



*The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs, RPNs and NPs unless otherwise stated.*

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



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# Part 1

## Introduction

Nova Scotia College of Nursing's (NSCN) jurisprudence practice support tool is available to help nurses understand regulatory policies, provincial and federal legislation and their accountabilities related to them. Being knowledgeable about jurisprudence contributes to the nurse's ability to practise safely, ethically and competently.

This resource will support individuals to understand jurisprudence related to:

- The relationship between jurisprudence and professional practice and client safety
- The Nursing Act, regulations and by-laws
- The provincial and federal legislation that govern nursing practice and education

Nurses are responsible to be familiar with the legal and ethical expectations and any legislative updates to provide safe practice.

The following section is specific to jurisprudence, professional practice, the Nursing Act and regulatory policies.

## Jurisprudence

The term jurisprudence means “practical wisdom about law.” Nursing jurisprudence is the application and interpretation of the principles of law or legal rules as they relate to the:

- Practice of nursing
- Obligations nurses have to their clients
- Relationships nurses have with other nurses and other health care professionals

To provide safe, competent, and ethical care in the best interest of the public, nurses must understand and respect their legal, regulatory, and professional obligations.

In every province and territory, health care is governed primarily by provincial and federal legislation. Jurisprudence is vital to increasing awareness and understanding of how legislation impacts nursing practice in Nova Scotia.

Nurses must be knowledgeable about regulatory policy, relevant provincial and federal legislation and integrate it appropriately into their practice in Nova Scotia.

## Nursing Act

The Nursing Act is legislation that regulates the practice of nurses. The Act authorizes nurses to self-regulate and provides a framework for registration, scope of practice, and professional conduct. The Act establishes the legal framework for nurses to practice in Nova Scotia.

### The Act outlines:

- The purpose of the College
- Role and function of the College
- The role of the Board
- College regulatory functions
- Defines the professional scope of practice of all nursing designations

Changes to the Act can only be made by government.

#### Where to find more information:

- [Nursing Act](#)

## Self-Regulation

Regulation is when a regulatory body oversees the activities of its [registrants](#). The functions of a regulatory body include:

- Registering and licensing
- Monitoring
- When necessary, addressing concerns about a registrants practice with the goal of ensuring public protection

The authority to self-regulate is granted to nurses by the Nova Scotia government through legislation. The 'self' in self-regulation means the nursing profession develops the tools and processes of regulation for itself as permitted by the legislation.

The Act provides NSCN the legal framework for nurses to participate in self-regulation. This is done through the Board and regulatory committees, which are comprised of members of the public and active practicing nurses.

All NSCN programs and services are grounded in the principles of self-regulation:

- Promoting good nursing practice
- Preventing poor nursing practice
- Intervening when nursing practice is unacceptable

NSCN **promotes** good nursing practice by setting standards for nursing education, setting registration and licensure requirements and establishing and promoting professional practice standards, competencies and code of ethics.

NSCN **prevents** poor nursing practice by providing nurses with tools and resources to maintain and enhance their competencies and help them to identify issues that contribute to poor practice and potential resolutions.

NSCN **intervenes** when nursing practice is unacceptable by addressing complaints received about nursing practice, intervening where necessary and applying the appropriate amount of regulatory intervention for safe practice.

On an individual level of self-regulation nurses are accountable for their own practice and making appropriate decisions.

#### Where to find more information:

- [Nursing Act](#)
- [Self-Regulation Information Sheet](#)

## The Role of the College

The College's mandate is defined in the Nursing Act and includes:

- Serve and protect the public interest in the practice of the profession
- Subject to the public interest, preserve the integrity of the profession
- Maintain public and nurses' confidence in the ability of the profession to regulate itself

The College meets this mandate through regulatory policy and by ensuring tools and processes are in place to provide guidance to nurses to support the delivery of safe, competent, ethical and compassionate nursing services.

#### Where to find more information:

- [Nova Scotia College of Nursing \(NSCN\)](#)

## The Board

The NSCN Board is responsible for:

- Ensuring the College meets its mandate to serve and protect the public.
- Making decisions regarding the regulation of nurses and the nursing profession.
- Approving any new or revised by-laws.

College by-laws are the rules and procedures by which the College operates.

### Where to find more information:

- [The Board](#)
- [By-laws](#)

## Regulatory Committees

An important part of NSCN's work is accomplished through regulatory committees. Our regulatory committees include volunteer registrants and members of the public who make decisions related to:

- Registration and licensing
- Practice
- Concerns about the conduct of nurse's practice

The Board establishes committees as directed by the Act, regulations and by-laws. All committee activities must align with the Colleges' mandate of public protection.

NSCN committees include:

- Complaints Committee
- Education Program Approval Committee
- Fitness to Practise Committee
- Practice Review Committee
- Registration and Licensing Committee
- Registration and Licensing Review Committee
- Professional Conduct Committee
- Reinstatement Committee

The Nursing Act provides a framework for nurses to participate in regulatory committees. Participation in a College committee is an important self-regulatory activity.

### Where to find more information:

- [Regulatory Committees](#)

## Registration and Licensing

Registration and licensure are often used interchangeably but have different meanings.

Registration is the process of being listed with the regulatory body that grants legal permission to practice a profession.

You can be registered with NSCN but not licensed. Registration requirements are set out in the Nursing Act.

An active licence is required before an individual can engage in nursing practice, which includes classroom settings or employment orientation where there is no client contact.

Licensure is a mandatory requirement to grant registrants permission to practice in their designation. Licensure protects the public by ensuring that only qualified individuals can enter the profession and protects the public from unauthorized practitioners.

Successful registration with the College means an individual has the necessary knowledge, skill and judgment to provide safe, competent, ethical and compassionate nursing services.

A practicing licence is issued when an applicant has met all the registration and licensing requirements set out in the Nursing Act.

A conditional licence is issued when an applicant:

- Has met the requirements of their nursing program and NSCN's registration and licensing requirements set out in the Nursing Act but has not yet passed the required registration exam, or,
- Has passed the licensing exam but has not practised nursing in more than five years but less than ten years and they have an employment offer with a Nova Scotia employer.

The licensure year in Nova Scotia is from November 1st to October 31st of the following year. Example, the 2026 licensure year is from October 31, 2025, to November 1, 2026.

Conditional licenses expire four months from the date they are issued.

Every year, nurses must renew their licence before October 31st to be able to practice on November 1st.

Nurses who practice without a licence can receive:

- Written warning that is placed on their file
- Fine for the amount set out in Section 5.1 of NSCN By-laws
- Referral to the Professional Conduct Services Complaints Committee

Professional liability insurance is included in licensure. Individuals without a licence (even due to a temporary lapse) do not have liability insurance.

## Virtual Care

Nurses should contact the appropriate regulator to determine their regulatory requirements such as licensure and scope of practice when:

- Engaging in virtual care with clients in another jurisdiction.
- Engaging in virtual care with clients in Nova Scotia while located in another jurisdiction.

Nurses registered and licensed in other jurisdictions and who are also an NSCN registrant require NSCN licensure when:

- Engaging in virtual care with clients in Nova Scotia
- Located in Nova Scotia and engaging in virtual care with clients inside or outside of Nova Scotia

An NSCN registrant is any nurse who was ever registered and licensed with NSCN or our legacy Colleges, CLPNNS or CRNNS.

### Where to find more information:

- [Registration & Licensing](#)
- [Technology](#)

## Scope of Practice

LPNs, RNs, RPNs and NPs are different designations of nurses with different scopes of practice, professional authorizations around practice and differing capacities to make autonomous nursing decisions.

The legislated scopes of practice for nurses are outlined in the Act.

### Scope of practice includes:

**Professional scope of practice** encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. This can only be changed by a change in legislation.

The **individual scope of practice** defines the roles, functions and accountabilities for which a nurse is educated, authorized and competent to perform.

The **scope of employment** is a description of the nurse's role within the employment setting. It is defined by the employer through job descriptions, policies, guidelines and context specific education.

Nursing practice is far too complex to be reduced to lists of tasks and procedures. In contrast, nursing practice must be considered in terms of competencies. The Act defines competencies as the knowledge, skills and judgement required to practice safely and ethically.

Competencies are more than simply a task, skill set or intervention. They are an integration of three concepts, knowledge, skills and judgement into nursing practice.

## COLLABORATION

LPNs practice their autonomy within a collaborative relationship with other care providers, most frequently with the RN or RPN as appropriate.

LPNs make independent nursing decisions for clients with less complex care needs within an established plan of care. As the client's nursing needs become more complex or variable LPNs are expected to work in collaboration with the RN or RPN as appropriate, to identify, meet and manage these needs by adjusting the nursing care plan as necessary.

When client needs are very complex and variable, the LPN works with guidance and direction of the RN or RPN as appropriate.

RNs, RPNs and NPs are autonomous practitioners who work in collaboration with clients and other healthcare providers. They are required to collaborate with others when the needs of the client exceed their individual or professional scope of practice.

Collaboration is essential in nursing practice. All nurses are required to collaborate when the needs of the client exceed their individual or professional scope of practice.

## THREE-FACTOR FRAMEWORK

Nurses and employers are responsible for ensuring that clients receive care from nurses whose scope of practice best meets their health care needs.

The three-factor framework takes into consideration the needs of the client, the nurse's scope and competence and the resources available in the practice context to determine who is the most appropriate nurse to provide care or enact an intervention.

### Where to find more information:

- [Scope of Practice](#)

## Professional Conduct Process

The conduct process is an element of self-regulation and one of the ways the College meets its mandate of public protection.

NSCN is authorized by the Nursing Act to address complaints about a nurse.

A complaint may be made by a member of the public, a registrant, an employer, the CEO of NSCN or another NSCN employee, or any other person who has concerns regarding the conduct of a nurse. Complaints are reviewed carefully to determine what actions need to be taken and often include an investigation.

NSCN does not have the authority to address concerns about other healthcare providers or workplace practices.

#### Where to find more information:

- [Considering Making a Complaint](#)

## Protected Title

The Nursing Act and Regulations grants the nursing profession exclusive rights to use the LPN, RN, RPN and NP title(s).

The term “nurse” is a protected title under the Act. It may not be used by any person unless that person is a licensed practical nurse, registered nurse, registered psychiatric nurse, nurse practitioner, or a student in an approved education program and is authorized by administrators of the program to engage in nursing practice as part of the program.

A protected title helps the College achieve its mandate of public safety because only qualified practitioners may use it. Members of the public know that when a nurse is granted permission to use their nursing designation title they have met and continue to meet their educational and practice requirements. This means they are prepared to deliver safe, competent, ethical and compassionate nursing services.

Individuals who unlawfully use titles relating to nursing are placing the public at risk and may negatively impact the nursing profession.

#### Where to find more information:

- [Protected Title](#)

## Duty to Report

According to the Act, nurses in Nova Scotia have a legal duty to report in writing to NSCN, or the appropriate regulatory body, if they have reasonable grounds to believe that another health care provider:

- Has engaged in professional misconduct, including sexual misconduct, incompetence or conduct unbecoming the profession
- Is incapacitated or is practicing in a manner that otherwise constitutes a danger to the public

Nurses have a duty to self-report to NSCN a criminal offence or any regulatory action by another regulatory body.

Nurses who fail to report these situations may be in violation of their standards of practice and code of ethics.

Registrants must self-report directly to NSCN immediately if an offence has occurred during the licensing year and as part of initial licensure or annual licence renewal.

Failing to disclose information or falsifying registration forms may constitute [professional misconduct](#).

Employers of nurses have a duty to report to NSCN, in writing, when a nurse is terminated or resigns from their employment because of:

- Allegations of professional misconduct including sexual misconduct
- Conduct unbecoming the profession
- Incompetence or incapacity

Employers should also report situations when a nurse voluntarily resigns from their position before successfully completing a professional practice remediation plan.



### Where to find more information:

- [Duty to Report](#)
- [Self-Reporting Obligations](#)

## Continuing Competence Program

The Nursing Act requires NSCN to have a competence program and for nurses in Nova Scotia to participate in the program.

The Continuing Competence Program (CCP) is a regulatory program and quality assurance mechanism.

Continuing competence is a career-long enhancement of knowledge, skill, and judgment required to practise safely and ethically. The CCP provides a level of assurance to the public that nurses are continuously meeting their professional practice standards.

All nurses are accountable for their own practice and actions and have a professional obligation to attain and maintain competence relevant to their practice area(s).

The standards of practice serve as the foundation for the CCP requirements.

### Where to find more information:

- [CCP](#)

## Currency of Practice

Nurses are required to meet the currency of practice requirement to become licensed as a nurse in Nova Scotia.

The currency of practice requirement is important because shows the nurse has:

- Recent practice in nursing
- Recently completed nursing education
- Is connected to nursing practice

**LPNs, RNs and RPNs** must meet one of the following currency of practice options to be eligible for registration and/or licensing in Nova Scotia:

- Hold current licensing in another Canadian jurisdiction for the same designation they are applying for (only available when applying for registration and an initial practising licence with NSCN).
- Have practised within the past three licensing years before your application.
- Have completed at least 320 hours of practice within the past 5 licensing years before their application.
- Have successfully completed a re-entry program, bridging education, or entry-level nursing program within the past 5 licensing years before their application.
- Have successfully completed a competence assessment and bridging education within the past 5 licensing years before their application.

LPNs, RNs and RPNs must keep a record of their practice hours from at least the immediate previous five years.

LPNs, RNs and RPNs who do not meet the currency of practice requirements must successfully complete a competence assessment (including any required education) or a relevant nursing re-entry program to re-establish currency of practice.

Every nurse in Nova Scotia is required to successfully complete the CCP expectations for initial licensure and as part of their annual licensure requirement, regardless of their employment status.

**NPs** must meet one of the following currency of practice options to be eligible for registration and/or licensure in Nova Scotia:

- Hold current licensing in another Canadian jurisdiction for the same designation you are applying for (only available when applying for registration and an initial practising licence with NSCN)
- Practised as an NP no later than 3 licensing years prior to application
- Completed an NP program no later than 3 licensing years prior to application
- Completed a competence assessment and all required education no later than 3 licensing years prior to application

NPs must keep a record of practice hours from at least the immediate previous 2 years.

NPs who do not meet the currency of practice requirement must go before the [Registration and Licensing Committee](#) to determine the requirements to re-establish currency of practice.

Only hours accumulated in a role that requires nursing knowledge, education, and meets the legal definition of nursing services can be counted towards nursing practice hours.

Where to find more information:

- [Currency of Practice](#)

## Regulatory Policies and Practice Guidelines

This section of the guide is specific to regulatory policies and practice guidelines.

### Entry-level Competencies

The Nursing Act is the foundation upon which entry-level competencies (ELCs) and standards of practice for nurses are developed. Entry-level competencies describe the knowledge, skill, and judgment required of beginning practitioners to provide safe, competent, compassionate, and ethical care.

Each nursing designation has their own ELCs.

**Where to find more information:**

- [Entry-Level Competencies](#)

### Standards of Practice

The standards of practice promote, direct, regulate, and shape the professional practice of nurses in all practice settings in Nova Scotia. These standards set out the legal and professional requirements for nursing practice and describe the level of performance expected of nurses in their practice.

Each designation of nurse has their own standards of practice. RN-APs and NPs are accountable to their specific standards and the RN standards of practice. The Sexual Misconduct Standard of Practice for Registrants applies to all nursing designations.

**Where to find more information:**

- [Standards of Practice](#)

## Code of Ethics

The code of ethics are authoritative statements which define the minimum legal and professional expectations of nursing practice based on their designation.

The code of ethics is a resource to help nurses practise ethically and work through ethical challenges that arise in practice settings with individuals, clients, families, communities, and the health system.

### Where to find more information:

- [Code of Ethics](#)

Nurses are accountable to practice in accordance with their respective designations code of ethics.

## Practice Guidelines

Guidelines are evidence informed tools providing regulatory guidance and recommendations for registrants on various practice topics. These tools may include professional standards, practice guidelines, position statements, Q&As, practice scenarios, and online learning modules.

NSCN develops these tools to support registrants in providing safe, competent, compassionate, and ethical care.

Nurses are accountable to understand and apply these tools in their practice as applicable.

### Where to find more information:

- [Practice Support Tools](#)

## Part 2: Provincial and Federal Legislation

### Provincial Legislation

This section of the guide is specific to provincial legislation.

### Adult Capacity and Decision-Making Act

The purpose of the Adult Capacity and Decision-Making Act (ACDMA) and Regulations is to establish the legal framework to protect adults who may not be able to make some or all decisions for themselves due to temporary or permanent learning disabilities, mental health conditions, brain injuries or other health issues.

The ACDMA Regulations authorize the following health care professionals to conduct a capacity assessment for the specific reason to determine the **need** to appoint a representative to make certain decisions for an individual.

- Physicians
- Psychologists
- Other designated health care professionals, including RNs and NPs, who have completed additional training through the Public Trustee's office

Decisions can include, but are not limited to, personal care, finances, living arrangements, health and leisure activities.

LPNs and RPNs are not authorized to complete this additional education or be designated assessors.

RNs and NPs who have completed the additional required training and are designated assessors are authorized to perform a capacity assessment under the ACDMA and Regulations for the specific circumstances outlined in the legislation.

### Where to find more information:

- [Adult Capacity and Decision-Making Act](#)
- [Assessing Capacity Practice Guidelines](#)

## Adult Protection Act

The purpose of the Adult Protection Act is to establish the legal framework to provide protection for adults aged 16 and older who lack the ability to care for and protect themselves from abuse and neglect. It provides a framework for intervention and support. This Act does not address financial abuse. No action can be taken against a person reporting abuse unless the information was given with malicious intent or without reasonable cause.

Nurses have a crucial role in recognizing and assessing vulnerable clients' needs including recommending appropriate services and reporting suspected abuse.

Nurses should discuss with their manager and follow employer policy when reporting an adult in need of protection.

### Where to find more information:

- [Adult Protection Act](#)

## Children and Family Services Act

The purpose of this Act is to establish the legal framework to protect children (individuals under nineteen years of age) from harm, promote the integrity of the family and safeguard the best interests of children. The primary consideration being the best interest of the child.

Nurses who have information, regardless of its confidentiality or privilege, indicating that a child needs protective services, shall report that information to an agency including the Minister of Community Services.

Nurses should discuss with their manager and follow employer policy on how to make such a report.

### Where to find more information:

- [Children and Family Services Act](#)

## Fatality Investigations Act

The purpose of the Fatality Investigations Act is to establish the legal framework for investigating deaths that are sudden, unexpected, or involve violence, accident, or suicide. The Act establishes in which circumstances a death should be reported and by whom.

The medical examiner or an investigator must be notified if a person has died under one of the following circumstances

- Because of violence, accident or suicide
- Unexpectedly when the person was in good health
- Where the person was not under the care of a physician
- Where the cause of death is undetermined
- As the result of improper or suspected negligent treatment by a person
- Death in a health care facility
- Death in custody or detention
- Death probably related to employment or occupation

Nurses must collaborate with the most responsible practitioner, their manager and follow employer policy to determine the next steps in the notification process.

## SPECIAL CONSIDERATIONS FOR NPs

NPs are not authorized to certify death when the death is sudden, unexpected, or involves violence, an accident, or suicide. NPs must notify the medical examiner immediately in these circumstances.

### **Where to find more information:**

- [Fatality Investigations Act](#)
- [Pronouncing and Certifying Death](#)

## Gun Shot Wound Mandatory Reporting Act

The purpose of the Gunshot Wounds Mandatory Reporting Act is to establish the legal framework to assist law enforcement with investigations through the requirement of health care professionals to report gunshot wounds to the police. The Act requires every hospital, facility or service that treats an individual for a gunshot wound to report to local police as soon as reasonably practical to do so.

Nurses must follow employer policies related to disclosure of gun shot wounds.

### **Where to find more information:**

- [Gunshot Wounds Mandatory Reporting Act and Regulations](#)

## Health Protection Act

The purpose of the Health Protection Act is to establish the legal framework for public health officials to prevent, detect, manage, and contain health threats.

The Act outlines the duties and responsibilities of public health officials when dealing with communicable diseases, public health emergencies and food safety.

The Medical Officer of Health must be notified if a person has or may have a notifiable disease or condition or if an illness is occurring at a higher rate than is normal in a facility.

Nurses should notify their supervisor and follow employer policies regarding reporting to the medical officer of health.

### **Where to find more information:**

- [Health Protection Act](#)

## Homes for Special Care Act

The purpose of the Homes for Special Care Act is to establish the legal framework to regulate and oversee homes that provide care and accommodation for individuals who require assistance with daily living, including nursing homes, residential care facilities, and homes for the aged or disabled. It aims to ensure the health, safety, and well-being of residents in these facilities by establishing requirements for operation, licensing and monitoring procedures.

This includes specific criteria for admission to a long-term care facility or residential care facility, staffing requirements, storage of drugs and medication guidelines.

According to the Homes for Special Care Regulations:

- Every nursing home and nursing care section of a home with less than 30 residents must have at least one registered nurse on duty for at least 8 hours every day. In the absence of a registered nurse, there shall be a person on duty in the home who can provide emergency care.
- In every nursing home and nursing care section of a home where there are 30 or more residents, there must always be at least one registered nurse on duty and there must be a staff member who can provide emergency care on duty at all times.

Nurses should discuss with their manager and follow employer policy regarding the staffing ratios in a home for special care facility.

## SPECIAL CONSIDERATIONS FOR NPs

NPs are authorized to be medical health advisors/directors for long-term care facilities.

NPs may complete the initial assessment and orders for care (e.g. diet, medication, activities, treatments, etc.) when a new resident arrives at a long-term care facility.

NPs who provide primary care to residents need to assess the resident at least once every six months, examine the medical records of the resident and determine if the resident requires a physical examination.

Residents living in a community based residential facility, regional rehabilitation centre or adult residential centre need to be assessed by an NP or physician annually.

### **Where to find more information:**

- [Homes for Special Care Act](#)
- [Homes for Special Care Regulations](#)

## Hospitals Act

The purpose of the Hospitals Act is to establish a legal framework for how hospitals operate in Nova Scotia. This Act grants authority to practitioners for admitting and discharge privileges, clients' rights, consent process and regulation.

According to the Hospitals Act,

- Physicians, nurse practitioners, midwives and dental practitioners have the authority to admit and discharge a client in need of hospital services.
- Presumes that every adult client in a hospital or a psychiatric facility has capacity to make all treatment decisions with respect to their health care.
- An individual admitted to a hospital, or a psychiatric facility must consent to receive treatment.
- Authorizes a physician to conduct a capacity assessment to determine if a client can consent to treatment while in the hospital. Physicians are the only health care professionals authorized to conduct formal capacity assessments under the Hospitals Act.

Nurses should follow their employer policies as they relate to aspects under the Hospitals Act.

## SPECIAL CONSIDERATIONS FOR NPs

NPs are authorized to admit and discharge clients from hospital settings. NPs should determine if this is in their scope of employment.

### **Where to find more information:**

- [Hospitals Act](#)
- [Hospitals Regulations](#)
- [Assessing Capacity Practice Guideline](#)

## Human Organ and Tissue Donation Act

The purpose of the Human Organ and Tissue Donation Act is to establish the legal framework for organ and tissue donation in Nova Scotia. The Act intends to increase awareness and education about donation. All Nova Scotians are presumed to consent to organ and tissue donation unless they opt out of the program.

Nurses should discuss with their manager and follow employer policy regarding organ and tissue donation.

### Where to find more information:

- [Human Organ and Tissue Donation Act](#)

## Involuntary Psychiatric Treatment Act

The purpose of the Involuntary Psychiatric Treatment Act is to establish the legal framework to ensure people of all ages with mental disorders are treated with dignity and respect. It allows psychiatrists to admit clients to hospital when a client with mental illness is unable to make decisions about treatment and needs medical intervention for their own safety or the safety of others.

Nurses should follow their employer policies when caring for clients admitted under this Act.

### SPECIAL CONSIDERATIONS FOR NPs

NPs are not authorized to complete Involuntary Psychiatric Treatment Forms under this Act.

### Where to find more information:

- [Involuntary Psychiatric Treatment Act](#)

## Occupational Health and Safety Act

The purpose of the Occupational Health and Safety Act is to establish the legal framework to protect workers from hazards in the workplace, promoting their health and safety. It establishes a framework for preventing accidents, injuries, and illnesses through the joint responsibility of employers, employees, and other workplace parties.

The Occupational Health and Safety Act states, every employee, including self-employed nurses while at work, shall:

- Take every reasonable precaution in the circumstances to protect the employee's own health and safety and that of other persons at or near the workplace.
- Co-operate with the employer and with the employee's fellow employees to protect the employee's own health and safety and that of other persons at or near the workplace.
- Take every reasonable precaution in the circumstances to ensure that protective devices, equipment or clothing required by the employer, this Act or the regulations are used or worn.
- Consult and co-operate with the joint occupational health and safety committee, where such a committee has been established at the workplace, or the health and safety representative, where one has been selected at the workplace.
- Co-operate with any person performing a duty or exercising a power conferred by this Act or the regulations.
- Comply with this Act and the regulations.

Where an employee believes that any condition, device, equipment, machine, material or thing or any aspect of the workplace is or may be dangerous to the employee's health or safety or that of any other person at the workplace, the employee shall immediately report it to a supervisor.

A nurse who is considering refusing to provide care based on a risk to their own health should be aware of the provisions of the Occupational Health and Safety Act that govern refusals to work and should consider seeking assistance from a union representative (if applicable) or their respective liability providers.

Nurses should discuss with their manager and follow employer policy regarding occupational health and safety concerns.

## DUTY TO REPORT INCIDENTS OF VIOLENCE

According to the Regulations, an employer, contractor, constructor, supplier, employee, owner or self-employed person in the workplace has a duty to report all incidents of violence in a workplace to the employer.

Employers must ensure that incidents of violence in a workplace are documented and promptly investigated to determine their causes and the actions needed to prevent reoccurrence.

In addition, an employer must ensure that notice of the actions taken to prevent reoccurrence of an incident of violence are given to any employee affected by the incident of violence, any committee established at the workplace, and any representative selected at the workplace.

### Where to find more information:

- [Occupational Health and Safety Act](#)
- [Occupational Health and Safety Act, Occupational Safety General Regulations](#)
- [Occupational Health and Safety Act, Violence in the Workplace Regulations](#)
- [Occupational Health and Safety Act, Workplace Health and Safety Regulations](#)

## Personal Directives Act

The purpose of the Personal Directives Act (PDA) is to establish the legal framework to allow an individual to make a personal directive outlining instructions about future personal care decisions to be made on their behalf should they no longer have capacity.

The Regulations under the PDA authorize the following health professionals to conduct capacity assessments to determine if an individual lacks capacity to make personal care decisions:

- Physicians
- Psychologists
- Other designated health professionals, including RNs and NPs, who have completed additional training through the Public Trustee's office.

Assessors conducting an assessment or reassessment of capacity under the PDA must complete [Form 1: Assessment of Capacity to make Decisions about a Personal Care Matter](#).

LPNs and RPNs are not authorized to complete the additional education and complete capacity assessments under this Act.

Nurses should discuss with their manager and follow employer policy when caring for clients with a personal directive.

### Where to find more information:

- [Personal Directives Act](#)
- [Personal Directives Regulations](#)
- [Assessing Capacity Practice Guidelines](#)

RNs and NPs who have completed the additional required training are authorized to perform a capacity assessment under PDA and Regulations for the specific circumstances outlined in the legislation.



## Personal Health Information Act

The purpose of the Personal Health Information Act (PHIA) is to establish the legal framework that governs how regulated health care professionals and organizations collect, use, disclose, and retain personal health information.

A **custodian** is defined as an individual or organization who has custody or control of personal health information.

The Act identifies:

- A client's right to protect their personal health information.
- How and when it is appropriate to share client information.
- When nurses can disclose personal health information about a client. For example, circle of care.
- Within the circle, healthcare professionals can assume a patient's implied consent to collect, use, and share personal health information for care and treatment purposes.
- A custodian is permitted to disclose personal health information about a client without consent **if required** by law.
- Requirements for Electronic information management.

Self-employed or contracted nurses who operate a multidisciplinary health clinic and manage regulated health professionals could be considered custodians of the client's health record.

Nurses should discuss with their manager and follow employer policy when disclosing personal health information.

## ELECTRONIC HEALTH RECORDS REGULATIONS

The purpose of the Electronic Health Records Regulations under the Personal Health Information Act is to establish the legal framework to enable client's personal health information collected from their primary care visits to be added to a central electronic health record, accessible through the YourHealthNS app.

This Regulation impacts custodians of personal health information in primary care settings such as physicians, nurse practitioners, and pharmacies operating primary care clinics.

The Regulations give authority to the Minister of Health to incorporate personal health information from multiple electronic information systems into a centralized electronic health record for the purpose of creating and maintaining an electronic health record, the YourHealthNS app.

Releasing primary care information to the Minister of Health and Wellness when requested is a legislative and practice standard requirement.

## SPECIAL CONSIDERATIONS FOR NPs

Under the Regulations, NPs operating a group practice of regulated health professionals in a primary care clinic outside of Nova Scotia Health are required to release primary care information to the Minister of Health and Wellness.

**Where to find more information:**

- [Personal Health Information Act](#)
- [Personal Health Information Act Toolkit for Custodians](#)
- [Electronic Health Records Regulations](#)
- [Electronic Health Records Regulations Q&A](#)

## Protection for Persons in Care Act

The purpose of the Protection for Persons in Care Act is to establish the legal framework to safeguard adults receiving care in designated facilities from abuse and neglect. It provides protection to clients and residents 16 years of age and older who receive care in health facilities as defined in the Act.

Under this Act, abuse is any of the following:

- The use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding.
- Mistreatment causing emotional harm, including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact.
- The administration, withholding or prescribing of medication for inappropriate purposes.
- Sexual contact, activity or behaviour between a service provider and a patient or resident.
- The misappropriation, improper or illegal conversion of money or other valuable possessions.
- Failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent.

Nurses should discuss with their manager and notify their supervisor and follow employer policy when reporting suspected abuse.

### Where to find more information:

- [Protection for Persons in Care Act](#)
- [Protection for Persons in Care Regulations](#)

## Vital Statistics Act

The purpose of the Vital Statistics Act is to establish the legal framework to ensure accurate and official records of births, deaths, marriages, and domestic partnerships by setting the requirements for the registration of these events.

- The Act enables individuals to change the sex designation on their birth registration without having to undergo any surgical procedures.
- Applicants 16 years of age or older do not required a written statement from a professional to change their sex indicator with Vital Statistics. These applicants will need to make a statutory declaration to affirm their desired sex indicator change.
- “X” as a sex indicator is available for individuals who do not identify exclusively as male or female to be represented on Vital Statistics certificates.

### SPECIAL CONSIDERATIONS FOR NPs

NPs are not authorized to sign the change of sex application package if the person seeking this change on their birth certificate is 15 years old or younger.

## Timely Medical Certificate Act

This Act is intended to amend Chapter 494 of the Revised Statutes, 1989, the Vital Statistics Act.

The purpose of the Timely Medical Certificate Act is to establish the legal framework to enable NPs to complete a Medical Certificate of Death when they:

- Hold an active practice licence with NSCN
- Completed the approved Medical Certificate of Death education
- Received a registration number from vital statistics

## SPECIAL CONSIDERATIONS FOR NPs

NPs are authorized to certify death if they are the health care provider responsible for the treatment and care of the client and if the client's death is expected as the result of a diagnosed chronic or acute illness or condition.

NPs are **not authorized** to certify death and must notify the medical examiner immediately when there is reason to believe that the death is a result of any of the circumstances listed in sections 9-12 of the Nova Scotia Fatality Investigations Act.

NPs are accountable for accurate completion the Registration of Death Form including the medical certification of death outlining the date of death, immediate cause of death, antecedent causes of death and other significant conditions contributing to the death to uphold the accuracy of mortality statistics in Nova Scotia and Canada. \_

### **Where to find more information:**

- [Vital Statistics Act](#)
- [Vital Statistics and Chapter 494: Timely Medical Certificate Act](#)
- [Medical Certificate of Death Regulations](#)
- [Fatality Investigations Act](#)
- [Pronouncing and Certifying Death](#)

# Provincial Legislation Relevant to Nurse Practitioners' Practice

## Prescription Monitoring Act

The purpose of the Prescription Monitoring Act is to establish the legal framework to promote the appropriate use of monitored drugs, such as opioids and benzodiazepines, while also reducing their misuse and abuse. It defines “monitored drugs” as those drugs designated by the regulations as being subject to the program.

NPs must be registered with the Prescription Monitoring Program (PMP) to prescribe controlled drugs and substances to clients in Nova Scotia.

A list of controlled drugs and substances can be found in the Controlled Drugs and Substances Act or any successor legislation and are designated as being subject to the Nova Scotia Prescription Monitoring Program, except testosterone, when dispensed as a compound for topical application for local effect.

A prescriber must only prescribe a monitored drug in the manner approved by the Board and by using a prescription form. However, a prescriber does not have to use a prescription form if the prescription is for one of the following:

- A person in a nursing home, as defined in the Homes for Special Care Act;
- A person in a home for the aged that is subject to the Homes for Special Care Act;
- A person who is prescribed a monitored drug while an in-patient, as defined in the Hospital Insurance Regulations made under the Health Services and Insurance Act;
- An inmate in a federal correctional centre or penitentiary.

The Prescription Monitoring Program administrator may communicate or file a complaint with authorities when the administrator has reason to believe that:

- An offence has been committed contrary to the Controlled Drugs and Substances Act or the Criminal Code (Canada) or successor legislation, or
- A member of that licensing authority may be practising in a manner that is inconsistent with the objects of the program.

NPs should become familiar with the Nova Scotia Prescription Monitoring Program policies and resources.

### Where you can find more information:

- [Prescription Monitoring Act](#)
- [Prescription Monitoring Regulations](#)
- [Nova Scotia Prescription Monitoring Program](#)

## Workers Compensation Board Act

The purpose of the Workers Compensation Board Act is to establish the legal framework for a no-fault insurance system that supports workers injured on the job and their employers. It ensures that workers receive benefits when injured, and it also provides employers with access to affordable insurance.

The Act authorizes an NP to complete the Physician's Report 8/10.

Medical records completed as part of a WCB claim are privileged. This means that every report submitted to the Board or the Appeals Tribunal by a physician, surgeon, hospital official or other health care professional:

- Is a privileged communication of the person submitting the report; and
- Is not admissible as evidence in any action against the physician, surgeon, hospital official or health care professional.

### Where to find more information:

- [Workers Compensation Act](#)

## Federal Legislation

This section of the guide is specific to **federal legislation**.

### Controlled Drug and Substance Act

The purpose of the Controlled Drugs and Substances Act is to establish the legal framework to regulate the possession, production, distribution and sale of drugs that are considered controlled or illegal.

This legislation aims to protect public health and safety by preventing the illegal use and trafficking of controlled substances.

The Act classifies controlled substances into Schedules I, II, III or IV, depending on their risk for harm and misuse. The Act outlines strict rules and criminal penalties for offences related to the possession, production and distribution of these controlled substances.

This legislation:

- Authorizes nurses to be in possession of controlled drugs and substances when ordered to administer them by an authorized prescriber.
- Mandates employers to establish systems & policies for the appropriate dispensing, administration, disposal and security of controlled drugs and substances.
- Requires pharmacists, nurses and other practitioners and licensed organizations to maintain records.
- Requires that records include details on count of controlled drugs, medication wastage, client refusals as well as late entries and co-signing of discards.

Most facilities authorize all nurses to receive the delivery of controlled drugs and substances, access locked medication storage cabinets and perform controlled drugs and substances counts.

While federal regulations clearly state how controlled drugs and substances are to be managed and discarded in health care facilities, these same regulations do not apply once the controlled substances are in the client's possession.

Nurses should follow employer policy when administering controlled substances.

### SPECIAL CONSIDERATIONS FOR NPs

The NP prescribes drugs according to the Controlled Drugs and Substances Act and related regulations.

NPs are accountable to exercise professional judgment as it relates to the provisions for record keeping, security and reporting for Narcotic Control Regulations, Benzodiazepines and Other Targeted Substances Regulations.

Under Section 31(1) of the CDSA, an inspector may enter an NP's practice setting at any time to ensure compliance with the regulations.

#### Where to find more information:

- [Controlled Drugs and Substances Act](#)
- [Drugs Requiring Use of Duplicate Prescription Pads](#)
- [New Classes of Practitioners Regulations](#)
- [Medication Guidelines](#)

## Criminal Code of Canada

The purpose of the Canadian Criminal Code is to establish the legal framework to define criminal offenses, outline the rules for establishing criminal liability, set penalties for these offenses, including fines, imprisonment and provide directions for investigating crimes.

It is important nurses understand their accountabilities as it relates to this legislation to avoid potential criminal charges. The Code outlines the framework for Medical Assistance in Dying (MAiD) in Canada.

### MAiD

MAiD refers to the process where at the client's request, an NP or physician can prescribe and administer a medication to the client causing their death or prescribes or provide a medication to the client so that the client may self-administer the medication and, in doing so, cause their own death.

The Code sets out several safeguards that must be met before an eligible client can receive assistance in dying.

A client who wishes to receive assistance in dying must submit a request in writing, signed and dated by the client after they have been informed of or diagnosed with the grievous and irremediable medical condition. The client must be at least 18 years of age.

According to the Government of Canada, Canadians whose only medical condition is a mental illness, and who otherwise meet all eligibility criteria, will not be eligible for MAiD until March 17, 2027.

LPNs, RNs and RPNs are **not authorized** to administer medication that causes the client's death under any circumstances, even if requested by the providing NP/Physician and/or the client.

LPNs, RNs and RPNs should refrain from any activities that may be viewed as administration of the medication, such as placing oral medication in the client's mouth, passing oral medication to the client, or pushing the medication into the client's intravenous line.

Nurses should follow employer policy when caring for clients requesting MAiD.

### SPECIAL CONSIDERATIONS FOR NPs

NPs are authorized to complete capacity assessments under MAiD legislation to confirm a client's eligibility for MAiD and provide MAiD.

NPs who are acting as providers must obtain informed consent directly from the client requesting MAiD, not the substitute decision-maker of an incapable client

NPs are authorized to administer, prescribe or provide a substance, which causes death to an eligible client.

NPs who assess eligibility for or provide MAiD, must have sufficient education, experience, and qualifications to provide safe and competent care.

As per employer policy, NPs employed by the Nova Scotia Health Authority are not permitted to witness the signature of a client requesting MAiD.

#### Where to find more information:

- [Criminal Code of Canada](#)
- [Criminal Code Medical Assistance in Dying](#)
- [Medical Assistance in Dying Practice Guideline for LPNs and RNs](#)
- [Medical Assistance in Dying Practice Guideline for NPs](#)

## Food and Drug Act and Regulations

The purpose of the Food and Drug Act is to establish the legal framework to govern the sale and distribution of drugs in Canada. All nurses working in Nova Scotia must comply with federal legislation.

### SPECIAL CONSIDERATIONS FOR NPs

NPs are authorized to accept or sign for drugs distributed by a pharmaceutical representative.

NPs are authorized to distribute medication samples to clients if there is an employer policy or guideline supporting it.

#### **Where to find more information:**

- [Federal Food & Drugs Act](#)
- [Food and Drug Regulations](#)
- [Medication Guidelines for Nurses](#)

## Medical Cannabis Act

The purpose of the Cannabis Act is to establish the legal framework for controlling the possession, production and sale of cannabis in Canada. Its purpose is to prevent youth access to cannabis, protect public health and safety, and reduce criminal activity. The legal age to use, buy, grow or possess cannabis in Nova Scotia is nineteen.

The Cannabis Regulations authorize all nurses, including those working in home care settings, to possess, directly administer or assist clients to self-administer medical cannabis if they are authorized to use it.

Possession, production, distribution and sale outside the legal system is illegal and subject to criminal charges.

Nurses are accountable to:

- Know the process by which clients are authorized to use medical cannabis, indications for use, routes of administration, adverse effects, dosing and contraindications.
- Be familiar with best practice guidelines relating to medical cannabis.
- Be aware of their employer policies/processes and have the necessary competence to directly administer medical cannabis safely.
- Report if they become aware a client has obtained medical cannabis using channels other than the legislation, a prescriber has not followed appropriate policy, or any other unlawful activity.

### SPECIAL CONSIDERATIONS FOR NPs

NPs can provide medical documentation authorizing medical cannabis for clients requiring it as part of their treatment plan.

NPs with the necessary competence may prescribe medical cannabis according to employer policies.

#### **Where to find more information:**

- [Cannabis Act](#)
- [Cannabis Regulations](#)
- [Cannabis Practice Guideline](#)

# Federal Legislation Relevant to Nurse Practitioners' Practice

## Canadian Pension Plan Act and Regulations

The purpose of the Canada Pension Plan Act is to set the legal framework to establish a comprehensive program of old age pensions and supplementary benefits in Canada payable to and in respect of contributors.

The Act authorizes NPs to complete client assessments and various forms and certificates under the Act.

### Where to find more information:

- [Canada Pension Plan Act](#)
- [Canada Pension Plan Regulations](#)

## Employment Insurance Act

The purpose of the Employment Insurance Act is to establish the legal framework to provide regular benefits to individuals who lose their jobs through no fault of their own.

The Act authorizes NPs to complete client assessments and various forms and certificates under the Act.

### Where to find more information:

- [Employment Insurance Act](#)

## Income Tax Act

The purpose of the Income Tax Act is to establish the legal framework for determining what income is taxable and what deductions can be claimed.

The Act authorizes NPs to complete client assessments and various forms and certificates under the Act.

### Where to find more information:

- [Income Tax Act](#)

## Motor Vehicle Act

The purpose of the Motor Vehicle Act is to establish the legal framework to set safety standards for the manufacture, importation and operation of vehicles and equipment.

The Act authorizes NPs to complete:

- Medical assessment forms for commercial driver license applications, and drivers who have medical conditions requiring assessment.
- Medical forms for drivers being assessed for accessible parking permits, the Alcohol Ignition Interlock Program and exemptions from seat belt or child restraint systems for medical reasons.

Under the Act, NPs are required to notify the registry when a client has been rendered unsafe to drive.

NPs should follow their employer policy regarding making reports to the registry.

### Where to find more information:

- [Motor Vehicles Act](#)