



College of Nursing
of New Brunswick

Jurisprudence Guide



Mandate

Public protection through regulation of nurses in New Brunswick

Under the *Nurses Act*, the College of Nursing of New Brunswick (CNNB) is legally responsible for protecting the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, as well as individual nurses, responsible for safe, competent, compassionate and ethical nursing practice.

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Disclaimer

Summarized content from the CNNB resource documents and Federal and Provincial Acts and Regulations is provided in this guide to allow applicants and RNs/NPs 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 CNNB 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 RNs/NPs should review the legislation, regulations, and standards referenced in this guide as required – links to these primary sources of information are provided. By making this information available and by summarizing

legislative content in this guide, the CNNB is not providing legal or other advice related to the Acts and Regulations. In case of discrepancy between the 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.

Jurisprudence Module

The purpose of the College of Nursing of New Brunswick (CNNB) Jurisprudence Module is to develop an awareness and understanding of key legislation and the regulatory framework that govern nursing practice in New Brunswick (NB). Completion of the jurisprudence module is a mandatory registration requirement for initial CNNB 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 registered nurses and nurse practitioners (RN/NP)¹ applicants
 - 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 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 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.

¹ The CNNB is responsible for regulating registered nurses (RNs), graduate nurses (GNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs) in New Brunswick, as such the term nurse(s) and RN(s)/NP(s) used in this document refers to all aforementioned designations. Licensed practical nurses in New Brunswick are regulated by the Association of New Brunswick Licensed Practical Nurses.

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. RNs/NPs are responsible and accountable for their nursing practice and conduct; this requires comprehension and application of nursing jurisprudence.

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

- Uphold public safety
The most critical reason for nursing jurisprudence is to uphold public safety. RNs/NPs 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.
- Support safe, competent, compassionate and ethical practice
Nursing jurisprudence is imperative to nursing practice as it defines the requirements for safe, competent, compassionate and ethical nursing practice in all settings and domains. The legislated scope of practice, the entry-level competencies, the Code of Conduct and the standards of practice define the professional obligations that guide and provide direction for nursing practice.

To ensure safe, competent, compassionate and ethical nursing practice in the best interest of the public, RNs/NPs must understand and respect their legal, regulatory, and professional obligations. In addition, they need to consider the employer's expectations, as outlined in their job/role description and employer policies.

Learning objective(s):

- Define nursing jurisprudence
- Identify the purpose of nursing jurisprudence
- Recognize how jurisprudence applies to nursing practice

Where to find the information:

- [CNNB – Nursing Jurisprudence](#)



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.

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 CNNB the authority and legal responsibility to regulate the practice of RNs/NPs in NB in the interest of the public.

The *Act* outlines:

- the governance of the CNNB
- the requirement that RNs/NPs be registered to practice
- the definition of nursing practice
- the scope of nursing practice
- the use of protected titles
- the disciplinary process
- the mandatory reporting of sexual abuse

The [CNNB Bylaws](#) describe how the CNNB 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):

- Identify the legislation governing the practice of nursing in NB.
- Identify the purpose of the Nurses Act and the CNNB Bylaws.

Where to find the information:

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

2.2 Regulation of Nursing Practice

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 CNNB. Self-regulation recognizes that RNs/NPs 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 RNs/NPs will maintain public protection as a priority. Regulation ensures that applicable standards are adhered to on a continuing basis.

The CNNB is governed by a board of directors (BOD) who is responsible under the *Nurses Act* for defining strategic priorities, policies, rules, and bylaws to regulate nursing practice in the public interest.

There are two levels of self-regulation:

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

The CNNB 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 CNNB promotes good practice by setting standards for nursing education programs, defining entry-level competencies, setting registration requirements, establishing professional conduct and standards of practice.

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

The CNNB intervenes when practice is unacceptable through the complaints and discipline process. Complaints within the CNNB's jurisdiction include concerns about inappropriate nursing practice or practice that does not meet the Code of Conduct or the standards of practice, or about a RN/NP's fitness to practice as a result of a medical, physical, or psychological condition.

Complaints that raise concerns that are within the CNNB'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 Code of Conduct and the standards of practice, RNs/NPs have a legal and ethical duty to report unsafe, incompetent, non-compassionate, or unethical practice. The duty to report applies to a RN/NP's own practice, as well as to the practice of colleagues.

RNs/NPs' duty to report obligations relate to:

- incompetence, professional misconduct, conduct unbecoming the profession and/or incapacity of an RN/NP or any other health care provider;
- sexual abuse; and
- 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 CNNB about a RN/NP's conduct is mandatory under the following circumstances:

- any RN/NP who has reason to believe that another RN/NP is unable to practice safely to such an extent that the welfare of clients is jeopardized;
- allegations of sexual abuse of a client; and

- the termination of employment or engagement of an RN/NP for reasons of incompetence or incapacity (CNNB, n.d.).

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

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

Learning Objective(s):

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



To review in preparation for testing component.

- [CNNB: Vision, Mandate, Values & Public Protection](#)
- [CNNB Board of Directors](#)
- [CNNB: Get Involved](#) (BOD and Committee membership)
- [Fact Sheet: Self-Regulation](#)
- [CNNB 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 CNNB. It is illegal to practice without a valid CNNB registration.

Mandatory registration protects the public by ensuring the registrant has met the registration 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

Initial Registration Requirements

All applicants must meet the [Requirements for Registration](#) to qualify for registration with the CNNB. Registration requirements differ amongst types of applicants; refer to the following for more information:

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

Registration Renewal

All RNs/NPs are required to renew their registration on an annual basis on 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 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 nursing 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/NP who proposes to practice nursing in a non-clinical role, enters an emerging area of practice, seeks to work as an independent contractor or within the private sector, or affiliates with or operates a self-employed practice must contact the CNNB for an assessment of their proposed practice. Nursing services need to be validated by the CNNB to:

- use the practice hours toward annual renewal of registration;
- ensure correct use of professional title (e.g. RN, or NP); and
- determine eligibility for individual professional liability protection through the CNPS (NANB, 2022a).

Continuing Competence Requirements

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

The CCP requires RNs/NPs to reflect annually on their nursing practice through a self-assessment, 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. RNs reflect on their practice in accordance with the *Code of Conduct for Registered Nurses and Nurse Practitioners*. NPs reflect on their practice in accordance with the *Standards of Practice for Nurse Practitioners*, although they are also accountable to the Code of Conduct for Registered Nurses and Nurse Practitioners.

Completing the CCP is a requirement for any active practice RN/NP to renew registration with CNNB. Refer to [Continuing Competency Requirements](#) for more information. Compliance with the CCP is monitored through an audit process. Each year, RNs /NPs are randomly selected to complete the audit process.

Learning Objective(s)

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



To review in preparation for testing component.

- [Fact Sheet - Use of Professional Title](#)
- [Guidelines for Self-Employed Practice](#)

Where to find the information:

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

3. Professional Practice

3.1 Scope of Practice

Important to know

Scope of practice refers to the activities that RNs/NPs are educated and authorized to perform and defines the boundaries of nursing practice. The broad scope of RN/NP practice reflects all the roles and activities undertaken by RNs/NPs to address the full range of human experiences and responses to health and illness. Many elements impact scope of practice such as legislation, regulatory standards, evidence informed practice, organizational/employer policies, and individual RN/NP competencies (CNNB, 2026b).

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 service delivery, and a greater variety of practitioners sharing more areas of common ability. The dynamic nature of the health care environment requires that RNs/NPs respond to clients' needs by continually expanding their knowledge and skills and making judgements about the limits of their practice.

Graduate nurses (GNs), and graduate nurse practitioners (GNPs), 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, compassionate and ethical practice. Limits are placed on the GNs/GNPs' scopes of practice as follows:

GNs shall not:

- perform those functions identified as “delegated medical functions” by the employer
- supervise the provision of nursing practice by RNs or other GNs
- be in charge of a nursing unit or facility
- practice without having access to an 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 (CNNB, 2023).

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, 2023).

Learning Objective(s):

- Define the scope of practice and considerations for determining if an activity can be performed.
- Identify the limitations of the GN/GNP scope of practice.



To review in preparation for testing component.

- [Practice Guideline: Scope of Practice](#)
- [Fact Sheet: Graduate Nurse Scope of Practice](#)
- [Practice Guideline: Nurse Practitioner Practice](#)



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

3.2 The Code of Conduct and the Standards of Practice

Important to know

The CNNB *Code of Conduct for Registered Nurses and Nurse Practitioners* (the “Code of Conduct”) describes the behavior and conduct that RNs/NPs are required to uphold when practicing in NB or providing services to clients in NB. All RNs//NPs are responsible for understanding the principles and behaviors outlined in the Code of Conduct and are accountable to apply them to their nursing practice, regardless of their role, title, responsibility, or domain of practice. Failure to uphold professional conduct could lead to disciplinary investigation or action (CNNB, 2026a).

The standards of practice are authoritative statements that are narrower in scope and deal with specific aspects of nursing practice. They further define accountabilities set out in legislation and regulation. The primary purpose of standards is to identify the level of performance expected of RNs/NPs, against which actual performance can be measured.

The Code of Conduct and standards of practice:

- apply to all RNs/NPs in all practice roles;
- inform the public and others about what they can expect from practicing RNs/NPs;
- protect the public by supporting safe, competent, compassionate, and ethical practice;
- provide guidance to assist RNs/NPs 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;
- 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; and
- may be used to develop position descriptions, performance appraisals and quality improvement tools (CNNB, 2026a).

RNs/NPs must practice in accordance with the:

- [*Code of Conduct for Registered Nurses and Nurse Practitioners*](#)
- [*Standards for Documentation*](#)
- [*Standards for Medication Management*](#)
- [*Standards for the Nurse-Client Relationship*](#)
- [*Standards for Cultural Safety*](#)

NPs have an expanded scope of practice that allows them to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and order other interventions. NPs are also accountable to the following standards of practice as these standards focus on the responsibilities and accountability of NP practice which require additional regulation by CNNB:

- [Standards of Practice for Nurse Practitioners.](#)
- [Standards for the Practice of Nurse Practitioners: Medical Assistance in Dying](#)

Learning Objective(s):

- Identify the purpose of the Code of Conduct and the standards of practice
- Recognize appropriate conduct and violations of the Code of Conduct and the standards of practice.



To review in preparation for testing component.

- [Code of Conduct for Registered Nurses and Nurse Practitioners](#)
- [FAQ: Code of Conduct](#)
- [Standards of Practice for Nurse Practitioners](#)
- [Standards for Documentation](#)
- [Standards for Medication Management](#)
- [Standards for the Nurse-Client Relationship](#)
- [Standards for Cultural Safety](#)
- [FAQ: Nursing Documentation](#)
- [FAQ: Medication Management](#)
- [FAQ: 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:

- [Professional Practice](#)

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, compassionately and ethically (NANB, 2019a). It is expected that RNs/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/NPs.

ELCs for both RNs/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):

- Define entry-level competencies in nursing practice.



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 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 RN/NP 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 RNs/NPs 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, compassionate and ethical practice.

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

Learning Objectives:

- Define BELCs.
- Identify the process for introducing a BELC into the practice of nursing.
- Recognize 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.

3.5 Supporting Nursing Practice

Important to know

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

- Code of Conduct and standards of practice – Provide authoritative statements that articulate conduct required of RNs/NPs, establish performance requisites for nursing education programs, and identify the expected level of performance of RNs/NPs.

- Practice 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.
- 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 CNNB website.

- Consultation services – Nurse consultants provide consultations to RNs/NPs, employers, healthcare providers and the public. The consultations provide support to resolve professional practice issues, to navigate legislation/regulations related to nursing practice, to understand the scope of practice, and to practice in accordance with the Code of Conduct and the standards of practice.
- Webinars/presentations - Address learning needs; [webinars](#) are available on the CNNB website, and group presentations on various nursing practice topics can be requested.

Learning Objective(s):

- Identify the purpose and role of CNNB in supporting nursing practice.

Where to find the information:

- [CNNB Practice Support](#)
- [Practice Consultation](#)
- [Professional Practice](#)
- [The Virtual Flame](#)

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 CNNB encourages RNs/NPs to obtain legal advice, whenever appropriate, about the effect of any laws relevant to nursing practice.

4.1 Provincial Legislation

4.1.1 Regional Health Authorities Act

Important to know

The purpose of the *Regional Health Authorities Act* (the “Act”) is to provide for the delivery and administration of health services, including by establishing regional health authorities with responsibility for providing for the delivery and administration of health services in specified geographic areas and, when authorized, in other areas of the Province (*Regional Health Authorities Act*, 2017).

The General Regulation 2002-27 under the *Act* defines the privileges of the medical staff of the Regional Health Authorities and defines “medical staff” to include NPs. “Privileges” means permission granted by a board²(*NEW BRUNSWICK REGULATION 2002-27 under the Regional Health Authorities Act*, 2002).

A NP, who is a medical staff of a Regional Health Authority, may be granted the following privileges:

- (i) to admit a patient to the extra-mural service delivered by a regional health authority or by a person under an agreement with the Minister;
- (ii) in the case of a person requiring family medicine care, to admit the person to a hospital facility, to render health care to the patient and to discharge the patient from a hospital facility;
- (iii) in the case of an alternative level of care patient, to render health care to the patient and to discharge the patient from a hospital facility; and
- (iv) to use the diagnostic services in a hospital facility or a community health centre for the care of a patient ¹(*NEW BRUNSWICK REGULATION 2002-27 under the Regional Health Authorities Act*, 2002).

Learning Objective(s):

- Identify the purpose of The *Regional Health Authorities Act*.
- Identify the privileges that may be granted to NPs under the *Regional Health Authorities Act*.

² NPs that are not part of the medical staff of a Regional Health Authority (RHA) must request privileges to use the diagnostic services of a hospital or outpatient clinic operated by an approved RHA.

Where to find the information:

- [Regional Health Authorities Act](#)
- [Regulation 2002-27 under the *Regional Health Authorities Act*](#)



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

4.1.2 Hospital Act

Important to know

The *Hospital Act* (the “Act”) establishes a comprehensive legal and regulatory framework for hospital facilities across the province (Hospital Act, 1992). The General Regulation 92-84 under the *Act* defines the privileges of the medical staff of the hospital facilities under the Regional Health Authorities and defines attending NP as member of the medical staff who has principal responsibility for the health care of a patient (NEW BRUNSWICK REGULATION 92-84 under the Hospital Act, 1992).

A NP may be granted the following privileges:

- (i) in the case of a person requiring family medicine care, to admit the person to a hospital facility, to render health care to the patient and to discharge the patient from a hospital facility;
- (ii) in the case of an alternative level of care patient, to render health care to the patient and to discharge the patient from a hospital facility; and
- (iii) to use the diagnostic services in a hospital facility for the care of a patient.

Learning Objective(s):

- Identify the purpose of The *Hospital Act*.
- Identify the privileges that may be granted to NPs under the *Hospital Act*.

Where to find the information:

- [Hospital Act](#)
- [Regulation 92-84 under the *Hospital Act*](#)



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

4.1.3 Nursing Homes 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* (Nursing Homes Act, 2014). Regulation 85-187 under the *Act* provides direction for the provision of care, use of restraints and medication administration.

Regulation 85-187 identifies the nursing resource requirements for nursing homes based on the number of beds in individual homes. In nursing homes with thirty beds or more, the care of each residents is carried out by or under the supervision of a RN as directed by the attending physician or NP, at least one RN is on duty on the premises at all times, and a comprehensive care plan is developed for each resident on admission, reviewed at least annually and evaluated on an ongoing basis (NEW BRUNSWICK REGULATION 85-187 under the Nursing Homes Act, 1985).

Regulation 85-187 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 NP who has attended the resident and approved the device as appropriate for its intended use. When restraints are applied, the RN must ensure that the restraint design cannot cause physical injury or the least possible discomfort to the resident and can be quickly released if needed. The RN or some other person on the direction of the RN, must examine the resident at least every two hours (NEW BRUNSWICK REGULATION 85-187 under the Nursing Homes Act, 1985).

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

Learning Objective(s):

- Identify the purpose of the *Nursing Home Act*.
- Identify direction for the provision of care, under the Regulation 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.

4.1.4 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 an NP or RN, 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 NP or RN, 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):

- Identify the purpose of *Medical Consent of Minors Act*.
- Recognize under which circumstances a minor can consent under the *Medical Consent of Minors Act*.
- Identify 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.

4.1.5 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; and to
- 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 NPs to complete the examination, nor sign the examination certificate.

Learning Objective(s):

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

Where to find the Information:

- [Mental Health Act](#)



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

4.1.6 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 RN/NP's professional, legal, and ethical obligations. A RN/NP 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).

One important exception to the confidentiality requirements under PHIPAA is in the case where a complaint has been filed against a RN/NP to the CNNB. In that case, RNs/NPs can (and should) submit all relevant information to the CNNB 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 CNNB, 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 CNNB).

Learning Objective(s):

- Identify the purpose of the PHIPPA.
- Identify information that is defined as personal health information.
- Identify 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.

4.1.7 Child and Youth Well-Being Act

Important to know

The *Child and Youth Well-Being Act* (the “Act”) serves to promote the interests, protection, participation and well-being of children and youth and the health and well-being of families. This Act is based on the principle that early detection and intervention are essential in matters in which the well-being of children and youth may be at risk of harm (Child and Youth Well-Being Act, 2022).

The Act states any person who has reason to believe or suspect that the well-being of a child or youth is in danger shall inform the department of social development without delay regardless of whether the person has acquired the information: (a) in the performance or exercise of the person’s duties or powers, or (b) within a confidential relationship.

The Act identifies the persons required to report, which includes NPs, RNs, administrators of a hospital facility and any person who by virtue of their employment or profession has a duty of care towards a child or youth.

A person required to report who violates or fails to comply with the duty to report commits an offence. No action or other proceeding shall be commenced against a person who provides information in good faith. A person who knowingly provides false information or who provides information that is frivolous or vexatious or in bad faith under this Act commits an offence (Child and Youth Well-being Act, 2022).

If the Minister has reasonable grounds to suspect that a professional person is in violation of or has failed to comply with the duty to report, the Minister may require the applicable professional society, association or other organization to conduct an investigation into the matter.

Learning Objective(s):

- Identify the purpose of the *Child and Youth Well-Being Act*.
- Recognize the duty to report when the well-being of a child or youth could be or is in danger.

Where to find the information:

- [Child and Youth Well-Being Act](#) *

* Sections relate to nursing practice:

- Well-being of child or youth in danger – item 34

- Duty to Report - item 35(1), 35(2), 35(3)



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

4.1.8 Family Services Act

Important to know

The *Family Services Act* (the “Act”) serves to protect abused and neglected adults. Under the *Act*, a RN/NP may disclose information to the department of Social development if reason to believe that an adult is neglected or abused, including information that has been acquired through the discharge of the professional person’s duties or within a professional relationship. No action lies against a professional person who provides this information in good faith (Family Services Act, 1980).

Learning Objective(s):

- Identify the purpose of the *Family Services Act*.
- recognize the authority to report in accordance with the *Family Services Act*.

Where to find the information:

- [Family Services Act](#) *

* Sections relate to nursing practice:

- Disclosure of information by professional person – item 35.1 (1) and 35.1(2).



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

4.1.9 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):

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

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.

4.1.10 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,

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):

- Identify the purpose of the *Coroners Act*.
- Identify 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.

4.1.11 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 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 NP 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):

- Identify the purpose of the *Supported Decision Making and Representation Act*.
- Identify 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.

4.1.12 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 NP 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*).

Learning Objective(s):

- Identify the purpose of the *Vital Statistics Act*.
- Identify 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.

4.1.13 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 NP 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):

- Identify 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)



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

4.1.14 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):

- Identify the consent requirements related to 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.

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, NPs, 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):

- Identify the purpose of the *Food and Drug Act*.
- Identify 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.

According to the *Act*, RNs are authorized to be in possession of controlled drugs and substances when ordered to administer them by an authorized prescriber. NPs 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):

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

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.

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 RNs/NPs 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 RNs/NPs 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)
- 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).

Learning Objective(s):

- Identify the professional and legal responsibilities related to nursing practice and MAID.



To review in preparation for testing component.

- [Standards for the Practice of Nurse Practitioners: Medical Assistance in Dying](#)
- [Practice Guideline: Registered Nurses Medical Assistance in Dying](#)
- [Standards for the Practice of 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)

- Identify the purpose of the *Canada Pension Plan Act*.
- Identify 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](#)
- [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):

- Identify the purpose of the *Income Tax Act*.
- Identify 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
- Family Caregiver Benefit for Adults
- Family Caregiver Benefit for Children (Government of Canada, 2021a).

Learning Objective(s):

- Identify the purpose of the *Employment Insurance Act*.
- Identify 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 provide RNs/NPs 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.

NPs 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):

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



To review in preparation for testing component.

- [Practice Guideline Medical Cannabis](#)

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).

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