



College of
Registered Nurses
of Manitoba

Practice Direction:

Medical Aesthetics

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registrants of the College.

The Council approves practice directions which are written statements to enhance, explain, add, or guide registrants with respect to matters described in the College of Registered Nurses of Manitoba General Regulation or any other matter relevant to registered nursing practice. Compliance with practice directions is required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registrants to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not relieve individual registrants of accountability for their own actions or the primary obligation to meet practice directions. Employer's policies should not require a registrant to practise in a manner that violates practice directions.

NOTE: *the use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.*

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Background

Medical aesthetics is a growing area of registered nursing practice that requires navigating an evolving practice environment shaped by increasing public interest, social media, overlapping scopes of practice among different professions, opportunities for self-employment, and financial opportunities. These factors highlight the importance of maintaining safe, competent, and ethical nursing care.

The marketing of medical aesthetic procedures as non-invasive, quick and easy suggests to consumers and registrants alike that they carry minimal risk. Safe, competent, and ethical nursing care protects clients from serious harm, promotes positive health outcomes, and supports registrants in practicing with confidence and reduced liability.

This practice direction applies to self-employed registrants practising within the nursing specialty of aesthetics and employees of for-profit medical aesthetic/esthetic practices.

Purpose

The purpose of the Practice Direction: Medical Aesthetics is to outline the minimum expectations for registrants practising medical aesthetics and identify the quality of care that the public can expect from them.

Definitions

For the purposes of this document:

Medical Aesthetics: is a specialized area of nursing that focuses on elective, non-surgical procedures performed by RNs and RN(NP)s to treat integumentary-focused conditions to change the appearance, colour, texture, structure or position of normal bodily features to achieve what the person perceives to be a more desirable appearance, boosting their self-esteem or addressing dermatological concerns such as scarring, sun damage, pigmentation, rosacea and acne.

Esthetics: is cosmetic, integumentary-focused services performed on the superficial skin layers, nails and hair with little to no impact on living tissue. The risk of harm to the client is lower when performed by a competent licensed service provider. It does not involve the performance of a reserved act or require the specialized knowledge, skill, and judgment of a regulated healthcare professional.

Nursing scope of practice may become less clear when various professionals perform similar procedures and work collaboratively in a team environment. The consumer may be unaware of who is the most appropriate provider of a procedure or service. Similarly, registrants may be unknowingly engaging in esthetics under the assumption that a specific treatment or procedure is nursing practice. Registrants need to be aware of the limits of their scope of practice to ensure the provision of safe care that is in the best interests of the client.

Refer to the chart on the next page to further distinguish the terms esthetics and medical aesthetics - nursing practice.

Chart: Distinguishing between esthetics and medical aesthetics - nursing practice

	Esthetics	Medical Aesthetics (Nursing Practice)
Who	Licensed professionals - Estheticians.	Licensed, regulated health care professionals - RNs and RN(NP)s.
Treatment Focus	Superficial skin layers, hair, and nails. Cosmesis.	Superficial to deep dermal layers and supraperiosteum. Alteration of underlying soft tissues and/or treating a medical condition. e.g. hyperhidrosis.
Impact on Tissue	Minimal to non-permanent impact on living tissue.	Destruction, stimulation or alteration of living tissue.
Procedural Risk	Lower risk of harm, but still carries risk if performed incompetently.	Low to high risk of harm.
Reserved Act(s)	Does not involve a reserved act.	Can involve a reserved act and/or require a client-specific order.
Competency Development	Utilizes knowledge, skill and judgment obtained through an esthetics program.	Post-graduate aesthetics education and training. Integration of the nursing process, evidence, and accountability to College practice directions and the Code of Ethical Conduct.
Examples of Services and Procedures Refer to the Medical Aesthetics - Procedural List	<ul style="list-style-type: none"> • Facials • Waxing • Superficial microneedling • Microdermabrasion • Light Emitting Diode (LED) therapy • Superficial chemical peels • Class 3a or lower LASERS, and other energy-based treatments with limited skin tissue destruction, stimulation or alteration of living tissue. • Dermablading 	<ul style="list-style-type: none"> • Neuromodulators • Cryolipolysis/Injectable Deoxycholic Acid • Dermal fillers • Radiofrequency • Superficial to deep – depending on indication • Medium-depth chemical peels • Non-ionizing Radiation, e.g. Class 3B and 4 LASERS and other energy-based modalities (e.g. Ultherapy) where living tissue is destroyed, stimulated or altered, and there is a moderate to high risk of client harm.

Practice Expectations

Medical Aesthetics, Nursing Practice

In a blended practice environment, registrants may offer both esthetic services and medical aesthetics. The following section aims to clarify which procedures qualify as medical aesthetics for maintaining currency of practice per [College Registration Requirements](#), while also acknowledging that registrants may provide esthetic services, provided they are competent to do so and meet all other practice expectations. The registrant must:

1. Submit notification prior to seeing the first client.
 - a. Registrants performing medical aesthetics in a self-employed manner, such as an independent contractor or through a corporation, must submit to the College a [Self-Employed Nursing Practice Notification & Declaration Form](#) and a [Medical Aesthetics Declaration Addendum](#).
 - b. Employees of an aesthetics facility are only required to submit a [Medical Aesthetics Declaration Addendum](#).
2. According to the [Medical Aesthetics - Procedural List](#), accurately track medical aesthetic practice procedures/ hours, separate from any esthetic services, for:
 - a. The maintenance of [currency of practice](#) hours (annually), and
 - b. Submission of verification of practice, up to the previous five years of hours worked, per College request.
3. Adhere to municipal, provincial, and federal by-laws and legislation, including College practice directions, e.g. [Self-Employed Practice Direction](#), policies, e.g. [AA-17 Opening, Closing, Leaving or Moving Self-Employed Practice](#), practice supports, e.g. [Virtual Nursing Care Guidelines](#), and the [Code of Ethical Conduct](#).

Competency

The public expects that registrants provide safe and evidence-informed care in all areas of nursing practice. Entry-level nursing programs do not provide all the education and training necessary to practice medical aesthetics competently, safely, and effectively. The registrant must:

4. Obtain a minimum of **2,015** RN practice hours in a Canadian jurisdiction before engaging in medical aesthetics.
5. Successfully complete [non-vendor-based education and training](#) through an aesthetic and/or laser program. A comprehensive, non-vendor-based education and training program requires both theory and supervised clinical practice. Education and training can encompass a program or a series of courses providing the registrant knowledge, skills and judgment that includes but is not limited to:
 - a. Anatomy, physiology, pathophysiology and Fitzpatrick grading of the integumentary system, as well as an understanding of how other systems, such as the muscular, vascular and nervous systems, are affected by a procedure, medication or substance,
 - b. Cosmetic and dermatological conditions,
 - c. Pharmacology, including drug actions, interactions, side effects and contraindications,
 - d. Proper technique for each procedure, including the safe use and storage of the product and/or equipment,
 - e. Appropriate client selection, history taking, physical assessment, indications and contraindications for treatment,
 - f. Informed consent and ethics,
 - g. Recognition and management of complications, adverse outcomes, and medical emergencies, including indications for referral,
 - h. Infection prevention and control, and
 - i. Documentation.

Vendor-sponsored education and training for products, devices, equipment and procedures are supplemental and are not a substitute for more comprehensive, non-vendor-based education.

6. Designate a Laser Safety Officer (LSO) in each practice setting that operates a laser to provide education and training, conduct testing and maintenance, implement safe work controls, and oversee the credentialing of other users of specific types of lasers. Refer to the [Canadian Centre for Occupational Health and Safety's](#) safe work controls and standards for guidance.
7. Practise based on current evidence and maintain competence by engaging in ongoing professional development and staying updated on the latest evidence as aesthetic procedures, techniques, and technology evolve.
8. Recognize and appropriately manage medical emergencies, including those related to cardiovascular complications arising from the procedures performed.

Practice Setting

All registrants engaged in medical aesthetics are responsible and accountable for ensuring a safe practice environment, regardless of business relationships, contracts or facility ownership. Renting or leasing a clinical space, room, or chair does not absolve the registrant of their practice expectations. The registrant must:

9. Only perform medical aesthetic procedures in practice settings that comply with practice setting expectations 9-13. Mobile aesthetic procedures in a client's home or group events, e.g., 'Botox parties,' are not considered appropriate practice settings, as they typically do not meet the expectations for client privacy, infection prevention and control, or safe management of adverse events.
10. Ensure client privacy and confidentiality in the space where consultation, consent, treatment and discharge instructions are provided.
11. Only perform procedures listed in the [College of Physicians and Surgeons Accredited Facility Bylaw](#), Article 13, in accredited medical facilities.

12. Provide telephone or cellular access, appropriate ambient and task lighting, temperature control, sufficient space for client mobility and CSA-approved or Health Canada licensed equipment. Floor, chairs, and countertop materials are to be non-porous and easily cleaned. Provide a reclinable client chair for medical aesthetic procedures and access to a sink for hand hygiene in all client procedure areas.
13. Maintain readily available emergency medications, antidotes, and supplies, including, but not limited to, epinephrine (ampoule or EpiPen), antihistamines, hyaluronidase (if injecting Hyaluronic Acid fillers), a blood pressure cuff or machine, and a stethoscope.
14. Adhere to infection prevention and control (IP&C) measures as outlined in [Infection Prevention and Control for Clinical Office Practice](#) and Manitoba Public Health [Personal Service Facility](#).
15. Self-assess compliance with basic environmental IP&C expectations by completing the [IPAC Checklist for Clinical Office Practice](#) on an annual basis and maintain a record of its completion for five years.

Authorized Prescribing

Per the [Practice and Prescribing Expectations for RN\(NP\)s](#), RN(NP)s are accountable for their prescribing decisions, care plans and client outcomes, regardless of whether the relationship is that of an employee and employer or other type of business arrangement. The professional and collaborative relationship between the authorized prescriber and the medical aesthetic health care provider (e.g. RN) must be founded on ongoing communication, mutual accountability, and shared clinical understanding, extending beyond a purely transactional interaction. The RN(NP) must:

16. Use the title 'Clinical Director' if there is no appointed Medical Director or RN(NP) Clinical Director. An RN(NP) acting as Clinical Director must:
 - a. Demonstrate competence in medical aesthetics by completing additional education, training, and clinical practice hours specific to the specialty,

- b. Act as an authorized prescriber for other aesthetic healthcare providers, and
 - c. Provide mentorship and clinical support to other aesthetic healthcare providers within their practice.
17. In the capacity of Clinical Director, be responsible for the administrative oversight of a collaborative medical aesthetics practice by ensuring:
- a. Policies and protocols, including those that guide adverse outcomes, documentation and record keeping, are available,
 - b. That aesthetic care providers obtain continued education, training and/or mentorship,
 - c. Collaboration with aesthetic care providers to resolve professional practice issues and complaints,
 - d. Quality assurance processes are established, and
 - e. Procedures are provided within an appropriate practice setting.
- The Clinical Director is responsible for verifying that expectations 17a-e are met before prescribing for others engaging in medical aesthetics. For example, the Clinical Director verifies that an RN has developed policies and procedures guiding their medical aesthetic practice.
18. Conduct and document the initial, [direct assessment](#) of clients and ensure that the client has provided written informed consent before prescribing or ordering any medications or procedures.
- a. Perform direct reassessment of their clients at a minimum once a year and/or when a treatment plan requires modification.
 - b. When an in-person direct assessment cannot be facilitated, only conduct virtual direct assessments if the client's lighting and video camera provide sufficient detail to allow for an accurate physical assessment.
19. Ensure they can provide timely support and respond to clinical concerns for every client they prescribe or order for, regardless of who provides the treatment. The number of clients must be proportionate to their capacity to respond to adverse outcomes in a timely and effective manner. A plan must be developed to ensure that adverse client outcomes can be managed while the RN(NP) is travelling, on vacation or otherwise unavailable.
20. When prescribing (ordering) fillers, assess the injector's experience, knowledge, skill, and clinical judgment in determining whether they need to be physically present (onsite) during the injection of fillers to ensure the:
- a. Immediate identification of a vascular occlusion,
 - b. Initiation of focused assessments and treatments based on an established policy or protocol, which may include but are not limited to vital sign monitoring, positional changes, application of pressure, and medication administration.
 - c. Immediate transfer to an emergency eye care facility or emergency department so that the client can begin receiving care.
21. Only oversee medical aesthetic procedures that they are competent to perform themselves.
22. RN(NP)s may purchase and supply prescription medications and substances to a healthcare provider only when all the following conditions are met:
- a. The RN(NP) is actively practising in the medical aesthetic clinic or clinical team. This includes conducting client assessments, prescribing, and maintaining an ongoing professional role in delivering client care. Prescription medications and substances may be supplied only for client-specific prescriptions where a demonstrable client-RN(NP) relationship exists.

- b. The RN(NP) has reasonable assurance that any healthcare provider who administers the medications or substances are competent to provide safe, ethical, and quality medical aesthetic care, in accordance with this practice direction and applicable practice expectations
 - c. All prescription medications and substances are transported, handled and stored in accordance with the manufacturer's instructions and applicable requirements.
 - d. Any agreement between the RN(NP) and another healthcare provider must not be primarily intended to supply prescription medications or substances for speculative, future, or commercial distribution. The quantity, frequency, and pattern of supply must be consistent with individual client care and must not resemble distribution, resale, or wholesale activity.
 - e. Compliance with [Federal Food and Drug Act and Regulations](#) (wholesaling and distribution) and the [Manitoba Pharmaceutical Act](#) (dispensing).
23. Based on the complexity and risks of a procedure, along with the competence and experience of the provider of the medications or treatment, the RN(NP) is available for immediate consultation, which may include providing direct client care.

Medications, Cosmetics, and Medical Devices

Registrants are expected to competently implement procedures to maintain client safety when medications, cosmetics and medical devices are necessary for the client's care plan. The registrant must:

- 24. Obtain a client-specific order from an authorized prescriber before proceeding with any procedure or medication administration that requires an order.
 - a. When the prescriber performs virtual, direct care assessments, all verbal orders are transcribed into the client's health record and signed by the prescriber as soon as reasonably possible.
 - b. Not accept standing orders, medical directives and clinical decision tools as substitutes for client-specific orders for elective medical aesthetic procedures unless they are required to provide urgent or emergent care for the treatment of unintended procedural outcomes and adverse events.
- 25. Procure all products requiring a prescription or order from licensed, reputable, and legitimate sources, such as the manufacturer or pharmacy. Grey market implants and prescription medications that are not Health Canada-approved and sold directly to the public online, such as 'off-brand', internationally sourced neuromodulators, are not permitted for use on clients.
- 26. Use only Health Canada-approved drugs, e.g. Drug Identification Number (DIN), and cosmetics on clients.
- 27. Use the [Health Canada cosmetic-drug interface](#) to determine when a cosmetic, not approved as a drug, is used in a drug-like manner. Registrants do not use Health Canada-approved cosmetics like a drug if they are not approved as such, e.g., microneedled into the skin.
- 28. Store medications and substances in accordance with the manufacturer's recommendations, with accurate documentation of storage procedures and monitoring, e.g., medication refrigerator temperature log.
- 29. Document relevant medication, medical device, implant or biologic information in the client's health record, including, but not limited to:
 - a. Lot numbers: Neuromodulators, dermal fillers, implants and biologics (e.g. Exosomes),
 - b. Presence of a client-specific order,
 - c. Date and time of administration,
 - d. Location(s) of administration, which may or may not include a face graphic, and
 - e. Outcome of care.
- 30. If selling products (e.g. non-prescription serums and creams),

- a. Inform the client that they may purchase the product or a reasonable substitute elsewhere.
- b. Only require a client to purchase a specific product as part of the care plan if:
 - The product or reasonable substitute is not available elsewhere, and
 - The product is included in the informed consent process.
- c. Provide the client with sufficient information to enable the client to select an appropriate product if they choose to procure a product that is required as part of the care plan product elsewhere.

Consent

Registrants are accountable and responsible for implementing processes to support the client in providing informed consent before proceeding with treatment. The registrant must:

31. Provide the client with information about the proposed treatment, which includes but is not limited to:
 - a. Explaining the procedure and care plan in a manner that the client can understand,
 - b. Describing the realistic, typical outcomes for a proposed procedure, including duration of effect and limitations,
 - c. Detailing all risks of temporary or permanent harm related to an intended procedure, including the likelihood of occurrence and the registrant's knowledge of clients who have experienced harm, injury, or impairment as a result of receiving similar procedures,
 - d. Identifying alternatives to receiving a proposed procedure and outcome comparability,
 - e. Providing balanced evidence for a procedure's efficacy in addressing the client's needs, and
 - f. The opportunity for the client to ask questions, express their concerns, and have additional time to contemplate their decision.

32. Ensure that the authorized prescriber obtains written consent from the client before initiating treatment for the first time or any significant modification to the treatment plan.
33. Document the client's verbal consent if obtaining verbal consent for repeated, like procedures.
34. Adhere to Canadian Anti-Spam Legislation by obtaining implied or expressed consent from the client before sending electronic messages, including emails, social media messages and text messages.

Self-Employed Quality Assurance Processes

35. Registrants perform a risk assessment and develop reasonable/prudent policies, procedures to manage adverse clinical outcomes in a timely manner.
36. The registrant maintains a record (log) of:
 - a. Daily medication freezer and refrigerator temperatures,
 - b. Sterilization cycle parameters and testing,
 - c. Laser safety and quality assurance testing,
 - d. Equipment servicing and maintenance, and
 - e. Any other quality assurance processes that are relevant to their practice.
37. Registrants participate in self-employed medical aesthetic practice audits per the [Regulated Health Professions Act, Section 135](#), which may include, but are not limited to, reviews of policies and procedures, advertising, health records, and clinical site visits.

Client Support

Registrants support clients to achieve the expected results of aesthetic care. The registrant must:

38. Ensure pre- and post-procedural instructions are readily available to clients, including verbal and written instructions that should include:
 - a. When results are seen,
 - b. How long results last,
 - c. Anticipated downtime,
 - d. What to avoid or do,

- e. Identification of negative outcomes and what to do,
 - f. Requirements for follow-up,
 - g. How and when to contact the registrant or authorized prescriber in the event of questions, unexpected consequences or an identified emergency, and
 - h. When to proceed to urgent care or the emergency department for immediate care.
39. Have a process in place to address complaints which includes, but is not limited to documentation in the client's health record, identification and efforts to resolve the client's dissatisfaction, with recommendations, a plan of care, and referrals.

Ethical Practice

Registrants recognize, promote, and uphold the ethical standards of the nursing profession. The registrant must:

40. Screen clients for Body Dysmorphic Disorder, unrealistic aesthetic expectations, and appearance-related anxiety. When a client is identified as high risk, the registrant:
- a. Provides counselling, education, or guidance within their scope of practice.
 - b. Refers clients to a mental health professional, as necessary.
41. Mitigate actual and perceived fiscal conflicts of interest by not:
- a. Upselling medical aesthetic add-ons that provide minimal to no therapeutic benefit,
 - b. Prompting or accepting gratuity for medical aesthetic procedures rendered, or
 - c. Performing treatments on clients who are very unlikely to achieve therapeutic or aesthetic goals.
42. Refrain from performing [exaggerated enhancements](#) such as 'Barbie noses' or excessively filled lips. Such enhancements should only be performed if the registrant possesses the necessary competence, can manage potential complications, and has considered whether the procedure is professional and ethical.

[High-risk enhancements](#) should either not be conducted by a registrant or only be performed under direct physician supervision in a CPSM-accredited facility, and with the necessary equipment to guide the procedure and manage complications.

43. Uphold [therapeutic professional boundaries](#) with all clients. Provide medical aesthetic procedures for family and friends only if:
- a. Alternatives are not reasonably acceptable or available to the client.
 - b. Based on sound professional and ethical reasoning.
 - c. Delivered within the context of a formal nurse-client relationship where the registrant can meet all of their practice expectations.

Advertising

The Regulated Health Professions Act (76) Prohibition of False Advertising states that registrants or corporations shall not engage in advertising that is untruthful, inaccurate or otherwise capable of misleading or misinforming the public. The registrant must:

44. Adhere to the College's [Practice Direction: Advertising Expectations](#).
45. Distinguish between esthetic services and medical aesthetic procedures in their advertising to help clients understand which procedures are part of registered nursing practice. For example, separate headings for medical aesthetic procedures and esthetic services, or create two distinct social media postings.
46. When identifying themselves in advertising, registrants must ensure they use their:
- a. First and last name,
 - b. Protected title: RN, RN(AP) or RN(NP) as it is listed on Nurse Check, and
 - c. Clinical Director, Medical Director, or Authorized Prescribers' first and last name and protected title, if applicable.

47. Advertising must be prepared with a sense of responsibility to clients and society, which includes not:
 - a. Trivializing aesthetic interventions by using colloquial terms such as ‘lip plump’, ‘refresh,’ or ‘quick and easy’ that distract from the complexity and risk of the intervention(s) offered,
 - b. Promote unrealistic body image or body dysmorphia,
 - c. Generate a negative self-perception, or
 - d. Play on client insecurities by suggesting that an aesthetic intervention will solve a client’s problems.
48. Not offering excessive **inducements** for medical aesthetic procedures—such as two-for-one filler offers or 48-hour flash sale promotions—which could unduly influence a client’s decision-making and compromise informed consent.

Glossary

Direct Assessment – In the context of medical aesthetics, this refers to an assessment in which the client and Authorized Prescriber interact directly—either in person or via video conferencing. This assessment must enable the Authorized Prescriber or Nurse Practitioner to carry out the necessary diagnosis, treatment planning, and informed consent process.

Dispensing – Providing a drug pursuant to a prescription (does not include the administration of a drug).

Exaggerated Enhancements – Refers to a medical aesthetic procedure that exceeds natural or proportionate results, resulting in extreme or artificial appearances. These procedures may prioritize dramatic effect over client safety and well-being. Depending on the extent of augmentation, it could be classified as a high-risk enhancement.

High-Risk Enhancements – Are medical aesthetic procedures that carry a significant likelihood of causing harm or serious complications, as informed by literature, Health Canada or FDA warnings. Risk may stem from the use of injectables, implants, or devices, resulting in a high potential for infection, vascular injury, or disfigurement.

Procedures such as gluteal hyaluronic injections (Brazilian Butt Lifts), Polydioxanone (PDO) threads and Hyaluron pens should either not be performed by a registrant or require advanced skills, specialized equipment within an appropriate facility and effective emergency management.

Inducement – Refers to any incentive or promotional offer intended to encourage a client to undergo a medical aesthetic treatment or procedure. These inducements may be financial, material, or time-sensitive in nature. Inducements may compromise informed consent by pressuring clients into decisions that they haven’t fully considered, blur the professional boundaries between healthcare providers and salespeople, and/or encourage unnecessary treatments, especially if clients prioritize value over medical need.

Non-Vendor Based Education and Training – Refers to education programs, courses, professional development activities, and expert training, supervision, and mentorship that are not created or delivered by companies selling specific products, devices, or brands used in medical aesthetics. They are typically offered by academic institutions, individual experts in the field of aesthetics, or professional associations, and are designed to provide broad, evidence-informed knowledge, as well as clinical skill development and judgment.

References

- Australian Health Practitioner Regulation Agency. (2025, August 28). *Performing non-surgical cosmetic procedures*. [Australian Health Practitioner Regulation Agency - Performing non-surgical cosmetic procedures](https://www.aohpa.gov.au/performing-non-surgical-cosmetic-procedures)
- British Columbia College of Nurses and Midwives. (2025, June). *Nurse practitioners scope of practice: standards, limits, conditions*. https://www.bccnm.ca/Documents/standards_practice/np/NP_ScopeofPractice.pdf
- Canadian Centre for Occupational Health and Safety. (2025, August 28). *LASERS – health care*. [Canadian Centre for Occupational Health and Safety. https://www.ccohs.ca/oshanswers/phys_agents/lasers.html](https://www.ccohs.ca/oshanswers/phys_agents/lasers.html)

- Canadian Society of Aesthetic Specialty Nurses. (2024). *Canadian guidelines and practice standards for nurses practicing in medical aesthetics*. <https://csasn.org/wp-content/uploads/2024/11/2024-Practice-Guideline-and-Standards.pdf>
- College and Association of Nurses of the Northwest Territories and Nunavut. (2024, December 2). *Medical aesthetics*. <https://cannn.ca/wp-content/uploads/2024/12/Medical-Aesthetics-CANNN.pdf>
- College of Licensed Practical Nurses of Manitoba. (2024, June). *Aesthetic nursing: practice direction*. <https://www.clpnm.ca/wp-content/uploads/2022/07/PD-Aesthetic-Nursing.pdf>
- College of Physicians and Surgeons of Manitoba. (2022, January 31). *Standards of practice: performing office-based procedures*. <https://cpsm.mb.ca/assets/Standards%20of%20Practice/Standard%20of%20Practice%20Office%20Based%20Procedures.pdf>
- College of Physicians and Surgeons of Manitoba. (2024, September 25). *Accredited facilities bylaw*. <https://cpsm.mb.ca/assets/ByLaws/Accredited%20Facilities%20Bylaw.pdf>
- College of Registered Nurses of Manitoba. (2022, December). *Practice expectations for RNs*. <https://www.crnmb.ca/resource/practice-expectations-for-rns/>
- College of Registered Nurses of Manitoba. (2023, August 1). *Practice expectation spotlight: providing registered nursing care to family members*. <https://www.crnmb.ca/2023/08/01/practice-expectation-spotlight-providing-registered-nursing-care-to-family-members/>
- College of Registered Nurses of Manitoba. (2024, May). *Prescribing and practice expectations for RN(NP)s*. <https://www.crnmb.ca/resource/practice-expectations-for-rnmps/>
- College of Registered Nurses of Manitoba. (2024, June). *Registration requirements*. <https://www.crnmb.ca/resource/registration-requirements/>
- College of Registered Nurses of Manitoba. (2025, January). *Scope of practice for RNs*. <https://www.crnmb.ca/resource/scope-of-practice-for-rns/>
- College of Registered Nurses of Manitoba. (2025, January). *Scope of practice for RN(NP)s*. <https://www.crnmb.ca/resource/scope-of-practice-for-rnmps/>
- College of Registered Nurses of Manitoba. (2025, May). *Self-employed practice direction*. <https://www.crnmb.ca/resource/4405/>
- College of Registered Nurses of Manitoba. (2025, May). *Virtual nursing care guidelines*. <https://www.crnmb.ca/resource/virtual-nursing-care-guidelines/>
- College of Registered Nurses of Saskatchewan. (2025, April 10). *Aesthetic nursing resource*. <https://www.crnmb.ca/wp-content/uploads/2023/04/Aesthetic-Nursing-Resource.pdf>
- Government of Canada. (2024, June 15). *Canada's anti-spam legislation*. <https://ised-isde.canada.ca/site/canada-anti-spam-legislation/en>
- Health Canada. (2022, January 6). *Guidance document: classification of products at the cosmetic-drug interface*. <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/guidance-document-classification-products-cosmetic-drug-interface.html>
- Health Canada. (2025, August 14). *Notice: classification of topical products containing human-derived exosomes, human extracellular vesicles, and/or human cell-conditioned media*. <https://www.canada.ca/en/health-canada/programs/consultation-classification-topical-products-containing-human-derived-exosomes-extracellular-vesicles-cell-conditioned-media/notice.html>
- Higgins, S. & Wysong, A. (2017). *Cosmetic surgery and body dysmorphic disorder - an update*. *International Journal of Women's Dermatology*. 4(1), 43-48. doi: [10.1016/j.ijwd.2017.09.007](https://doi.org/10.1016/j.ijwd.2017.09.007)
- Joint Council for Cosmetic Practitioners. (2021, May). *What constitutes a medical, medically related or cosmetic procedure?* <https://www.jccp.org.uk/ckfinder/userfiles/files/Medical%20cosmetic%20definitions%20paper%20may%202021.pdf>

Manitoba Health. (2013, November). *Personal service facility guidelines*. https://www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/psf_guideline.pdf

Manitoba Health. (n.d.). *Opening a personal service facility in Manitoba*. <https://www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/opspm.pdf>

Murad, A. (2007). *Who is qualified to perform laser surgery and in what setting? Seminars in Plastic Surgery*. 21(3),193-200. doi: 10.1055/s-2007-991187

Nuffield Council on Bioethics. (2017). *Cosmetic procedures: ethical issues*. <https://cdn.nuffieldbioethics.org/wp-content/uploads/Cosmetic-procedures-full-report.pdf>

Pereira, I., Chattopadhyay, R., Fitzpatrick, S., Nguyen, S., & Hassan, H. (2023). Evidence-based review: screening body dysmorphic disorder in aesthetic clinical settings. *Journal of Cosmetic Dermatology*, 22, 1951-1966. doi:10.1111/jocd.15685 <https://onlinelibrary.wiley.com/doi/10.1111/jocd.15685>

Provincial Infectious Diseases Advisory Committee. (2015, April). Infection prevention and control for clinical office practice. *Public Health Ontario*. <https://www.publichealthontario.ca/-/media/documents/b/2013/bp-clinical-office-practice.pdf?la=en>

Public Health Ontario. (2024, March). IPAC checklist for clinical office practice: core elements, 2nd edition. <https://www.publichealthontario.ca/-/media/documents/c/2018/checklist-clinical-office-core.pdf%20on>

Ramirez, S., Cullen, C., Ahdoot, R., & Scherz, G. (2024). The primacy of ethics in aesthetic medicine: a review. *Plastic and Reconstructive Surgery - Global Open*. 12(6), e5935. doi: 10.1097/GOX.0000000000005935

Shivakumar, S., Jafferany, M., Sood, S., & Sushruth, V. (2021). Cosmetic presentations and challenges of body dysmorphic disorder and its collaborative management. *Journal of Cutaneous and Aesthetic Surgery*, 14(1), 20-25. doi: 10.4103/JCAS.JCAS_180_20