The Registered Nurse Who Participates in Cosmetic Procedures

Purpose: Utilizing the Oregon State Board of Nursing (Board) *Scope of Practice Decision Making Guideline for All Licensed Nurses* (OSBN, 2018) Interpretive Statement to determine if a registered nurse (RN) may perform a cosmetic procedure.

Scope of Practice Decision Model: This model has been adopted by the Board to determine if a licensee of the Board is practicing within their scope of practice. The model and instructions for using the model are found on the OSBN Policies & Interpretive Statements webpage at www.oregon.gov/OSBN/pages/position_papers.aspx

Application of the Scope of Practice Decision Making model cues a licensee to clarify or describe the specific role, intervention or activity in question. Then, the model presents a series of specific and sequential questions to which the licensee must respond. Depending on a licensee’s response to the first question, one of two things will happen:

1. Progression through the model will be stopped as it will have been determined that the role/intervention/activity is not within the scope of the Oregon licensee, or
2. The licensee will be allowed to continue to the next question.

It is only when a licensee’s response to each question allows progression through all questions, and the licensee has an affirmative response to the final question, that the licensee may engage in the role, intervention, or activity to acceptable and prevailing standards of safe nursing care. This document is designed to be used in conjunction with the OSBN *Scope of Practice Decision Making Guideline for All Licensed Nurses*.

Identify, describe or clarify the role, intervention or activity under consideration.

For the purpose of this interpretive statement, cosmetics practice means the RN’s implementation of the licensed independent practitioner’s (LIP) treatment plan for the healthy client who seeks to enhance his or her appearance. The RN’s implementation of the LIP’s treatment plan includes the acceptance and implementation of the LIP’s orders for a cosmetic treatment, procedure, or intervention for the client.

1. Is the role, intervention or activity prohibited by the Nurse Practice Act (NPA) and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?

The NPA does not specifically prohibit the RN’s performance of cosmetic procedures. The NPA does limit the authority to diagnose and prescribe to the advanced practice registered nurse (APRN) only. As such, the RN’s role within a cosmetic practice would be as a health care team member who assists with implementation of the APRN’s or other licensed independent practitioner’s treatment plan for the client.

While Division 45 of the Oregon Nurse Practice Act (NPA) does not specifically prohibit the licensed practical nurse (LPN) from performing cosmetic procedures, the in-depth analysis and synthesis of nursing assessment data required by a licensee for safe implementation of a cosmetic procedure exceeds the scope of limited assessment allowed at the LPN level of licensure.

The Oregon Medical Board (OMB) Oregon Administrative Rules Chapter 847, Division 17, rule number (4) states that procedures or treatments involving the injection of a medication or substance for cosmetic purposes are the practice of medicine and must be performed as an office based surgical procedure. The OMB’s *Responsibilities of Medical Directors of Spas* (October 9, 2015) states that the Medical Director (OMB licensee) must perform an evaluation of the client to establish the appropriate diagnosis and
treatment plan, and that diagnosis of a medical condition or development of a treatment plan cannot be delegated to a staff member who is not licensed to provide independent medical judgment. Once the Medical Director has established the client’s diagnosis and treatment plan, it is up to the judgment of the MD if further medical examination is needed prior to the implementation of the client’s treatment plan.

The performance of certain cosmetic procedures fall under the jurisdictional authority of Oregon Health Authority Health Licensing Office (HLO). The HLO is responsible for the regulation of electrologists, body art practitioners, cosmetologists, estheticians, and other health and related professions. It is the responsibility of the individual RN to determine if the performance of a cosmetic procedure requires licensure or certification through the HLO office.

Based on Oregon Revised Statutes 690.005 through 690.025, the Oregon Board of Cosmetology states that persons may engage in cosmetology practices without a cosmetology license when that person is acting within the scope of their professional license and following their Board’s practice standards. This means the RN may perform a cosmetic procedure when abiding by the rules and regulations of the NPA.

In 2015, Oregon HB 2642 established certification for practice of advanced nonablative esthetic procedures. This bill exempted licensed healthcare professionals (such as RNs) from this requirement provided that the procedure was within the scope of their individual license. The NPA does not specifically prohibit the RN from performing advanced nonablative esthetic procedures.

The RN who seeks to engage in cosmetics practice is individually responsible to access the rules and regulations of the HLO prior to engaging in any cosmetics procedure to determine if any changes have occurred since the development of this interpretive statement.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?

Professional specialty nursing organizations, such as the Dermatology Nurses’ Association (DNA), provide standards and guidelines on the nurse’s role in the provision of cosmetic services. The DNA’s guidelines are retrievable at [http://journals.lww.com/jdnaonline/Fulltext/2013/09000/The_Nurse’s_Role_in_the_Provision_of_Cosmetic.14.aspx](http://journals.lww.com/jdnaonline/Fulltext/2013/09000/The_Nurse’s_Role_in_the_Provision_of_Cosmetic.14.aspx).

Primary literature sources containing peer-reviewed research articles may be accessed via a full text database such as ProQuest, EBSCOhost, and Nursing@Ovid®. These primary literature sources are available through subscription and may be available through one’s employer or alma mater.

The Washington State Department of Health Nursing Care Quality Assurance Committee has published Position Statement: Administration of Botox and the Role of Licensed Nurses (June 16, 2004). This document is retrievable at [www.doh.wa.gov/Portals/1/Documents/6000/AdminofBotoxpdf](www.doh.wa.gov/Portals/1/Documents/6000/AdminofBotoxpdf).

The American Nurses Association publishes professional standards of practice and professional performance which apply to the practice of nursing and describe a competent level of nursing practice and professional performance common to all RNs.

When performance of the cosmetics procedure is consistent with professional nursing standards, evidence-based nursing and health care literature, the RN may proceed with further consideration of the procedure for implementation.
3. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?
Prior to engaging in cosmetics practice, the RN is responsible for ensuring that policies and procedures of the setting support the RN’s engagement in the activity and are accessible in the environment of care. The RN has a responsibility to recognize that organizational or business policy may not supersede state or federal requirements.

Collaborative development of these policies and procedures is recommended to ensure their functionality and appropriateness in the event of absence of the LIP during implementation of the client’s treatment plan, or for an emergent situation. The procedures should include absolute stops for when it is deemed unsafe to proceed with implementation of the LIP’s treatment plan for the client.

4. Has the nurse completed the necessary education to safely perform the role, intervention or activity?
Depending on the specific procedure, there may or may not be a recognized educational standard. The RN is responsible for providing evidence of initial education in cosmetics practice. This could include: professional education in the area of cosmetic nursing practice, current professional and specialty standards, evidenced-based practice, FDA standards, and other applicable statutes and rules.

The educational standard for the performance of advanced nonablative esthetic procedures is the successful completion of at least forty hours of education in laser theory and fundamentals listed in the 2011 American National Standard Z136.1 and 2014 American National Standards Laser Safety Education Program Z136.3.

OAR 851-045-0060 (2) identifies the responsibility of the RN to base RN practice on current and evolving nursing science, other sciences, and the humanities. OAR 851-045-0060 (2) also requires the RN to accept only RN assignments within one’s individual scope of practice. Individual scope of practice is defined as an individual licensee’s demonstrated competency developed and maintained through practice experience and through engagement in independent and formal learning experiences, which occurs within the boundaries of nursing practice allowed by statute.

5. Is there documented evidence of the nurse’s current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?
OAR 851-045-0060 (2) requires the RN to maintain documentation of the method that competency was acquired and maintained. Evidence of this may be demonstrated by the RN’s documented completion of a formal educational program that validates attainment of competency objectives.

Should a complaint be received by the Board, the investigation would include a request for documentation of the RN’s initial competency and continued competency validation.

6. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?
A reasonable and prudent RN may perform a cosmetic procedure when the procedure is not a prohibited act; is within the scope of practice for the licensee’s level of licensure; is appropriate to occur in the environment of care; is a procedure for which the RN possesses the competencies to execute safely; is included within the LIP’s treatment plan for the client; is supported by the LIP’s order; and is delivered in adherence to Chapter 851 Division 45 Standards and Scope of Practice.
7. **Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?**
   The RN maintains responsibility and accountability for the nursing care provided and the environment of care. Should the RN not be willing to accept the accountability for performance of the procedure on the client and the outcome, the RN should decline to engage in the procedure.

   If all criteria have been met, then the activity is within the scope of practice for an RN. The RN may still decline to perform the procedure but cannot use scope of practice violation as a reason to decline.

When the preceding conditions have been met, then the activity is within the scope of practice for the RN. The RN may perform the activity to acceptable and prevailing standards of safe nursing care.

**Frequently Asked Questions**

**Q:** I read the referenced Oregon Medical Board’s (OMB) document titled *Responsibilities of Medical Directors of Spas*. Does the information in the OMB document apply to naturopathic physicians, too?

**A:** Naturopathic physicians do not fall under the jurisdiction of the Oregon Medical Board. They are regulated by the Oregon Board of Naturopathic Medicine. You would need to contact the Oregon Board of Naturopathic Medicine for the answer to this question.

**Q:** On a few occasions, our cosmetics clinic has signed up a new patient on days that our physician is out of the office. Can we start treating them with Botox prior to the physician evaluating them?

**A:** The OMB-published document *Responsibilities of Medical Directors of Spas* states that the physician may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment; this means the MD may not delegate this responsibility to the RN.

**References:**
Oregon Medical Board (October 9, 2015) *Responsibilities of Medical Directors of Medical Spas*. Retrieved from [www.oregon.gov/omb/board/Pages/default.aspx](http://www.oregon.gov/omb/board/Pages/default.aspx)

Oregon’s Nurse Practice Act
Oregon Revised Statutes 690.005 through 690.025

**Authority for Approval:** ORS 678

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.