https://www.crnmb.ca/resource/opening-self-employed-practice-notification-declaration/>

Professional Practice Issue Management: [Registered-Nurse-Responsibilities.pdf \(crnm.mb.ca\)](#)

Self-disclosure: [SelfDisclosure.pdf \(crnm.mb.ca\)](#)

Self-Employed Practice Overview webpage: <https://www.crnmb.ca/rns-nps/practice-support/self-employed-practice/>

WRHA Personal Safety Awareness:
<https://professionals.wrha.mb.ca/old/professionals/safety/files/PersonalSafetyAwarenessBooklet.pdf>

Appendices

HPC Checklist: [HPC Checklist](#)

Self Employed Checklist: [Checklist](#)

Position Description Template: [Position description template](#)

Policy Template: [Template](#)

Standard Work: [Template](#), [Example](#)

- Standard work is the process of standardizing procedures for specific tasks to reduce variability, enhance consistency and quality outcomes.

References:

British Columbia College of Nurses and Midwives <https://www.bccnm.ca/Pages/Default.aspx>

Canadian Nurses Association <https://www.cna-aiic.ca/en/home>

Canadian Nurses of Ontario <https://www.cno.org/>

Canadian Nurses Protective Society www.cnps.ca

College of Licensed Practical Nurses of Manitoba <https://www.clpnm.ca/>

College of Registered Nurses of Alberta <https://www.nurses.ab.ca/>

College of Registered Nurses of Manitoba <https://www.crnmb.ca/>

College of Registered Nurses of Manitoba General Regulation: [College of Registered Nurses of Manitoba General Regulation, M.R. 114/2017 \(gov.mb.ca\)](#)

College of Registered Nurses of Saskatchewan <https://www.crns.ca/>

College of Registered Psychiatric Nurses of Manitoba <https://crpnm.mb.ca/>

Companies Office of Manitoba <https://companiesoffice.gov.mb.ca/>

Edanz Learning Lab. (n.d.). *Climb the Evidence Pyramid for Better Research*.
<https://learning.edanz.com/understand-the-evidence-pyramid/> (accessed: February 4, 2023)

McGill Library. (2023, June 30). *Nursing: Evidence Pyramid Module*.
<https://libraryguides.mcgill.ca/combinedpyramidmodule> (accessed: February 4, 2023)

McMaster University. (2022, November 10). *Resources for Evidence-Based Practice: the 6S Pyramid*.
<https://hslmcmaster.libguides.com/ebm>. (accessed: February 4, 2023)

Regulated Health Professions Act <https://www.gov.mb.ca/health/rhpa/> - [C.C.S.M. c. R117 \(gov.mb.ca\)](#)