

**PROFESSIONAL PRACTICE
STANDARDS AND SCOPE OF
PRACTICE FOR AESTHETIC
NURSING PRACTICE IN NEW
ZEALAND**

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APPENDIX A:

Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in New Zealand Audit Tool

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New Zealand Aesthetic Nursing

Clinicians working in the field of aesthetic nurse practice in New Zealand have identified an absence of professional standards of practice for nurses in this discipline.

In 2017 a working group, the NZ Aesthetic Standards Steering Committee was set up to develop a set of professional standards and competencies to guide nursing practice. The framework is intended as a guide for practitioners and acknowledges that aesthetic nursing practice requires specific, unique knowledge and skills across a spectrum of experience levels. It is not presented as an exhaustive nor prescriptive document but as a prototype to benchmark practice in the New Zealand context. The framework promotes the need to research, establish and review appropriate standards of education and training to enable safe and effective practice. It is intended as a voluntary and self-regulatory document.

The Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in New Zealand (Standards and scope for aesthetic nursing) represents the first description of standards of professional practice for aesthetic nurses in the New Zealand context and the knowledge and skills required to confidently and proficiently deliver client care. It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements.

Common domains within which they work include but are not limited to the provision of skin care advice and referral, management of common skin disorders, prescription of medical grade skin care products, laser and other light-based therapies, skin resurfacing, removal of benign lesions e.g. Skin tags, Seborrheic keratosis, Haemangiomas, Cherry angiomas, Solar lentigines, dermal fillers, neuromodulators, skin tightening and mesotherapy. It is implicit that a genuine clinical relationship will be fostered with other members of the health care team.

In developing this document, the group has drawn upon international developments in standards and scopes of practice for Aesthetic nursing, notably those of Australia and the United Kingdom.

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The support of The New Zealand Society of Cosmetic Medicine whose member Doctors have acknowledged the role of aesthetic nurses within their own practice and encouraged nurses to develop this document.

The RN must be:

- A New Zealand Registered Nurse with a current practicing certificate.
- Working under Medical oversight with standing orders issued by a Dr with NZSCM or equivalent qualification, a Dermatologist, Plastic Surgeon or Nurse Practitioner if administering prescribed medications.
- covered by professional indemnity insurance.

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Care of the client for:

Wound care

Acne management

Scarring

Rosacea

Anti-ageing/skin rejuvenation

Sun damage

Pigmentation

Leg and facial capillaries

Hair removal

Removal of benign skin lesions e.g. Skin tags, Seborrheic keratosis, Haemangiomas, Cherry angiomas, Solar lentigines,

Skin tightening

Administration of:

Dermal fillers

Botulinum toxin A

Local anaesthetic +/- Adrenaline

Topical anaesthetic

Hyalase

Adrenaline for Anaphylaxis

Other scheduled medicines as required

Treatments:

Intense pulsed light

Laser (including but not limited to Thulium, Erbium, Nd: YAG, Ruby, Alexandrite)

Chemical peels (AHA, BHA, Jessner, TCA, Retinoid)

Micro-dermabrasion

Light Emitting Diode (LED) therapy

Radiofrequency therapy

Dermal rolling/needling

Platelet rich plasma

Photodynamic therapy

Cosmetic tattooing

Tattoo removal

Sclerotherapy

Deoxycholic acid

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This framework has multiple uses:

1. It sets the standard for what would be expected of nurses in an aesthetic context
2. It enables career pathway development
3. It can be used as an audit tool for both individual clinicians and supervisors and /or employers to identify strengths, areas for development and to plan professional development
4. Where it has been used as an audit tool it can be used as evidence of continuing professional development
5. It can be used as a basis for role development, job descriptions and performance evaluation.

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SCOPE OF PRACTICE

DOMAIN 1:

ASSESS CLIENT, PLAN AND DELIVER APPROPRIATE CARE

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Understand the anatomy and physiology of the skin and barrier function of the skin
2. Understand the anatomy and physiology of the facial unit
3. Identify the intrinsic and extrinsic factors of skin and facial ageing
4. Discuss the principles of cutaneous oxidative stress
5. Undertake an appraisal of skin ageing
6. Undertake an appraisal of facial ageing
7. Demonstrates ability to undertake a skin analysis and assessment, identifying healthy skin, benign presentations and abnormal findings which are appropriately on referred
8. Develop referral pathways for abnormal finding or those that fall outside scope of practice
9. Demonstrates ability to undertake an aesthetic consultation and assessment
10. Develop referral pathways for aesthetic presentations that fall outside scope of practice
11. Apply validated skin and facial grading scales (e.g. Baumann, Fitzpatrick, Glogau)
12. Identify and discuss lifestyle and health factors that impact upon skin health
13. Discuss the rationale for medical grade skin care/cosmeceuticals and their role in skin health based in critical analysis of current evidence
14. Identify and select appropriate medical grade skin care/cosmeceuticals for the client
15. Identify common skin reactions and differentiate between adverse skin reactions/outcome from those that are temporary physiological events
16. Undertake informed consent and Clinical photography
17. Choose appropriate interventions for the skin condition presentation and client expectation including but not limited to microdermabrasion, chemical peel, laser, intense pulsed light, light emitting diode therapy, photodynamic therapy, radiofrequency therapy, dermal fillers, neuromodulators, platelet rich plasma and dermal roll/needling.
18. Utilise current research to inform best practice
19. Critically review information on novel/future aesthetic solutions.

DOMAIN 2: ADMINISTERS BOTULINUM TOXIN A SAFELY AND EFFECTIVELY

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements. The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Be familiar with the insertion, origin and action of the muscles of facial expression
2. Assess facial and rhytid characteristics and deliver treatment appropriate to the client/patient
3. Recognises & performs a comprehensive facial assessment & indications for aesthetic treatment including glabellar lines (corrugator/procerus muscles), crow's feet (lateral fibres of orbicularis oculi muscle), forehead lines (frontalis muscle) and also hyperhidrosis.
4. Refer client for indications that are outside of scope of practice
5. Recognizes indications, contraindications for use of botulinum toxin A
6. Devises a treatment plan in collaboration with the prescriber and includes client expectations, achievable results and financial consent
7. Compare and contrast different products in the marketplace (including but not limited to onabotulinumtoxin A, abobotulinumtoxin A, incobotulinumtoxin A)
8. Utilizes current research to inform best practice
9. Undertakes informed consent and appropriate Clinical photography
10. Ascertain appropriate equipment, product, dose range, method of reconstitution & dilution needle placement and injection depth and technique for a variety of applications
11. Minimise common side effects (erythema, swelling, bruising, discomfort, short term localised skin reactions)
12. Provide post treatment care and follow up
13. Identify manufacturer's instructions on storage, administration and disposal of medicines
14. Maintain records of administration as legislated
15. Respond to emergency adverse events (allergy, anaphylaxis)
16. Identify undesirable outcomes (asymmetry, brow heaviness, diplopia, ptosis, dry eyes, malaise, oedema, ectropion, scleral show & adjacent muscle weakness) and understand what remedial treatment is warranted
17. Report and refer undesirable outcomes as appropriate

18. Undertake a rigorous programme of practical training in the administration of botulinum toxin, which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice

DOMAIN 3:

ADMINISTERS FILLER AND RELATED PRODUCTS SAFELY AND EFFECTIVELY

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Be familiar and show understanding of the complex layered anatomy of the face (including vascular anatomy). Pay respect to facial shape, proportions, gender and ethnic differences
2. Assess facial characteristics and deliver treatment appropriate to the client that is in line with the reasonable & agreeable outcomes
3. Recognise the indications and contraindications for treatment of facial volume loss due to the structural changes in the underlying bone, peri-oral enhancement or restoration (lip area & surrounds), nasolabial folds, oral commissures, scar improvement, nasal remodeling, tear troughs, temples, hands and body
4. Recognise indications, contraindications for use of fillers and related products e.g. autologous fat, Platelet Rich Plasma, Polylactic acid (Sculptra) and Calcium hydroxylapatite (Radiesse).
5. Devise a treatment plan in collaboration with the prescriber as appropriate and including client expectations, achievable results and financial consent
6. Compare and contrast different products in the marketplace
7. Describe the biochemistry of different products and their interaction with the body
8. Understand the indications and contraindications for local or topical anesthesia
9. Undertake informed consent and Clinical photography
10. Ascertain appropriate equipment, product, volume, device used and technique & injection depth for a variety of applications
11. Uses dermal filling techniques including but not limited to serial puncture, linear threading (retrograde/ anterograde), fanning, cross-hatching and bolus

12. Minimise common side effects (erythema, swelling, bruising, discomfort, short term localised skin reactions)
13. Provide post treatment care and follow up
14. Identify manufacturer's instructions on storage, administration and disposal of medicines
15. Maintain records of administration as legislated
16. Respond to emergency adverse events (including vascular occlusion, necrosis, allergy, anaphylaxis, blindness)
17. Identify common side effects of treatment
18. Identify undesirable outcomes (asymmetry, necrosis, delayed nodule, sterile abscess, infection, allergy, Tyndall effect), and understand what immediate/short term remedial treatment is warranted
19. Report and refer undesirable outcomes as appropriate
20. Undertake a rigorous programme of practical training in the administration of dermal fillers and related products, which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice
21. Utilise current research to inform best practice.

DOMAIN 4:
DELIVERS LASER, INTENSE PULSED LIGHT AND RELATED THERAPIES SAFELY AND
EFFECTIVELY

It is acknowledged that the extent of a nurse's scope of practice is determined by the individual's education, training and competence and that the extent of it is then authorised in the practice setting by the employer's organisational policies and requirements

The Aesthetic Nurse uses knowledge skills and abilities in their professional practice to:

1. Explain the scientific underpinning of how and why lasers, intense pulsed light (IPL) and related therapies operate in an aesthetic context
2. Identify the tissue interactions when using lasers, IPL and related therapies
3. Identify and interpret the legislative considerations for the use of laser and IPL technologies
4. Have an in depth understanding of the safety precautions required when using lasers and IPL and related therapies in clinical practice
5. Identify potential risks and identify resources to develop safety plans for the use of lasers and IPL and related therapies in a clinical setting
6. Classify, explain and select appropriate lasers, IPL and related therapies for a variety of aesthetic applications
7. Apply knowledge of the anatomy and physiology of the skin with a focus on common vascular conditions, pigmentary conditions, skin rejuvenation and the hair growth cycle
8. Identify, classify, manage and/or refer common skin conditions treated with lasers, intense pulsed light (IPL) and related therapies
9. Recognise indications, contraindications for use of lasers, IPL and related therapies
10. Ensure that any lesions of concern are reviewed by Skin cancer specialist before treatment commences
11. Devise a treatment plan in consultation with the client expectations that includes achievable results and financial consent
12. Compare and contrast different technologies in the marketplace
13. Understand the indications and contraindications for local/ topical anesthesia
14. Undertake informed consent and Clinical photography
15. Ascertain appropriate client selection, clinical presentation, equipment and therapeutic parameters
16. Minimise common side effects (including erythema, swelling, bruising, purpura discomfort, short term localised skin reactions)

17. Provide post treatment care and follow up
18. Identify manufacturer's instructions
19. Maintain records as legislated
20. Respond to emergency adverse events (eye injury, burn, electrocution,)
21. Identify common side effects
22. Identify undesirable outcomes (blistering, hyper/hypopigmentation, Herpes Simplex Infection, Infection, hypersensitivity), understand what immediate/short term remedial treatment is warranted
23. Report and refer adverse outcomes as appropriate
24. Undertake a rigorous program of practical training administration of lasers, IPL and related therapies which is impartial, evidence based, linked to professional practice standards, has been led by an expert practitioner in the specialty and provides evidence of supervised practice
25. Utilise current research to inform best practice

MEDICAL OVERSIGHT OF REGISTERED NURSE

Oversight requires a written agreement between a doctor and registered nurse (RN) to oversee a nurse's clinical practice and to provide standing orders for required medications-according to the Ministry of Health Guidelines. The doctor should be vocationally registered with the New Zealand Medical Council, with recent experience in a related speciality i.e. plastic surgeon, cosmetic surgeon, dermatologist or G.P specialising in cosmetic medicine, and a member of the NZ Society of Cosmetic Medicine (NZSCM)

Oversight should be formal and informal:

Formal oversight is a regular scheduled time to enable facilitated, in depth reflection on clinical practice. Case review is a suggested mechanism for formal supervision to occur.

Informal oversight is regular communication and conversation advice, guidance and support as and when necessary

Responsibilities of the nurse receiving oversight

Contact overseeing doctor early if you have a problem

Maintain practice premises and professional development as stated in agreement

Patient safety

Adhere to practice protocols

Administer medications according to standing orders

Discuss back up arrangements when overseeing doctor not available

The written agreement should include:

Frequency of meetings as appropriate to experience of RN with review of clinical notes and to discuss difficult or unusual cases. Also recommended sample size auditing or full clinical notes sign off each Medication administered as per standing order as per Ministry of Health Standing Order Guidelines.

Standing Orders for Botulinum A (including Botox®, Dysport®, Xeomin® etc), adrenaline injection, Hyalase, Topical anaesthetic over 3% & oral medications.

Review of practice premises and emergency equipment

Public liability insurance

Professional indemnity insurance

Practice protocols for:

- The administration of appropriate medicines
- The cosmetic procedures undertaken by the RN including consultation, documentation and follow up advice
- Vascular occlusion protocol
- Blindness protocol
- Emergency protocols
- Adverse events and reporting
- Infection control
- Record keeping including documentation & photographs- frequency of these specified
- Record security and confidentiality

CONTINUING PROFESSIONAL DEVELOPMENT

Fulfil nursing council requirements of professional development to maintain practicing certificate (60 hrs over 3 years)

Peer review

Clinical audits

Clinical review with oversight doctor of cases

Relevant clinical journals

INITIAL AND PRE-PROCEDURE CONSULTATION

The initial and pre-procedure consultation and documentation should include the following:

Introduction and description of qualification and experience

Medical history including mental health history

Surgical history where relevant

Medical conditions

Dental history where relevant

Current medications

Allergies to medication

Current supplements

Pregnancy/ breastfeeding

Previous cosmetic procedures the client has undertaken- dates, areas treated, product used and outcomes

Consider clients psychological presentation, with realistic expectations regarding treatment

The clients preferred contact

A comprehensive facial assessment with consideration to presenting concerns

A plan with costing is to be documented

Pre-procedure photos- generalised and specific to the area(s) being treated

Following the consultation, the client should be aware of the following

- treatment process, after-care and cost
- outcomes and potential side effects
- ongoing treatments needed to maintain result

Accurate documentation is an integral part of nursing practice

The RN has the responsibility to maintain and keep patient documentation including photos confidential and held in a secure environment.

Under the Code of Health and Disability the client has the right to request a written summary of information provided

Documentation should include:

Consultations: medical history, contraindications, previous aesthetic treatments, patient expectations, aesthetic assessment and treatment recommendations, expected outcomes and potential side effects, or referral to other health professionals

Treatment: Modality used, treatment settings, dosing, batch numbers and expiry, areas treated, outcomes including side effects, anaesthetics used

Post treatment consultation: review of outcomes and side effects

Photos

Signed consent forms

Rebooking and or follow up

ADMINISTER MEDICINES SAFELY AND EFFECTIVELY

Where nurses are administering prescribed medication, this should be done in accordance with legislation, standing orders, protocols and practice standards.

It is important the RN understands the potential complications and is competent in administering medications if needed to aid in reversal or management of complications. Appropriate management of adverse events including referral pathways must be in place indicating how to access advanced level of care E.G ophthalmologist in case of a potential blindness

The RN must have access to and be competent in emergency management including the administration of medications.

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The minimum standard required would be a Laser Safety Certificate such as those endorsed by NZSCM
Refer to appendix Domain 4

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MAINTAIN A SAFE AND HEALTHY WORK PLACE

The RN must be able to demonstrate how she and her practice complies with the Health and Safety at Work Act 2015

This will include maintaining risk/hazard registers, recording of incidents and adherence to health and safety policies and processes. A focus must be on identifying and managing risk

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Understanding the transmission of infectious organisms and knowing how and when to apply the principles of infection prevention and control is critical to infection control in the health care setting

Strict adherence to infection control policies and procedures that align with the AS/NZS 4815: 2006 Standard must be ensured to minimize risk of infection

Standard precautions must require all practitioners to assume that all blood and body substances are potential sources of infection, independent of the perceived risk. Such precautions involve the use of safe working practices and protective barriers e.g. Personal Protective Equipment (PPE)

Note:

Standards New Zealand: AS/NZS 4815:2006 Office-based healthcare facilities

Standards New Zealand: AS/NZS 4304:2002 Management of Healthcare waste

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MANAGEMENT OF COMPLAINTS

Under Right 10 Code of Health and Disability Services Consumers' Rights 1996, clients have a right to complain. Under the code all complaints must be taken seriously whether made verbally or in writing. Effective complaint handling is fundamental to the provision of a quality service

The practitioner is expected to facilitate a fair, simple, speedy and effective resolution of all complaints

If problems arise during the care of a client, the practitioner should acknowledge and manage this and any resulting complaints promptly according to protocols

Note the nurse must hold adequate professional indemnity. It is advisable if the complaint is escalated to contact this professional body for assistance promptly.

The nurse should inform their overseeing medical practitioner and seek advice regarding management as appropriate

Complaints and their resolution should be Utilised as a tool for learning and quality improvement

References:

The Code of Health and Disability Services Consumers Rights 1996

Office of the Ombudsman Tari o te Kaitiaki Mana Tangata: Effective Complaint Handling

Medical Practitioners are not permitted to endorse medicines, medical products or medical treatments under section 58(1) of the Medicines Act 1981. The Code of Ethics also states that nurses should not allow their standing as health practitioners to be used inappropriately in the endorsement of commercial products.

Advertisements

Advertisements should comply with the laws of New Zealand and the appropriate industry code of ethics and should not:

- offer financial inducements for referral
- offer time limited discounts
- denigrate identifiable products or competitors
- contain or refer to any personal testimonial
- unduly glamorise products and services or foster unrealistic expectations

Advertisements should contain:

- truthful and balanced representations.

When you choose to make a claim or include scientific information in advertising, it should:

- be presented in a manner that is valid, evidence based and substantiated
- be readily understood by the audience to whom it is directed
- be from a reputable and verifiable source
- identify clearly the relevant researchers, sponsors and the publication where the results on which any scientific evidence or claims are based appear.

Privacy

Unless prior permission has been obtained an advertisement should not portray or refer to any persons, whether in a private or public capacity, or refer to any person's property, in a way likely to convey the impression of a genuine endorsement.

Définition

For the purposes of this statement, advertising includes, but is not limited to, any public communication using television, radio, motion picture, newspaper, billboard, list, display, the internet or directory, and includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices, and which is intended to promote health services, health-related products, a nurse or a clinic or group with which a nurse is associated.

Responsibility for content

You are expected to take reasonable steps to control the content of any advertisement of your health-related services and products, regardless of authorship.

You must not encourage patients to leave testimonials on websites or other platforms you control that advertise your or your practice's services, nor should you encourage patients to submit testimonials about your or your practice's services to third party websites. It is your responsibility to monitor regularly the contents of such websites or platforms and to remove any testimonials that are posted there. However, you are not responsible for any unsolicited testimonials or comments that are published on a website, in social media or other forms of media over which you do not have control.

Failure to take reasonable steps to control content under these circumstances will constitute unprofessional conduct.

Images

If you choose to use "before and after" photos you must ensure they:

- are there solely for the purpose of providing accurate and useful information
- show a realistic portrayal of the outcome
- depict patients who have undergone the procedure while under your care
- have not been altered in any way.
- use the same lighting, contrast, background, framing, camera angle, exposure and other photographic techniques in both images
- ensure consistency in posture, clothing and make up
- are only used when the patient has given informed consent
- It is advisable to consider different layers of consenting for photography e.g. educational vs social media

Advertising discount coupons and gift certificates

Ensure that your coupon or gift certificate is clear that:

- purchase of the certificate or coupon does not equate to granting informed consent
- prior to treatment you will have a consultation to discuss treatment options with the patient
- the patient has the right to opt out of treatment at any time
- you will not provide the requested treatment if your assessment indicates that the patient is not a suitable candidate
- It is not appropriate to offer medical treatments as prizes or gifts where this is done to promote a commercial service or for financial gain.

New Zealand Aesthetic Nurses Competencies

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Domain One: Professional Responsibility		
Competency	Met / Not Met	Comments
<p>Competency 1.1</p> <p>Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.</p>		<p>RN works responsibly within his/her scope of practice and within current legislation and recommended guidelines</p> <p>For example, uses knowledge and understanding to ensure compliance with current health and safety legislation and laser safety guidelines (AS/NZS 4173:2004 Guide to the Safe Use of Lasers in health care). This includes demonstrating awareness of appropriate eyewear for laser/IPL therapies and using equipment and supplies that are safe and in good condition.</p> <p>Has undergone training and is able to demonstrate basic airway management and life support skills, and in particular can recognise and initiate first aid</p>

	<p>treatment in anaphylaxis. Annual update for CPR minimum Level 4.</p> <p>Records and reports adverse reactions.</p> <p>Works responsibility in collaboration with the client to decide aesthetic treatment priorities and monitors interventions and outcomes associated with these therapies.</p> <p>Assesses and decides when it is appropriate to refer clients to the medical practitioner or other member of the multi-professional team.</p> <p>Initiates, supplies, administers, and evaluates effects of pharmacological interventions according to current legislation and clinic policy.</p> <p>Undertakes ongoing appropriate training and education.</p> <p>Ensures standing orders are in accord with recommendations made by the Ministry of Health (Guidelines for the development and operation of standing orders, 2002), the Medicines Act, 1981, and the Misuse of Drugs Act, 1975. This includes ensuring that all treatment notes are reviewed and counter-signed by the medical practitioner issuing the standing orders.</p> <p>Uses knowledge and understanding in respecting client's complaints and manages these in a way that reflects good practice and meets the requirements of the Health and Disability Commission and the Code of Health and Disability Services Consumers Rights 1996.</p>
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	<p>Practices in a manner that meets the requirements of the Health Information Privacy Code. For example, ensures client's records of treatment including photographs are protected and stored appropriately.</p> <p>Follows local/clinic policies and procedures and continues to contribute to these through evidence-based practice.</p> <p>Develops knowledge and practice through current available training and shares best practice with other clinicians.</p> <p>Protects clients and acts as advocate for them ensuring they receive evidence-based, impartial advice on appropriate treatments that is free from external commercial considerations.</p>
<p>Competency 1.2</p> <p>Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.</p>	<p>Consults in partnership with clients to assess their aesthetic needs in a way that is culturally sensitive and values their interests as paramount.</p> <p>Incorporates the principles of the Treaty of Waitangi into their practice.</p> <p>Practices in accordance with Nursing Council of New Zealand Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Education and Practice. July 2011.</p>

<p>Competency 1.3</p> <p>Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others.</p>		<p>Practices in accordance with Nursing Council of New Zealand Guidelines for direction and delegation May 2011</p> <p>Makes appropriate decisions when assigning care and delegating activities to enrolled nurses and therapists.</p>
<p>Competency 1.4</p> <p>Promotes an environment that enables client safety, independence, quality of life and health.</p>		<p>Ensures physical environment is safe in accordance with Health and Safety legislation and equipment manufacturers.</p> <p>Ensures strategies and policies are in place to prevent and protect clients and health care workers.</p> <p>Has current CPR level 4 (minimum) certificate.</p> <p>Understands and recognises anaphylaxis and is able to manage, treat initially and refer to appropriate services.</p> <p>Emergency equipment is available, functioning and regularly checked.</p> <p>Infection control policies are in place and implemented</p> <p>The aesthetic nurse will respect the client's privacy and confidentiality.</p> <p>Language differences or difficulties will be addressed with the appropriate assistance- we recommend translation.</p>

<p>Competency 1.5</p> <p><u>Practices nursing in a manner that the client determines as being culturally safe.</u></p>		<p>Applies the principles of cultural safety in the nurse's own nursing practice.</p> <p>Practices in a way that respects each client's identity and right to hold personal beliefs, values and preferences.</p> <p>Understands differences in ethnicity specifically with regard to aesthetic preferences and implications for safety.</p>
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Domain two: Management of nursing care		
Competency	Met / Not Met	Comments
<p>Competency 2.1</p> <p>Provides planned nursing care to achieve identified outcomes.</p>		<p>Effective aesthetic nursing requires consultation and collaboration with the client to plan a course of action that meets the client's needs. Inevitably this requires participation from the client in their own care as most aesthetic enhancement is best achieved with a combination of home care by the client and professional treatment.</p> <p>Education of the client is required to facilitate their participation at home.</p> <p>All interventions, treatments and medications are administered within legislation, codes and scopes of practice, and according to authorised prescriptions, established policy and guidelines.</p>
<p>Competency 2.2</p> <p>Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.</p>		<p>To facilitate safe and effective intervention the aesthetic nurse utilises evidence-based assessment tools such as Fitzpatrick skin classification, Glogau classification of photo aging and the combined acne severity classification.</p> <p>Relevant medical, surgical, dental and social history is collected and updated with each visit</p>
<p>Competency 2.3</p> <p>Ensures documentation is accurate and maintains confidentiality of information.</p>		<p>Accurate documentation is maintained, such as medical history, Clinical photography, records of treatments, including medicines used. Client confidentiality is protected always.</p> <p>Data is ideally entered electronically and safely stored to ensure confidentiality.</p>

<p>Competency 2.4</p> <p>Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.</p>		<p>Aesthetic treatments are elective procedures about which the client must be fully informed. The aesthetic nurse educates his/her client on the pros and cons of treatment, the expected benefits, risk level of potential side effects & how those side effects would be managed.</p> <p>Fully informs clients of complications and contraindications from the treatment procedure and obtains verbal and written consent.</p> <p>Ensures clients have an appropriate amount of time in their decision-making and that they are fully aware of financial implications.</p> <p>Sufficient time is allowed for client to consider this information before treatment proceeds.</p> <p>Information is given in a written and verbal form.</p> <p>Signed, informed consent for treatment is obtained annually for each treatment but verbal informed consent must be provided at each treatment encounter encompassing the information specified above</p>
<p>Competency 2.5</p> <p>Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.</p>		<p>Ensures appropriate guidelines, strategies and equipment are in place to enable safe and logical action should a threat or crisis occur.</p> <p>Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis.</p> <p>Assesses situation.</p>

		<p>Prioritises safety of self and others if threat exists.</p> <p>Takes measures once safety is established to de-escalate situation.</p> <p>Calls appropriate supports.</p>
<p>Competency 2.6</p> <p>Evaluates client’s progress toward expected outcomes in partnership with clients.</p>		<p>RN provides opportunities for collaboratively evaluating client response to treatments, for example all clients receiving Botulinum Type A Toxin are encouraged to attend a review 2 weeks post treatment for their first treatment and offered a review at each subsequent treatment encounter.</p> <p>Clients receiving light-based hair removal treatments are reviewed prior to each treatment. Reviews are conducted using before and after photos to enable the client to see treatment outcomes.</p>
<p>Competency 2.7</p> <p>Provides health education appropriate to the needs of the client within a nursing framework.</p>		<p>Raises awareness of health and wellbeing and the actions that people can take to address health promotion, specifically the risks associated with sun exposure and the implications of not protecting the skin.</p> <p>Education is provided on related health issues such as sun protection and smoking cessation.</p> <p>Advice regarding stress management or nutrition and exercise might also be provided if appropriate.</p>

<p>Competency 2.8</p> <p>Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.</p>		<p>RN are often working independently and therefore take every opportunity to share experiences and reflections with other nurses and health professionals working in this field.</p> <p>Identifies own level of competence and seeks advice and knowledge as necessary.</p>
<p>Competency 2.9</p> <p>Maintains professional development.</p>		<p>RN maintains professional development through attending relevant education courses, related inter-professional meetings, and Journal articles/ clinical papers. Regularly updates knowledge according to best practice guidelines.</p>
Domain three:		Interpersonal Relationships
<p>Competency 3.1</p> <p>Establishes, maintains and concludes therapeutic interpersonal relationships with client.</p>		<p>Initiates, maintains and concludes interpersonal interactions with clients.</p> <p>Creates mutual trust and establishes partnership with client.</p> <p>Uses a range of communication skills to ensure client understanding of specific aesthetic needs. These may include verbal, written, pictures, demonstration, publications, policies, protocols and research.</p> <p>Uses effective consultation skills techniques to holistically assess all clients to establish the client's aesthetic priorities, to recognise actual or potential issues which could require attention and build awareness of the wider situation when assessing and relating to clients.</p> <p>The principles of informed consent are understood by the nurse and client to enable effective decision making. Principles include thorough history taking</p>

		<p>and examination, explanation of treatment process and realistic outcomes of the treatment including potential complications and side effects.</p>
<p>Competency 3.2</p> <p>Practises nursing in a negotiated partnership with the client where and when possible.</p>		<p>RN undertakes an assessment, implements and evaluates treatment plans for a range of clients using an evidence-based approach ensuring the client is aware of the limitations of the treatment. Uses expertise to assess motivation and expectation of the client and guide appropriately, with an awareness of body dysmorphic disorders.</p> <p>The partnership reflects good client understanding.</p> <p>The client is aware of the aesthetic nurse's level of expertise and limitations. RN refers to other professionals as appropriate.</p>
<p>Competency 3.3</p> <p>Communicates effectively with clients and members of the health care team.</p>		<p>RN uses a variety of effective communication techniques: written information on treatments, limitations of treatment and potential side effects, photos, posters, publications and pamphlets and current research.</p> <p>RN takes sufficient time during consultations to facilitate thorough and quality discussion with the client to ensure client safety y.</p> <p>RN uses other resources e.g. a support person for a client with a hearing impairment to ensure adequate independent decision making.</p> <p>Accesses an interpreter when appropriate.</p>

		<p>RN may seek another professional's opinion but discusses this with the client first.</p> <p>The client is aware of the cost before any procedure occurs.</p>
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Domain four: Interpersonal healthcare and quality improvements		
<p>Competency 4.1</p> <p>Collaborates and participates with colleagues and members of the health care team to facilitate and co-ordinate care.</p>		<p>RN provides a nursing perspective and approach to client care, using best practice approach to all aspects of care and treatment.</p> <p>Development of an orientation programme for those entering this field of nursing, using preceptorship, structured teaching including scope of practice related to levelling, evidence based nursing and ongoing assessment tools.</p> <p>Consults with the client, and where appropriate other team members, in a collaborative manner to develop an aesthetic plan of care and treatment.</p> <p>Maintain accurate client records which include written, computer records and photographic records. All clients are given written information about</p>

	<p>treatments, copies of consent forms and pre and post treatment instructions prior to any treatment. Clients can request to see or have a copy of their notes at any stage.</p> <p>Procedure performed, and all consultation/ communications are recorded in detail.</p> <p>Clients are given post treatment advice verbally and in written form which includes how to recognise risk/side effects and when & who to contact should they need assistance.</p>
<p>Competency 4.2</p> <p>Recognises and values the roles of all members of the health care team in the delivery of care.</p>	<p>RN participates in the co-ordination of client care with the client and with the appropriate health care team with consultation, discussion and documentation.</p> <p>Consultations with the client prior to the treatment session must ensure that the client has realistic expectations (and the practitioner has the same expectation of treatment outcome), is fully informed about all aspect of the treatment process including risks, pre-& post treatment care including expected down time and follow up.</p> <p>.RN is aware of the role of the Office of the Health and Disability Commissioner and patient advocacy services.</p>
<p>Competency 4.3</p> <p>Participates in quality improvement activities to monitor and improve standards of nursing.</p>	<p>RN reflects on practice to improve policy and procedures. This is done in collaboration with other members of the health care team.</p> <p>RN may be required to develop policy and guidelines utilising current research and evidence in order to deliver safe and competent interventions. These should be</p>

		<p>reviewed and updated regularly to stay up to date.</p> <p>RN is encouraged to write and publish exemplars to identify aesthetic nursing, the perceived health need of clients and to educate our colleagues who are unaware of aesthetic nursing and the procedures that clients choose to undertake.</p> <p>Monitoring and discussion of client treatments and outcomes occurs at regular peer review meetings.</p>
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References

The Nursing Council of New Zealand Code of Ethics

The Nursing Council of New Zealand Competencies for Registered Nurses

The Health and Disability Commissioner Act 1995

The Code of Health and Disability Services Consumers' Rights 1996

Office of the Ombudsman Tari o te Kaitiaki Mana Tangata: Effective Complaint Handling

The Fair Trading Act 1986

The Consumer Guarantees Act 1993

The Medicines Act 1981

The misuse of Drugs Act 1975

The Therapeutic and Health Advertising Code (TAPS)

The Health Practitioners Competence Assurance Act 2003

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