

Cosmetic Medical Procedures

The Nurses Association of New Brunswick (NANB) believes cosmetic medical procedures¹ should be considered with the same rigor and professional responsibility as any other medical procedure. Such procedures are not risk free and they require specific knowledge, skills and abilities to competently perform them.

Cosmetic medical treatment decisions and the prescribing of cosmetic medical procedures including, but not limited to the injection of Botox and dermal fillers, fall outside of the scope of registered nurse (RN) practice. To support cosmetic medical procedures, there needs to be the direct involvement of a physician and there must be a physician's order prior to giving any medication or before performing any cosmetic medical procedure. Changes to the treatment plan (new injection sites or different dosages) require physician reassessment of the client with updated orders.

Registered Nurses (RNs)

RNs are expected to meet their standards of practice ([Standards of Practice for Registered Nurses](#)), including the medication administration standards ([Practice Standard: Medication Administration](#)) as outlined by the NANB, when administering medications and/or substances by injection.

Cosmetic medical procedures are not part of the entry-level preparation of RNs, therefore additional education and clinical experience is required to ensure that the RN is competent and safe to practice. Education and training should also include best practices regarding infection control (i.e., sterile

¹ Australian Health Ministers' Advisory Council published *Cosmetic Medical & Surgical Procedures: A National Framework* (2011) which defines cosmetic medical procedures as: "...procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem." Retrieved from: http://www.coaghealthcouncil.gov.au/Portals/0/Cosmetic%20Medical%20and%20Surgical%20Procedures%20-%20A%20National%20Framework_Uploaded%2020216.pdf

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equipment and best practices in cleaning/sterilizing equipment must be used). RNs are expected to engage in ongoing learning activities specific to the knowledge and skill associated with cosmetic medical procedures.

Cosmetic medical procedures may take place in various settings. Medical support must be readily available to manage potential side effects and risks. RNs are expected to be prepared and to react in a safe and competent manner at all times, including in an emergency situation. Proper equipment and employer policies must also be in place to support nursing practice.

The NANB does not consider esthetic activities (e.g. facials, waxing, piercings, or tattooing, etc.), to meet the definition of nursing as outlined in the *Nurses Act*². An individual performing such services cannot use the title RN, nor count these hours as RN practice.

Nurses Practitioners (NPs)

NPs in New Brunswick are regulated as Primary Health Care NPs, therefore any therapeutic interventions by an NP should be considered primary health care³. Any procedures that are outside the scope of primary health care practice, such as cosmetic medical procedures, should not be ordered or performed as part of NP practice. This means NPs are not authorized to diagnose, order tests, nor prescribe medication considered to be within the practice of cosmetic medicine.

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² Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick: <http://www.nanb.nb.ca/media/resource/NANB-NursesAct-2008-Bilang.pdf>

³ In the *Code of Ethics for Registered Nurses* (CNA, 2017), primary health care principles include, accessibility, active public participation, health promotion, chronic disease prevention/management, use of technology and intersectoral collaboration. See http://www.nanb.nb.ca/media/resource/Code_of_Ethics-2017-E.pdf