


STUDY GUIDE

Jurisprudence



Mandate

Regulation for safe, competent, and ethical nursing care.

Under the [Nurses Act](#), the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick (NB). Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

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The term nurse used throughout the document refers to the graduate nurse (GN), the Registered Nurse (RN) and the Nurse Practitioner (NP) unless specified otherwise.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

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Jurisprudence Module

The purpose of the NANB Jurisprudence Module is to develop an awareness and understanding of key legislation and the regulatory framework that govern nursing practice in NB.

Completion of the jurisprudence module is a mandatory registration requirement for initial NANB applicants and may apply to other applicants.

The jurisprudence module includes two components:

- 1) the jurisprudence learning component
- 2) the jurisprudence testing component: i) for all RN/NP applicants and ii) for NP applicants only.

The Jurisprudence learning component is self-guided. The applicant is required to review the content and listed resources identified in this study guide to prepare for the jurisprudence testing component.

The Jurisprudence testing component assesses the applicant's knowledge and understanding of nursing regulation, nursing standards, and provincial and federal legislation that govern nursing practice in NB. It is an open book online test; therefore, the study guide content and related resources* can be consulted during the completion of the test. However, it is strongly recommended to take the time to become familiarized with this content prior to taking the test.



*This symbol found throughout the guide is followed by a list of study resources **to review** in preparation for the Jurisprudence testing component.

Disclaimer

Summarized content from the NANB resource documents and Federal and Provincial Acts and Regulations is provided in this study guide to allow applicants and registrants to gain general knowledge about legislation that governs nursing practice at the federal, provincial, regulatory, and organizational levels. While every effort is made to ensure the timeliness and accuracy of the information provided, the NANB assumes no liability or responsibility for the completeness, accuracy, or usefulness of any of the information, as the primary source of information prevails. Applicants and registrants should review the legislation, regulations, and standards referenced in this study guide as required – links to these primary sources of information are provided. By making this Information available and by summarizing legislative content in this study guide, the NANB is not providing legal or other advice related to the Acts and Regulations. In case of discrepancy between the study guide content and relevant legislation and regulations, the official version of [New Brunswick Acts and Regulations](#) and [Government of Canada Consolidated Acts and Regulations](#) will prevail.

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1.Nursing Jurisprudence

Important to know

Jurisprudence is the knowledge of law and its application. Nursing jurisprudence is the law as it applies to the practice of nursing. As nurses are responsible and accountable for their nursing practice and conduct, it requires comprehension and application of nursing jurisprudence.

Nursing jurisprudence is of upmost importance for nursing practice, primarily to:

- Uphold public safety
The most critical reason for nursing jurisprudence is to uphold public safety. Nurses must practice within the laws and regulations set by federal and provincial legislation as it relates to nursing practice, as well as the regulatory framework set by the nursing regulatory body to ensure public protection.
- Provide safe, competent, and ethical care
Nursing jurisprudence is imperative to nursing practice as it defines the requirements for safe, competent, and ethical care in all settings and domains. The scope of practice, the entry-level competencies, the standards of practice and the Code of Ethics for Registered Nurses define the professional obligations that guide and provide direction for nursing practice.

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 addition, nurses need to consider the employer's expectations, as outlined in their job/role description and employer policies.



This symbol found throughout the guide will serve as a reminder to refer to employer policy and/or other relevant legislation for further guidance as applicable.

Learning objective(s):

The nurse:

- Defines nursing jurisprudence
- Identifies the purpose of nursing jurisprudence
- Recognizes how jurisprudence applies to nursing practice

Where to find the information:

- [NANB – Nursing Jurisprudence](#)

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2. Nursing Regulation

2.1 Nursing Legislation

Important to know

Regulation of certain occupations is the government's way of protecting the public. Many occupations are regulated directly by government, or government agencies. For some professions, including nursing, this responsibility is delegated to the profession itself. Nursing legislation was first enacted in NB in 1916. At that time, the government of NB delegated the responsibility to regulate the practice of nursing to the nursing professionals.

The [*Nurses Act*](#) is the legislation that grants the NANB the authority and legal responsibility to regulate the nursing profession and its registrants in NB in the interest of the public.

The *Act* outlines:

- the governance of the NANB
- the requirement that nurses and NPs be registered to practice
- the definition of nursing
- the scope of nursing practice
- the use of protected titles
- the disciplinary process
- the mandatory reporting of sexual abuse

The [*NANB Bylaws*](#) describe how the NANB establishes the regulation of the practice of nursing as authorized by government.

The Bylaws define:

- membership
- examination and registration requirements
- activities of the Board of Directors (BOD) and executive committees
- nursing education programs
- discipline processes
- business meetings processes

Learning Objective(s)

The nurse:

- Identifies the legislation governing the practice of nursing in NB
- Identifies the purpose of the *Nurses Act* and the NANB Bylaws

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

Where to find the information

- [Nurses Act](#)
- [NANB Bylaws](#)

2.2 NANB Regulation

Important to Know

The government of NB has delegated the responsibility to define the practice of nursing, including the requirements and qualifications to practice nursing, to the NANB. Self-regulation recognizes that nurses have the specialized knowledge needed to best determine standards for nursing education and nursing practice and to ensure these standards are met. The key is that government and the public trust that nurses will maintain public protection as a priority. Regulation ensures that applicable standards are adhered to on a continuing basis.

The NANB is governed by a BOD who is responsible under the *Nurses Act* for defining strategic priorities, policies, rules, and bylaws to regulate nurses in the public interest.

There are two levels of self-regulation:

1. The individual level - Nurses are responsible and accountable for their own practice and conduct, adhering to the [Standards of Practice for Registered Nurses](#) and the [Standards for the Practice of Primary Health Care Nurse Practitioners](#) and [Code of Ethics for Registered Nurses](#) in all practice settings.
Nurses can also participate in self-regulation by getting involved with the NANB BOD, standing committees and/or participating at the NANB Annual General Meeting.
2. The organizational level –The NANB is responsible to regulate RNs and NPs in the interest of the public by promoting safe, competent, and ethical nursing care.

The NANB has adopted a three-pronged approach to self-regulation:

- 1) promoting good practice
- 2) supporting prevention of poor practice
- 3) intervening when practice is unacceptable

The NANB promotes good practice by setting standards for nursing education programs, defining entry-level competencies, setting registration requirements, establishing professional practice standards, and adopting a code of ethics.

The NANB supports prevention of poor practice by identifying potential risks to client and public safety and offering services to assist nurses to manage or mitigate these risks. This includes consultations, resources to support practice, and a continuing competence program.

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The NANB intervenes when practice is unacceptable through the complaints and discipline process. Complaints within the NANB's jurisdiction include concerns about inappropriate nursing practice or practice that does not meet the Standards of Practice or Code of Ethics, or about a nurse's fitness to practice as a result of a medical, physical, or psychological condition.

Complaints that raise concerns that are within the NANB's jurisdiction are considered by the Complaints Committee to determine if they warrant further consideration by the Discipline Committee or the Fitness to Practice Committee.

As part of meeting the Standards of Practice and Code of Ethics, nurses have a legal and ethical duty to report incompetent, non-compassionate, unsafe, or unethical care. The duty to report applies to a nurse's own practice, as well as to the practice of colleagues.

Nurses' duty to report obligations relate to:

- incompetence, professional misconduct, conduct unbecoming the profession and/or incapacity of a nurse or any other health care provider
- sexual abuse
- specific situations that must be reported to an external authority (for example, reporting suspected cases of child abuse or a believed case of adult/elder neglect or abuse) (NANB, 2021).

Reporting to the NANB about a nurse's conduct is mandatory under the following circumstances:

- any nurse who has reason to believe that another nurse is unable to practice safely to such an extent that the welfare of patients is jeopardized
- allegations of sexual abuse of a patient
- the dismissal of a nurse for reasons of incompetence, incapacity, or professional misconduct
- when a nurse resigns or retires from employment, while the employer is in the process of investigating the nurse's practice for reasons of incompetence or incapacity or the employer has established a remediation plan that has not been completed (NANB, 2014).

Failure to report the above circumstances is considered professional misconduct in and of itself. Other complaints pertaining to the conduct, competence, or health of a nurse may be lodged at the discretion of the complainant.

The NANB must give public notice of all suspensions, revocations, and impositions of restrictions, conditions, or limitations on a nurse's registration. Publication of disciplinary actions is consistent with the NANB's mandate of regulation for safe, competent, and ethical nursing care in the best interest of the public.

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Learning Objective(s)

The nurse:

- Identifies the purpose of the NANB and how it ensures public protection
- Defines self-regulation and identifies its different levels
- Identifies NANB's approach to self-regulation
- Identifies how the complaints and discipline process is initiated
- Identifies the duty to report obligations
- Defines fitness to practice and identifies related professional obligations
- Identifies the roles of organizations involved in nursing practice



To review in preparation for testing component

- ☐ [NANB: Vision, Mandate, Values & Public Protection](#)
- ☐ [NANB Board of Directors](#)
- ☐ [Role of the NANB and the NBNU](#)
- ☐ [NANB: Get Involved](#) (BOD and Committee membership)
- ☐ [Fact Sheet: Self-Regulation](#)
- ☐ [NANB Complaints and Discipline Process](#)
- ☐ [Professional Conduct Review: Complaints and Discipline Process](#)
- ☐ [Discipline Decisions](#)
- ☐ [Practice Guideline: Duty to Report](#)
- ☐ [FAQ - Fitness to Practice: What does it mean?](#)

2.3 Registration Requirements

Important to know

To practice as an RN or an NP in NB, an individual must be registered with the NANB. It is illegal to practice nursing without a valid NANB registration.

Mandatory registration protects the public by ensuring the registrant has met the requirements and is entitled to engage in the practice of nursing and use the protected titles of:

- Registered Nurse, RN
- Graduate Nurse, GN
- Nurse Practitioner, NP
- Graduate Nurse Practitioner, GNP

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Initial Registration Requirements

All applicants must meet the [Requirements for Registration](#) to qualify for registration with the NANB.

Registration requirements differ amongst types of applicants; refer to the following for more information:

- [New Graduates](#)
- [Canadian RNs and NPs](#)
- [Internationally Educated Applicants](#)

Registration Renewal

All nurses are required to renew their registration on an annual basis in order to be registered to practice. The practice year extends from December 1st to November 30th of each year.

Refer to [Registration Renewal](#) for more information.

Only registrants with an active practice status (which include RNs, GNs, NPs and GNPs) are authorized to practice nursing and are eligible for [professional liability protection](#) through the Canadian Nurse Protective Society (CNPS).

Recognition of Nursing Practice

Nursing practice is the application of nursing knowledge, skill, and judgement in the provision of health services to clients in a variety of practice settings and roles in the areas of direct clinical practice, educator, administrator, researcher, and/or nursing consultant. An RN or NP who proposes to practice nursing in a setting or role that falls outside of these roles, or within a self-employed practice must contact the NANB for an assessment of their proposed practice. Nursing services need to be validated by the NANB to:

- use the practice hours toward annual renewal of registration
- ensure correct use of professional title (e.g. RN, or NP)
- determine eligibility for individual professional liability protection through the CNPS.

Continuing Competence Requirements

The Continuing Competence Program (CCP) is a regulatory requirement and serves to support nurses to determine their learning needs and examine their accountability as self-regulated professionals. The CCP focuses on promoting the maintenance and enhancement of RN and NP competencies while supporting professional development and patient safety.

The CCP requires RNs and NPs to reflect annually on their nursing practice through self-assessment against their standards of practice, the development and implementation of a learning plan, and the evaluation of the impact of the learning activities on nursing practice. The CCP also includes completion of a mandatory learning module, and a recording of learning activities.

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Completing the CCP is a requirement for any active practice nurse to renew registration with NANB. Refer to [Continuing Competency Requirements](#) for more information.

Compliance with the CCP is monitored through an audit process. Each year, RNs and NPs are randomly selected to complete the audit process.

Learning Objective(s)

The nurse:

- Identifies the purpose of registration and related requirements
- Identifies the requirements for use of protected titles
- Identifies the results of practicing without a valid registration
- Identifies the requirements related to recognition of nursing practice and self-employed practice
- Identifies the purpose and requirements of the CCP



To review in preparation for testing component

- [Fact Sheet - Use of Professional Title](#)
- [Tips to Avoid Engaging in Unauthorized Practice](#)
- [Guidelines for Self-Employed Practice](#)

Where to find the information

- [General Registration Information](#)
- [Nurses Act](#) - Refer to PART III Registration and Membership
- [NANB Bylaws](#) - Refer to section: ARTICLE I – Membership & Registration

2.4 Supporting Nursing Practice

Important to know

The NANB promotes safe, competent, and ethical nursing care by providing resources that define accountabilities, guide decision-making, and support practice:

- Standards – Provide authoritative statements that articulate conduct required of nurses; performance requisites for nursing education programs; and identify the level of nursing actions expected against which actual performance can be measured.

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- Guidelines - Identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making in specific circumstances, for enhanced or best practice.
- Fact Sheets - Provide factual information regarding nursing regulation and/or facts that impact nursing practice.
- Frequently Asked Questions (FAQs) – Provide a series of common questions and answers relating to nursing practice.
- Toolkits – Provide information, guidance, and resources in relation to a specific nursing practice topic in one section.

The above resources are available in the [Documents & Resources](#) section of the NANB website.

- Consultation Services – Nurse consultants provide consultations to nurses, employers, healthcare providers and the public. The consultations provide support to resolve professional practice issues, navigate legislation/regulations related to nursing practice, understand the scope of practice, and meet the standards of practice.
- Webinars/Presentations - Address learning needs; [webinars](#) are available on the NANB website, and group presentations on various nursing practice topics can be requested.

Learning Objective(s)

The nurse identifies the purpose and role of NANB in supporting nursing practice.

Where to find the information

- [NANB Practice Support](#)
- [Practice Consultation](#)
- [Nursing Practice \(includes Standards, Practice Guidelines, Fact Sheets\)](#)
- [FAQs for RNs](#)
- [FAQs for NPs](#)
- [NANB Toolkits](#)
- [NANB Webinars](#)
- [The Virtual Flame](#)

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3. Nursing Standards

3.1 Scope of Practice

Important to know

Scope of practice refers to the activities that nurses are educated and authorized to perform. The broad scope of nursing practice reflects all the roles and activities undertaken by nurses to address the full range of human experiences and responses to health and illness. This includes health promotion, health protection, health maintenance, health restoration, rehabilitation, and end-of-life care. Many elements impact scope of practice such as legislation, regulatory standards, evidence informed practice, organizational/employer policies, and individual nurse competencies.

To be responsive to the evolving health-related needs of the public, the boundaries of the scope of nursing practice must be flexible. Nursing practice takes place in the context of continuing change and development resulting from advances in research and technology, the introduction of new approaches to care delivery, and a greater variety of practitioners sharing more areas of common ability. The dynamic nature of the health care environment requires that nurses respond to client's needs by continually expanding their knowledge and skills and making judgements about the limits of their practice.

GNs, and GNP's, are entry-level practitioners who have been educated to perform the entry-level competencies. They have not yet received confirmation of having successfully passed the entry-to-practice examination which validates that they have acquired the minimal knowledge, skills, and judgement necessary for safe, competent, and ethical practice. Limits are placed on the GN's, and GNP's scopes of practice as follows:

GNs shall not:

- perform those functions identified as “delegated medical functions” by the employer
- supervise the provision of nursing care by RNs or other GNs
- be in charge of a nursing unit or facility
- practice without having access to a RN within the facility for direct assistance
- accept employment in which she is required to practice contrary to the *Nurse's Act*, bylaws, or rules (NANB, 2017).

GNPs shall not:

- Order screening and diagnostic tests, prescribe drugs or order the application of forms of energy without a registered NP's or physician's co-signature on the order or prescription (NANB, 2019a).

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Learning Objective(s)

The nurse:

- Defines the scope of practice and considerations for determining if an activity can be performed
- Identifies the limitations of the graduate nurse (GN/GNP) scope of practice.



To review in preparation for testing component

- [The Role of the Nurse and Scope of Practice Toolkit](#)
- [Fact Sheet: Graduate Nurse Scope of Practice](#)
- [Nurse Practitioner FAQ: What are the restrictions related to the graduate nurse practitioner?](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

3.2 Standards of Practice

Important to know

Standards of practice are authoritative statements that articulate conduct or performance required of nurses. They further define accountabilities set out in legislation and regulation. The primary purpose of standards is to identify the level of performance expected of nurses, against which actual performance can be measured.

The standards:

- apply to all nurses in all practice roles, including NPs
- inform the public and others about what they can expect from practicing nurses
- protect the public by supporting safe, competent, compassionate, and ethical practice
- provide guidance to assist nurses in their self-assessment as part of their continuing competence
- provide the foundation for the development of standards specific to various practice environments
- may be used in conjunction with other resources to guide nursing practice (standards, guidelines, position statements, employer policies)
- guide decision-making for practice and when addressing professional practice issues
- are used as a legal reference for reasonable and prudent practice (e.g., professional conduct processes)
- guide curriculum development and review of nursing education programs
- may be used to develop position descriptions, performance appraisals and quality improvement tools (NANB, 2019b).

Nurses are expected to meet the [Standards of Practice for Registered Nurses](#). In addition, NPs who have an expanded scope of practice that allows them to autonomously diagnose, order and interpret diagnostic

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tests, prescribe pharmaceuticals and order other interventions are also accountable to the [Standards of Practice for Primary Health Care Nurse Practitioners](#).

Nurses are also accountable to three additional standards that are narrower in scope and deal with specific aspects of nursing practice. These include:

- [Standards for Documentation](#)
- [Standards for Medication Management](#)
- [Standards for the Nurse-Client Relationship](#)

Learning Objective(s)

The nurse:

- Identifies the purpose of the standards of practice
- Recognizes appropriate conduct and violations of the standards of practice.



To review in preparation for testing component

- [Standards of Practice for Registered Nurses](#)
- [Standards for the Practice of Primary Health Care Nurse Practitioners](#)
- [Standards for Documentation](#)
- [Standards for Medication Management](#)
- [Standards for the Nurse-Client Relationship](#)
- [Fact Sheet: Applying the Standards of Practice for Registered Nurses in my Practice](#)
- [Nursing Documentation FAQ](#)
- [FAQ Medication Management](#)
- [Signing for Medication Management – When and How?](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

Where to find the information

- [Nursing Standards](#)
- [Webinar Standards of Practice for Registered Nurses](#)

3.3 Entry Level Competencies

Important to know

Entry-Level Competencies (ELCs) are observable entry-level abilities that integrate the knowledge, skills, and judgement required to practice nursing safely, competently, and ethically (NANB, 2019a). It is

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expected that RNs and NPs achieve these competencies upon completion of the respective nursing education programs. These competencies establish the foundation for nursing practice and serve as a guide for public and employer awareness of the practice expectations of entry-level RNs and NPs.

ELCs for both RNs and NPs are consistent in all Canadian jurisdictions except for Québec. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement. The regulatory body in each jurisdiction validates and approves the ELCs and confirms they are consistent with Provincial/Territorial legislation (NANB, 2019a).

Learning Objective(s)

The nurse defines entry-level competencies in nursing.



To review in preparation for testing component

- [Entry-Level Competencies \(ELCs\) for the Practice of Registered Nurses in New Brunswick](#)
- [Entry-Level Competencies for Nurse Practitioners](#)

3.4 Code of Ethics

Important to know

The *Code of Ethics* was developed by the Canadian Nurses Association (CNA) in collaboration with provincial nursing regulators and adopted by the NANB. Key concepts from the *Code of Ethics* are embedded within the NANB's *Standards of Practice for Registered Nurses*.

The *Code of Ethics* is an important regulatory tool as it is a formal statement of the ideals and values of nursing and ethical principles that serve as standards for nurses' actions. The *Code of Ethics* applies to nurses in all contexts and domains of nursing practice. The *Code of Ethics* provides guidance for ethical relationships, responsibilities, behaviors, and decision making, and it is to be used in conjunction with the professional standards, best practice, research, laws, and regulations that guide practice (CNA, 2017). The Code also serves as an ethical basis from which nurses can advocate for quality work environments that support the delivery of safe, compassionate, competent, and ethical care. Nurses are responsible to adhere to the values in the Code in the provision of nursing care.

Learning Objective(s)

The nurse:

- Identifies how the code of ethics supports nursing practice
- Recognizes the professional responsibility of adhering to the *Code of Ethics* in the provision of nursing care

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To review in preparation for testing component

- [Code of Ethics for Registered Nurse](#)

3.5 Beyond Entry Level Competencies

Important to know

Beyond entry-level competencies (BELCs) are nursing procedures that are not part of basic nursing or NP education or current work expectations, and are being introduced into nursing practice, in specific practice settings. The decision to add a BELC into nursing practice in a specific setting is made in collaboration with the nurse and the employer.

The safe execution of BELCs encompasses the determination of when to perform the procedure, the planning and implementation of care, and the evaluation and management of the outcomes. When considering a request to introduce a BELC into nursing practice, consideration must be given to the necessity for nurses to acquire not only the skill in performing the procedure but also the need to attain and maintain competence. Competence involves the knowledge, skill, and judgement to ensure safe, competent, and ethical care.

Once acquired and maintained, BELCs become part of the individual nurse's scope of practice, for which they are responsible and accountable (NANB, 2022).

Learning Objectives

The nurse:

- Defines BELCs
- Identifies the process for introducing a BELC into the practice of nursing
- Recognizes the professional accountabilities related to BELCs



To review in preparation for testing component

- [Practice Guideline: Beyond Entry-Level Competencies](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

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4. Provincial and Federal Legislation

This section provides a general overview of key pieces of legislation that are relevant to nursing practice. This is not an exhaustive list, nor is it meant to be a comprehensive explanation of the law. To better understand the practical application of the legislation reviewed in this section, it may be necessary to consult organizational policies and publications released by either the federal or provincial government. The NANB encourages nurses to obtain legal advice, whenever appropriate, about the effect of any laws relevant to nursing practice.

4.1 Provincial Legislation

4.1.1 Hospital Services Act

Important to know

The *Hospital Services Act* (the “Act”) defines how hospitals are to be managed and operated. Regulations under the *Act* include who may admit and discharge patients in need of hospital services, and which outpatient services in a hospital facility operated by an approved regional health authority (RHA) can be accessed by nurse practitioners for patient care.

Medical practitioners, oral and maxillofacial surgeons, and midwives on staff of an approved regional health authority have admitting and discharging privileges.

Learning Objective(s)

The nurse:

- Identifies the purpose of The *Hospital Services Act*
- Identifies the providers that have hospital admitting and discharging privileges under the *Hospital Services Act*

Where to find the information

- [Hospital Services Act](http://laws.gnb.ca/en/showfulldoc/cs/F-2.2/20210818)<http://laws.gnb.ca/en/showfulldoc/cs/F-2.2/20210818>
- [Regulation 84-167 under the Hospital Services Act](#) *

* Section relating to NP practice: Regulation 9(1) (b) Out-patient service



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

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4.1.2 Nursing Home Act

Important to know

The *Nursing Home Act* (the “Act”) identifies the requirements for establishing, operating, and maintaining a nursing home in NB, excluding institutions operated under the *Mental Health Act*, the *Hospital Services Act*, the *Hospital Act*, or the *Family Services Act*. Regulations under the *Act* provide direction for the provision of care, use of restraints and medication administration.

The *Act* stipulates the nursing resource requirements for nursing homes based on the number of beds in the individual homes. It also specifies that care is carried out by or under the supervision of a registered nurse as directed by the attending physician or nurse practitioner, and that a comprehensive care plan is developed for each resident on admission, reviewed at least annually and evaluated on an ongoing basis.

The *Act* requires the use of restraints be limited to when necessary to protect residents from injury to themselves or others, and only when a written order from a physician or nurse practitioner who has attended the resident and approved the device as appropriate for its intended use. When restraints are applied, the nurse must ensure that the restraint design cannot cause injury or discomfort to the resident and can be quickly released if needed. The nurse must examine the resident at least every two hours or delegate this task to another member of the care team.

In addition, the *Act* specifies that all prescription and non-prescription medications require an order from a physician, nurse practitioner, dentist, or pharmacist, and that verbal orders must be confirmed in writing by the physician, nurse practitioner or dentist at their next visit (NEW BRUNSWICK REGULATION 85-187 under the Nursing Homes Act, 1985).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Nursing Home Act*
- Identifies direction for the provision of care, under the Regulations of the *Nursing Home Act*

Where to find the information

- [Nursing Homes Act](#)
- [Regulation 85-187 under the Nursing Homes Act](#) *

* Sections relating to nursing practice: Part III Care Services Regulations – items 18, 20(1), 20(3), 21.



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

4.1.3 Medical Consent of Minors Act

Important to know

The *Medical Consent of Minors Act (the “Act”)* defines who can consent to medical treatment, including surgical and dental treatment, procedures for the purpose of diagnosis, and procedures to prevent or treat any disease or ailment, and any procedure that is ancillary to any treatment. It gives minors who have attained the age of 16 years the same right to consent to health care treatment as person who has reached the age of majority of 19 years.

The Act states that:

- A child under the age of 16 may be able to consent to treatment where the attending medical professional, such as a nurse practitioner or registered nurse, decides that the child can understand the nature and consequences of the treatment, and that the treatment is in the best interest of the child’s health and well-being.
- In an emergency, where there is imminent risk to the minor’s life or health, the consent of the minor or parent / guardian, is not required if the minor is not able to understand the nature and consequences of the treat or is incapable of communicating their consent, if a legally qualified medical practitioner, including a nurse practitioner or registered nurse, attending the minor is of the opinion that the medical treatment is necessary to meet imminent risk to the minor’s life or health. (Medical Consent of Minors Act, 1976).

Learning Objective(s)

The nurse:

- Identifies the purpose of *Medical Consent of Minors Act*
- Recognizes under which circumstances a minor can consent under the *Medical Consent of Minors Act*
- Identifies in which situations the consent of a minor is not required.

Where to find the Information

- [Medical Consent of Minors Act](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

4.1.4 Mental Health Act

Important to know

The *Mental Health Act* (the “Act”) regulates the involuntary custody, detention, restraint, observation, examination, assessment, care, and treatment in a psychiatric facility of patients suffering from serious mental illness.

The purposes of Part II of the Act, are:

- a) to protect persons from dangerous behaviour caused by a serious mental illness
- b) to provide treatment for persons suffering from a serious mental illness that is likely to result in dangerous behaviour
- c) to provide when necessary for such involuntary custody, detention, restraint, observation, examination, assessment, care, and treatment as are the least restrictive and intrusive for the achievement of the purposes set out in paragraphs (a) and (b)

The Act authorizes physicians to issue an examination certificate (Form 1) for the involuntary admission of a person suffering from a serious mental illness of a nature or degree to require hospitalization in the interests of the individual’s own safety or the safety of others and for whom an admission as a voluntary patient is not suitable. The Act also states that the physician is responsible to perform the examination of the person who is the subject of the examination certificate (Mental Health Act, 1973). The Act does not authorize nurse practitioners to complete the examination, nor sign the examination certificate.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Mental Health Act*
- Identifies who is authorized to issue an examination certificate and perform the examination

Where to find the Information

- [Mental Health Act](#)
- [Nurse Practitioner FAQ’s \(NANB\)](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

4.1.5 Personal Health Information & Access Act

Important to know

The *Personal Health Information Privacy and Access Act* (PHIPAA) (the “Act”) provides a set of rules that protects the privacy and the confidentiality of personal health information. PHIPAA also ensures that information is available, as needed, to provide health services to those in need and to monitor, evaluate, and improve the health system in NB.

The Act applies generally to a group of stakeholders throughout the health system and government referred to as “custodians.” The Act defines a custodian as an individual or organization that collects, maintains, or uses personal health information for providing or assisting in the provision of health care or treatment or the planning and management of the health-care system or delivering a government program or service.

Personal health information is defined in part as identifying information about an individual pertaining to that person’s mental or physical health, family history or health care history.

This includes:

- genetic information
- registration information, including the Medicare number
- information that relates to the provision of health care
- information about payments or eligibility for health care or health-care coverage
- information pertaining to a donation of any body part or bodily substance
- information derived from the testing of a body part or bodily substance
- information that identifies the health-care provider or substitute decision maker (GNB, 2021a)

All parts of the Act apply equally to information regardless of form, including information that is oral, written, or photographed. It applies to information recorded or stored in media such as paper, microfilm, X-rays, and electronic records (PHIPPA, 2009).

Respecting the confidentiality of a client’s personal health information is an important component of a nurse’s professional, legal, and ethical obligations. A nurse maintains the patient’s privacy at all times unless they are faced with an exception. Some exceptions to maintaining confidentiality include child protection legislation, public health and communicable disease legislation, other mandatory-reporting legislation, and privacy legislation authorizing disclosure to protect public health and safety. In a case where the duty of disclosure is unclear, it would be prudent to contact the employer, privacy officer, nursing regulator, or legal advisor for more information (CNPS, 2021).

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

One important exception to the confidentiality requirements under PHIPAA is in the case where a complaint has been filed against a nurse to the NANB. In that case, nurses can (and should) submit all relevant information to the NANB when responding to the complaint, including personal health information if it is relevant to the complaint. PHIPAA does not apply to regulatory bodies of health care providers such as the NANB, and PHIPAA states that personal health information must be disclosed to a body with statutory responsibility for the discipline of health care providers (such as the NANB).

Learning Objective(s)

The nurse:

- Identifies the purpose of the PHIPPA
- Identifies information that is defined as personal health information
- Identifies professional responsibilities related to client confidentiality and privacy

Where to find the Information

- [Personal Health Information Privacy and Access Act](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.6 Family Services Act

Important to know

The *Family Services Act* (the “Act”) serves to protect abused and neglected children and adults. Under the *Act*, nurses have a duty to report suspected cases of abuse or neglect to the Department of Social Development.

The *Act* states that:

- Every person who has information, whether or not it is confidential or privileged, causing the professional to suspect abuse has a duty to report that information ; this includes information that causes the professional person to suspect that a child has been abandoned, deserted, physically or emotionally neglected, physically or sexually ill-treated, including sexual exploitation through child pornography or otherwise abused (refer to act sections below for treatments or failures that are considered reportable).
- No action will be taken against a person if reporting information unless it is done falsely and maliciously. Every person who fails to report or reports false or malicious information is guilty of an offence and upon summary conviction is liable to a fine or imprisonment (Family Services Act, 1980).

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Family Services Act*
- Identifies the duty to report suspected cases of abuse or neglect.

Where to find the information

- [Family Services Act](#) *
 - * Sections relate to nursing practice:
 - Duty to Report Child Abuse - item 30(3), 30(4)
 - Disclosure of information by professional person – item 35.1 (1)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.7 Public Health Act

Important to know

The *Public Health Act* (the “Act”) defines the mandatory reporting requirements for notifiable disease, or notifiable events prescribed by regulation, in the best interest of public safety.

The *Act* states that a health care professional who has reasonable grounds to believe that a person has or may have a notifiable disease or condition, refuses, or neglects treatment or refuses to comply with an order made by the medical officer of health, must report to the medical officer of health (or person designated by the Minister). Contacts related to notifiable disease must also be reported (Public Health Act, 1998).

The reporting requirements for notifiable disease and notifiable events are found in Schedule A of the Regulation 2009-136 under the Public Health Act. See information in the sections identified below.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Public Health Act*
- Identifies the mandatory reporting requirements for notifiable disease under the *Public Health Act*.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:

Practiceconsultation@nanb.nb.ca.

Where to find the Information

- [Public Health Act](#) *
 - * Sections relating to nursing practice:
 - Part III Notifiable Diseases
 - Section 27(1) Report by certain professionals
 - Section 31 Duty to report contacts
 - Section 32 Duty to report refusal or neglect of treatment
 - Section 33 Order respecting notifiable disease
- [NB Regulation Reporting and Diseases 2009-136 under the Public Health Act](#) *
 - * Sections relating to nursing practice:
 - Section 6 – Contents of Report
 - Section 7 – Timing and Form of Report
 - Section 8 - Reporting – exemption
 - Section 9 – Reporting of Contacts
 - Section 10 – Report respecting refusal or neglect of treatment
 - Section 13 – Immunization – information to Minister
 - Section 14- Record of immunization
 - Section 15 – Notifiable diseases prescribed
 - Section 17 – Group I communicable disease prescribed
 - Section 18 – Reportable events prescribed



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.8 Coroners Act

Important to know

The *Coroners Act* (the “Act”) outlines under which circumstances a death must be reported to the Coroner’s Office for investigation.

The *Act* states that a person shall immediately notify a coroner of the facts and circumstances if the person has reason to believe that the deceased person died:

- (a) as a result of: (i) violence, (ii) misadventure, (iii) negligence, (iv) misconduct, or (v) malpractice,
- (b) during or following pregnancy in circumstances that might reasonably be attributable to the pregnancy,
- (c) suddenly and unexpectedly,
- (d) from disease or sickness for which there was no treatment given by a medical practitioner, or
- (e) from any cause other than disease, natural causes, or medically assisted death,

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or, from disease, natural causes or medically assisted death under circumstances that may require an investigation.

Death while a prisoner in a penitentiary, jail, correctional institution, place of secure custody or place of temporary detention, or death of a person while in custody pursuant to the *Family Services Act*, *Intoxicated Persons Detention Act*, *Mental Health Act* or while under arrest for an offence or an alleged offence against any statute of Canada or NB, must also be reported to the coroner's office.

Under any of these circumstances, no person shall embalm, cremate, apply any chemical externally or internally to, or make any alteration of any kind to the body of the deceased or remove any part from the body of the deceased for the purposes of the *Human Tissue Gift Act* until a coroner so directs. (Coroners Act, 1973).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Coroners Act*
- Identifies the circumstances surrounding death that require reporting to the Coroner's Office for investigation.

Where to find the information

- [Coroners Act](#)*
 - * Sections relating to nursing practice:
 - Section 4 – Public duty to notify coroner
 - Section 5 - Undertaker
 - Section 6 – Death of prisoner, death in hospital facility



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.9 Supported Decision Making and Representation Act

Important to know

The *Supported Decision Making and Representation Act* (the "Act") protects and promotes the autonomy and dignity of persons who require support in relation to decision-making in accordance with the principle that persons should receive the support they need to make or to participate in decisions about their lives to the greatest extent possible (Supported Decision Making and Representation Act, 2022.)

A person who is 19 years of age or older requiring support in decision making, and who has the capacity, may make a decision-making assistance authorization in accordance with Part 2 of the Act. A decision-making assistance authorization may authorize a decision-making assistant to: (a) obtain from any person

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

any information that is relevant to a decision of the assisted person or to assist the assisted person in obtaining that information; and (b) communicate a decision of the assisted person to other persons or to assist the assisted person in communicating their decision.

An interested person who is 19 years of age or older may apply to the court to be appointed as a decision-making supporter under a supported decision-making order. An application for a supported decision-making order shall be accompanied by a capacity assessment report.

The capacity assessment that is conducted for the purposes of this *Act* shall be conducted by an assessor in accordance with the Regulations. A nurse practitioner is authorized to complete a capacity assessment and prepare a capacity assessment report in the form prescribed by the Regulation, as per Part 5 of the *Act*.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Supported Decision Making and Representation Act*
- Identifies the requirements of a Capacity Assessment under the *Supported Decision Making and Representation Act and Regulations*.

Where to find the information

- [*Supported Decision Making and Representation Act*](#)
- [*Regulations under the Supported Decision Making and Representation Act, Section 11 – Capacity Assessments*](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.10 Vital Statistics Act

Important to know

The *Vital Statistics Act* (the “*Act*”) defines the registration system for births, stillbirths, marriages, and deaths for the province of NB.

The *Act* states that the medical practitioner or nurse practitioner who was last in attendance during the last illness of the deceased person or the coroner who conducts an investigation or inquest into the death of a person shall, forthwith after the death, investigation, or inquest, as the case may be, complete and sign the medical certificate of cause of death portion of the death registration form and shall deliver the form to the funeral director (*Vital Statistics Act*, 1979).

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Vital Statistics Act*
- Identifies which nursing professional can complete the Death Registration Form under the *Vital Statistics Act*



To review in preparation for testing component

- [FAQ: Is there a difference between pronouncing death and certifying death?](#)

Where to find the information

- [Vital Statistics Act](#) *

*Sections relating to NP practice: item 29(2)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.1.11 Motor Vehicle Act

Important to know

The *Motor Vehicle Act* (the “Act”,) grants reporting authority under the Motor Vehicle Regulations to a medical practitioner or a nurse practitioner that suspects that a person of driving age may not, because of physical or mental impairment, disease, or condition, be able to operate a motor vehicle with safety on the highways. The person’s name, address and the information related to the inability to operate a motor vehicle shall be reported to the Registrar of Motor Vehicles (Motor Vehicle Act, 1973).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Motor Vehicle Act* and its reporting requirements

Where to find the information

- [The Motor Vehicle Act](#) *

* Sections relating to nursing practice: 309.1 (1), 309.1 (2), 309.1 (3) - Reporting by Medical Practitioners



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:

Practiceconsultation@nanb.nb.ca.

4.1.12 Prescription Drug Monitoring Act

Important to know

The *Prescription Monitoring Act* (the “Act”) governs the NB Prescription Monitoring Program. The purpose of the Act is to provide prescribers and pharmacists the ability to monitor the prescribing or dispensing of monitored drugs to promote optimal prescribing and utilization of monitored drugs, enable early identification of individuals at risk for addiction, and reduce the misuse and abuse of monitored drugs.

According to the Act client consent needs to be obtained should an NP file a patient monitoring agreement. The Regulations further define what is considered a monitored drug and the information required in a patient monitoring agreement.

Learning Objective(s)

The nurse:

- Identifies the consent requirements when filling a patient monitoring agreement

Where to find the information

- [Prescription Monitoring Act](#) Section 12 Patient Monitoring Agreement
- [Prescription Monitoring Regulations](#) Section 3 Definition of Monitored Drug and Section 11 Patient Monitoring Agreement



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

4.2 Federal Legislation

4.2.1 Food and Drug Act

Important to know

The *Food and Drugs Act* (the “Act”) governs the sale and distribution of drugs in Canada and focuses on protecting the public from unsafe drugs and addresses false, misleading, or deceptive labeling of drugs.

According to the *Act*, drug samples can be distributed to physicians, nurse practitioners, pharmacists, dentists, and veterinarians under certain conditions (*Food and Drugs Act*, 1985). These authorized prescribers can then provide drug samples to clients when needed. RNs can distribute drug samples only under an authorized prescriber’s order or directive. Employer policies pertaining to the distribution of drug samples should address their procurement, storage, access, distribution/supplying and proper disposal (*Food and Drug Regulations* under the *Food and Drugs Act*, 1985).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Food and Drug Act*
- Identifies who is authorized to distribute drug samples under the *Food and Drug Act*

Where to find the information

- [Food and Drugs Act](#) Regulation 14 – Samples
- [Food and Drug Regulations](#) Regulation C.01.048 (1) to C.01.049.1 - Distribution of Drugs as Samples



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.2 Controlled Drugs and Substances Act

Important to know

The *Controlled Drugs and Substances Act* (the “Act”), along with the *Narcotic Control Regulations*, the *Food and Drug Regulations* (Part G), and the *Benzodiazepines and Other Targeted Substances Regulations*, govern the production, distribution, importing, exporting, sale, and use of narcotics, and controlled and targeted drugs, for medical and scientific purposes in Canada. This legislation defines who is authorized to be in possession of these drugs/substances and governs specific activities of pharmacists, other practitioners, and hospitals.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

According to the *Act*, registered nurses are authorized to be in possession of controlled drugs and substances when ordered to administer them by an authorized prescriber. Nurse practitioners are authorized prescribers and must prescribe drugs according to the *Act* and related regulations (Controlled Drugs and Substances Act, 1996).

Among the directions noted in the *Act* is the requirement for pharmacists and other practitioners, as well as licensed organizations, such as public and private hospitals and long-term care facilities, to maintain records detailing a count of narcotics, controlled drugs, and medication wastage (Controlled Drugs and Substances Act, 1996).

The *Act* mandates health organizations to establish systems and policies for the appropriate dispensing, administration, disposal, and security of controlled drugs and substances.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Controlled Drugs and Substances Act*
- Identifies directions from the *Controlled Drugs and Substances Act* that relate to possession, dispensing, prescribing, administration, disposal and security of controlled drugs and substances.



To review in preparation for testing component

- [NP FAQ: Can I write a directive to provide narcotic medications to clients?](#)

Where to find the information

- [Controlled Drugs and Substances Act](#)
- [Narcotic Control Regulations](#)
- [Food and Drug Regulations \(Part G\)](#)
- [Benzodiazepines and Other Targeted Substances Regulations](#)
- [New Classes of Practitioners Regulations](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

4.2.3 The Criminal Code (Medical Assistance in Dying)

Important to know

There are important legal, ethical, and professional aspects of Medical Assistance in Dying (MAID) that nurses need to understand and apply. The law requires that MAID be provided with reasonable knowledge, care, and skill, and in accordance with any applicable laws, rules, or standards. Therefore, all nurses need to familiarize themselves with requirements for MAID and ensure their practice is consistent with current legislation.

The current *Criminal Code* provisions of MAID exempt NPs from criminal prosecution if they provide MAID. RNs and other health care team members are also exempt from prosecution if they assist a NP or physician in the provision of MAID (Criminal Code, 1985).

There are two types of MAID permitted in Canada under the *Criminal Code*. They each include a NP or physician who:

1. directly administers a substance that causes death, such as an injection of a drug (this is becoming known as clinician-administered MAID)
2. provides or prescribes a drug that the eligible person takes themselves, in order to bring about their own death (this is becoming known as self-administered MAID) (Government of Canada, 2021b).

The *Criminal Code* states that a person may only receive MAID if all the following criteria are met:

- be eligible for health services funded by the federal government, or a province or territory (or during the applicable minimum period of residence or waiting period for eligibility); generally, visitors to Canada are not eligible for medical assistance in dying
- be at least 18 years old and mentally competent, i.e. capable of making one's own health care decisions
- have a grievous and irremediable medical condition
- make a voluntary request for MAID that is not the result of outside pressure or influence
- give informed consent to receive MAID.

To be considered as having a grievous and irremediable medical condition, *all* the following criteria must be met:

- have a serious illness, disease, or disability (excluding a mental illness until March 17, 2023)
- be in an advanced state of decline that *cannot* be reversed
- experience unbearable physical or mental suffering from your illness, disease, disability, or state of decline that *cannot* be relieved under conditions considered to be acceptable.

It is not required to have a fatal or terminal condition to be eligible for MAID (Government of Canada, 2021b).

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

Learning Objective(s)

The nurse identifies the professional and legal responsibilities related to nursing practice and MAID.



To review in preparation for testing component

- [Practice Guideline for Registered Nurses and Nurse Practitioners: Medical Assistance in Dying](#)
- [FAQ: Medical Assistance in Dying](#)

Where to find the information

- [Bill C-7, An Act to amend the Criminal Code \(medical assistance in dying\)](#)
- [Canada's New Medical Assistance in Dying \(MAID\) law](#)
- [Medical Assistance in Dying](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.4 Canada Pension Plan Act and Regulations

Important to know

The *Canada Pension Plan Act* (the “Act”) establishes a comprehensive program of old age pensions and supplementary benefits in Canada payable to and in respect of contributors. NPs are authorized to complete Canada Pension Plan (CPP) disability benefit forms. More specifically, NPs are authorized to complete medical reports needed to determine eligibility or continued eligibility for disability benefits and Terminal Illness Application for a Disability Benefit (Government of Canada, 2020).

Additional information for health care professionals is available in the [Canada Pension Plan Disability Benefits Toolkit](#) or by contacting the Canada Pension Plan Program.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Canada Pension Plan Act*
- Identifies which nursing professional can complete the Canada Pension Plan Disability Form, under the *Canada Pension Plan Act* and Regulations.

Where to find the information

- [Disability Benefits under the Canada Pension Plan](#)
- [Canada Pension Plan Act](#)

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

- [Canada Pension Plan Regulations](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.5 Income Tax Act

Important to know

The *Income Tax Act* (the “Act”) authorizes NPs to complete Disability Tax Credit (DTC) certificates. More specifically, NPs are authorized to complete client assessments and required forms to certify eligibility for the DTC (Form T2201) as well as for the Registered Disability Savings Plan, the Working Income Tax Benefit, and the Child Disability Benefit (Government of Canada, 2017).

Additional information on the NP role in completing DTC certificates can be found on the [Canada Revenue](#) website.

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Income Tax Act*
- Identifies which nursing professional can complete the Disability Tax Credit Certificates, under the *Income Tax Act*.

Where to find the information

- [Income Tax Act](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.6 Employment Insurance Act

Important to know

The *Employment Insurance Act* (the “Act”) authorizes NPs to complete Employment Insurance (EI) forms.

The Act authorizes NPs to complete medical certificates for sickness benefits, as well as for caregiving benefits available under EI including:

- Compassionate Care Benefits

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

- Family Caregiver Benefit for Adults
- Family Caregiver Benefit for Children (Government of Canada, 2021a).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Employment Insurance Act*
- Identifies which nursing professionals can complete the medical forms for employment insurance benefits, under the *Employment Insurance Act*.

Where to find the information

- [Employment Insurance Act](#)
- [Employment Insurance Regulations](#)
- [Employment Insurance Benefits and Leave](#)
- [Employment Insurance Improvements](#)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.7 Cannabis Act and Regulations

Important to know

The *Cannabis Act* (the “Act”) creates the legal framework for controlling the production, distribution, sale, and possession of cannabis across Canada. The *Cannabis Regulations* provide the details on access to cannabis for medical purposes and provides nurses with the legal authority to possess and directly administer medical cannabis to clients with a medical authorization in a hospital setting, outside a hospital setting, or while providing care in home care.

Nurse practitioners enable clients, who are under their professional treatment and if cannabis is required for the condition for which the individual is receiving treatment, to access medical cannabis by completing a medical order or an authorizing document (see [Medical document supporting the use of cannabis for medical purposes under the Cannabis Regulations](#)) (Cannabis Regulations, 2018).

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Cannabis Act and Regulations*
- Identifies who is authorized to possess and administer medical cannabis, under the *Cannabis Act*
- Identifies the requirements for ordering/authorizing cannabis, under the *Cannabis Act*
- Identifies the shared responsibilities for caring for clients authorized to use medical cannabis

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.



To review in preparation for testing component

- [Caring for Clients Authorized to Use Medical Cannabis](#) (NANB)
- [Practice Guideline for Nurse Practitioners Authorizing Medical Cannabis](#) (NANB)

Where to find the information

- [Cannabis Act](#)
- [Cannabis Regulations](#) *

*Sections relating to nursing practice:

- PART 8 DIVISION 2 - Possession, Pharmacists, Practitioners and Hospitals
- PART 14 - Access to Cannabis for Medical Purposes, Section 271-274 Health Care Practitioners
- PART 14 DIVISION 3 – Section 330 Health Professionals and Hospitals



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

4.2.8 The Privacy Act

Important to know

The *Privacy Act* (The “Act”) is the law that determines privacy rights within federal government institutions. The *Act* provides a set of rules that protect personal information and determines how personal information is collected, used, disclosed, retained, and disposed. The *Act* also gives individuals the right to access their personal information held by the federal government (Privacy Act, 1985).

The *Act* applies to federal government institutions, such as the Department of Veterans Affairs, Correctional Service of Canada, and the Public Health Agency of Canada (see below for a full list of Institutions).

The *Act* defines personal information as any recorded information about an identifiable individual, which includes (but is not limited to):

- Race, national or ethnic origin, color, religion, age, or marital status
- Medical history
- Any assigned identifying numbers or symbols
- Address, fingerprints, or blood type

If you have any questions regarding any jurisprudence topic and/or nursing practice, please contact a nurse consultant at:
Practiceconsultation@nanb.nb.ca.

- The name of the individual where it appears with other related personal information or where the disclosure of the name itself would reveal information about the individual (Privacy Act, 1985)

Learning Objective(s)

The nurse:

- Identifies the purpose of the *Privacy Act*
- Identifies where the *Privacy Act* applies
- Identifies information that is defined as personal information

Where to find the Information

- [Privacy Act \(justice.gc.ca\)](https://www.justice.gc.ca/eng/privacy-protection/privacy-act/privacy-act.html)
- [Privacy Act Schedule of Institutions \(justice.gc.ca\)](https://www.justice.gc.ca/eng/privacy-protection/privacy-act/schedule-1/schedule-1.html)



Refer to employer policy and/or other relevant legislation for further guidance as applicable.

Jurisprudence Testing Component

Following completion of the jurisprudence learning module, the applicant can proceed to completing the jurisprudence testing component anytime. Refer to [NANB Jurisprudence Module webpage](#), the instructions provided to each applicant by NANB Registration services, and to the [FAQ- Jurisprudence Module](#) for more information on accessing and completing the testing component.

Successful completion of the jurisprudence module is required for registration with the NANB.

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