

# Proposed Practice Standards and Guidelines for RN's, RPN's and NP's administering Aesthetic Injections.

CSASN Mission: To provide the highest standards to  
protect the public and ensure client safety, through  
current evidence based education.

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Yolanda Balatbat RN, BSN- Toronto, Ontario  
Marcelle Caruana RN, CANS – Toronto, Ontario  
Deborah Elias RN- Toronto, Ontario  
Rachel Gautreau RN- Moncton, New Brunswick  
Catherine Gobeil RN – Montreal, Quebec  
Angela Haff RN- Vancouver, British Columbia  
Tracey Hotta RN, BScN, CPSN, CANS – Thornhill, Ontario  
Cynthia Webb RN, CANS- Oakville, Ontario  
Kathryn Woodcock RN, BSBM – Vancouver, British Columbia

## Introductions

### What are Practice Standards and Guidelines?

The provincial nursing colleges produce a number of practice standards and guidelines to support nurses in providing safe, effective and ethical nursing care. Practice standards outline the expectations for nurses that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. The standards apply to all nurses regardless of their role, job description or area of practice.

Practice guidelines help nurses understand their responsibilities, and to make safe and effective decisions in their nursing practice.

The nursing College / Association practice standards and guidelines for aesthetic nurse injectors are consistent with the legislation that is proposed in the Nursing Act, 1991, Regulated Health Professions Act, 1991 and Health Care Consent Act.

Drafting practice standards is a key function of a self-regulating profession. It is recognized that the anti-aging cosmetic medicine trend is on the rise and requires regulation to ensure these procedures are restricted to those individuals who are professionally trained and must provide proof that their skills are being maintained.

All practice standards and guidelines apply broadly to the nursing profession and are delivered to nurses within their respective colleges / associations.

This document outlines the ethical and clinical standards that all Canadian aesthetic nurse injectors should adhere to, keeping ethical and client safety at the forefront of their practice. This document will address all the essential parts of an aesthetic non-surgical clinical practice including patient safety, informed consent, education and training, documentation, scope of practice, medical directives / post entry level procedures (PELP) and facility recommendations.

This document focuses on the professional standards and competencies that the aesthetic nurse injector should be expected to demonstrate while providing aesthetic injection procedures. The aesthetic nurse injectors have the responsibility to practice only in facilities that follow the recommendations outlined in this document.

The term aesthetic nurse injector (RN) refers to a registered nurse, registered practical nurse and nurse practitioner who has undergone specific training for the administration of dermal fillers, volume enhancers, collagen stimulators, lypolysis, and neurotoxins.

The client refers to a person who has chosen to undergo a medical aesthetic procedure(s).

The medical director is a physician who has undergone specific training for the administration of dermal fillers, volume enhancers, collagen stimulators, lypolysis, and neurotoxins and is supervising the aesthetic nurse injectors practice.

## **1) Ethics**

Ethical nursing care means promoting the values of client well-being, respecting client choice, assuring privacy and confidentiality, respecting the sanctity and quality of life, maintaining commitments, respecting truthfulness and ensuring fairness in the use of resources. It also includes acting with integrity, honesty and professionalism in all dealings with the client and other health care team members.

Nursing Values and Ethical Responsibilities describes the core responsibilities central to ethical nursing practice. The seven primary values are:

- Providing safe, compassionate, competent and ethical care
- Promoting health and well-being
- Promoting and respecting informed decision-making
- Preserving dignity
- Maintaining privacy and confidentiality
- Promoting justice
- Being accountable

### **a) Indicators**

A nurse demonstrates the ethical standard by:

- identifying ethical issues and communicating them to the health care team
- identifying options to resolve ethical issues
- evaluating the effectiveness of the actions taken to resolve ethical issues
- identifying personal values and ensuring they do not conflict with professional practice

In addition, a nurse in an administrator role demonstrates the standard by:

- creating environments that promote and support safe, effective and ethical practice
- valuing the time that's taken to resolve ethical issues
- advocating for resources and establishing mechanisms to assist nurses in recognizing and resolving ethical issues
- supporting nurses in developing skills to recognize and manage ethical issues
- facilitating / advocating for nursing input on ethics committee

A nurse in an educator role demonstrates the standard by:

- encouraging and supporting critical thinking and dialogue about ethical issues
- assisting nurses in identifying resources to improve recognition and resolution of ethical issues.

## **b) Ethics for the Aesthetic Nurse Injector in a Clinical Practice**

The aesthetic nurse injector:

- follows the Ethical standards of the Canadian Nurses Association
- follows the Confidentiality and Privacy- Personal Health Information standard of the Canadian Nurses Association and provincial nursing college / associations
- practise under the direction of a Medical Director
- understands the Scope of Practice principles that are mandated for the province the injector is licenced in
- educates self to keep current in all aspects of the speciality
- uses only Health Canada approved products, equipment and treatments

## **c) Canadian Code of Advertising Standards**

The Canadian Code of Advertising Standards (Code), which has been developed to promote the professional practice of advertising, was first published in 1963. Since that time it has been reviewed and revised periodically to keep it contemporary. The Code is administered by Advertising Standards Canada (ASC). ASC is the industry body committed to creating and maintaining community confidence in advertising.

The Code is broadly supported by industry and is designed to help set and maintain standards of honesty, truth, accuracy, fairness and propriety in advertising. The provisions of the Code should be adhered to both in letter and in spirit. Advertisers and their representatives must substantiate their advertised claims promptly when requested to do so by Council.

Any advertising for aesthetic injections should be for the sole purpose of conveying factual information to the client. Advertising should not be used for the purpose of conveying additional information, outside of the factual information, that may unduly influence a client's decision to proceed with the treatment.

The following standards are based on information obtained in the Advertising Standards of Canada, February, 2014. See appendix A

## **d) Canadian Food and Drugs Act and Food and Drug Regulations.**

### **Definition of Advertising**

"Advertisement includes any representation by means whatever for the purpose of promoting directly or indirectly the sale or disposal of any food, drug, cosmetic or device". (Food and Drug Act- 1985) Any person who promotes the sale of a specific health product is subject to advertising legislation.

Food and Drugs Act

**Section 9(1):** Prohibits health product advertising which is false, misleading or deceptive, or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety. Examples of possible section 9(1) contraventions: messages which emphasize only product benefits without including safety information; and messages discussing off-label use of a product.

**Section 20(1):** Prohibits false, misleading or deceptive advertising of medical devices.

**Section 3(1):** Prohibits consumer-directed ads for health products (including medical devices) which make claims to treat, prevent or cure any of the serious diseases listed in Schedule A to the Act (although Schedule A prevention claims are now permitted by regulation for over-the-counter drugs and natural health products).

#### **e) Food and Drug Regulations**

**Section C.01.044:** Prohibits consumer-directed prescription drug advertising beyond the drug's name, price and quantity. This means that when a prescription drug is advertised by name to consumers, no reference can be made to its therapeutic use and/or benefits.

**Section C.08.002 (1):** Prohibits the advertising of new drugs, which have not been authorized for sale by Health Canada.

- There shall be no link between the brand name of a medication ie. Botox or Latisse, and the indication (what the drug does) in any advertising to the general consumer. This includes websites and Facebook page.
- The website to be informational and not an advertisement or product promoting. There must not be no links to brand-specific websites
- Ads that mention a drug name are allowed only if we leave out what the product actually does. You may indicate that you offer neurotoxin treatments (Botox, Xeomin, Dysport) but must not state what the drug does or substituting the name of the neurotoxin with one of the following phrases cosmetic injections; anti-wrinkle injections/treatments; wrinkle injections/treatments
- Health Canada states that you cannot use company pre/post photo's but actual client photo's is acceptable
- Before and after pictures should be for in-office use only or for communication to our existing clients.

#### **f) Maintaining Privacy and Confidentiality**



Aesthetic nurse injectors recognize the importance of privacy and confidentiality and safeguard personal, family, community information obtained in the context of a professional relationship. Nurses have an ethical responsibility to safeguard information obtained in the context of the nurse-client relationship.

#### Principles of confidentiality

- Nurses know the legislation that is mandated by their provincial colleges.
- Nurses share relevant personal and health information with the health care team. Nurses explain to clients that this information will be shared and identify to them who is on the health care team
- Nurses respect clients' rights to access their own health records
- Nurses safeguard personal and health information learned in the context of the nurse-client relationship and disclose this information (outside of the health care team) only with client consent or when there is a specific ethical or legal obligation to do so.
- Nurses have an ethical obligation to disclose in situations that involve a substantial risk of significant harm to the health or safety of the client or others. This process involves consulting with the medical director
- Nurses comply with any legal obligation to disclose confidential information that is imposed by provincial legislation.
- In all cases where disclosure of confidential information is necessary, nurses restrict the amount of information disclosed and the number of people informed to the minimum necessary to fulfill the legal and ethical obligations.

#### g) **Procedure to Maintain Confidentiality**

- All staff to sign a confidentiality agreement upon employment
- Store client records safely and securely. Take special care when transporting client records to ensure they are not lost, stolen or accessed by unauthorized persons.
- Keep client information confidential when transmitting information through fax; avoid using client names if possible; check fax number and mark "Confidential" before sending). Ensure there is a policy in place regarding a secure transmittal system.
- Electronic documentation carries a higher risk of breach of confidentiality. Policies and procedures, as well as specific technologies, are required to protect the confidentiality of the patient's health record and system security.
- If computerized charting is used, follow your organization's policies to ensure the privacy and security of the information (e.g., use passwords as directed; log off when leaving the computer).
- Ensure that client information displayed on a computer monitor remains confidential (e.g., use a screen saver; locate the monitor in a secure area).

#### h) **Email communication**

Guidelines for protecting client confidentiality when using e-mail to transmit client information are as follows:

- obtain written consent from the client when transferring health information by e-mail
- transmit e-mail using special security software (e.g., encryption, user verification or secure point-to-point connections)
- include a confidentiality warning indicating that the information being sent is confidential and that the message is only to be read by the intended recipient and must not be copied or forwarded to anyone else
- never forward an e-mail received about a client without the client's written consent
- maintain confidentiality of all information, including that reproduced in hard copy
- locate printers in secured areas away from public access
- establish a policy and protocol for a secure and confidential e-mail systems

#### **i) Canadian Anti Spam Law (CASL)**

Canadian Anti Spam Law will help to protect Canadians while ensuring that businesses can continue to compete in the global marketplace.

This law will generally prohibit the:

- sending of commercial electronic messages without the recipient's consent (permission), including messages to email addresses and social networking accounts, and text messages sent to a cell phone;
- alteration of transmission data in an electronic message which results in the message being delivered to a different destination without express consent;
- installation of computer programs without the express consent of the owner of the computer system or its agent, such as an authorized employee;
- use of false or misleading representations online in the promotion of products or services;
- collection of personal information through accessing a computer system in violation of federal law (e.g. the Criminal Code of Canada); and
- collection of electronic addresses by the use of computer programs or the use of such addresses, without permission (address harvesting).

## **2) Accountability**

Collaboration of the medical aesthetic team requires effective and efficient communication between all team members so that specific roles can be identified. The medical director and aesthetic nurse each practice within their own professional scope of practice, but work as a team to provide care and they collectively share responsibility for the outcomes. Clearly established Scopes of practice help mitigate accountability risks within collaborative practices of regulated health professionals.

#### **a) Regulated Health Professions Act**

The scope of practice model is set out in the Regulated Health Professions Act and consists of two elements:

- Scope of practice statement
- Controlled acts

### **Nursing's Scope of Practice Statement**

The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

### **Controlled Acts**

Controlled acts are acts that are considered to be potentially harmful if performed by unqualified persons.

Nursing is authorized to perform three of the thirteen controlled acts.

- Performing a prescribed procedure below the dermis or a mucous membrane.
- Administering a substance by injection or inhalation.
- Putting an instrument, hand or finger beyond a body orifice or beyond an artificial opening the body.

### **b) Self-Regulation**

Canadians have given the nursing profession the privilege of self regulation in which provincial and territorial governments delegate to nursing regulatory bodies, by statute, the power to regulate themselves (CNA, 201b). In return, the nursing profession is expected to act in the best interest of the public at all times.

To maintain public protection, RN's engage in self-regulation collectively as a profession and as individuals. Through provincial and territorial legislation, nursing regulatory bodies are accountable for public protection by ensuring that RN's are safe, competent and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities. RN's also take on the obligation of self-regulation as individuals. Therefore, regulation is a responsibility shared between regulatory bodies and individual  
(CNA, Self-Regulation)

### **c) Medical Directives**

An order is a prescription for a procedure, treatment, drug or intervention. An order is required when a procedure falls within one of the controlled acts authorized to nursing, in the absence of initiation.

To perform a dermal filler, volume enhancer, collagen stimulator, lipolysis or neurotoxin injection, the order must be in the form of a directive - implemented for a number of clients when specific conditions are met and when specific circumstances exist. A directive is always written and supported by documents outlining the following:

- the name and description of the procedure(s)/ treatment(s)/intervention(s) being ordered.
- specific client clinical conditions and situational circumstances that must be met before the procedure(s) can be implemented.
- clear identification of the contraindications for implementing the directive
- the name and signature of the physician approving, and taking responsibility for the directive.

A physician must approve the initial assessment of the patient considering a non-surgical aesthetic treatment. The physician must review the medical history to determine if there are any contraindications that would prevent the patient from having the injectable treatment/procedure.

**Example of template for medical directive** (adapted from the Interprofessional Guide – Medical Directive &/or Delegation Template. [www.mdguide.regulatedhealthprofessions.on.ca](http://www.mdguide.regulatedhealthprofessions.on.ca))

#### **d) Qualifications for the Aesthetic Nurse Injector**

Health professionals have a long-standing history of working together to deliver quality, sustainable health care for Canadians and to ensure the optimal use of resources. However as the demand for health care increases, new models are being explored.

Increasingly, care is being provided by collaborative teams employing the skills of the most appropriate health care provider for the care required. This new model of health care delivery has the potential to provide better outcomes for patients and improve the efficiency of the system overall. (CMPA)

- The aesthetic nurse injector must be a member in good standing with the College / Association of Nurses in the province they are licenced in.
- The aesthetic nurse injector must be transparent to the client of his or her professional qualifications.
- The aesthetic nurse injector must attend a training program or course specific to aesthetic injections.
- The aesthetic nurse injector must provide documentation that they have attended CE workshops, presentation and conferences or read journal articles equaling 10 hours annually to maintain their skills to ensure patient safety.
- Working within the scope of practice outlined by the provincial college / association.

- It is recommended that:
  - a new nurse injector should have access to a preceptor or mentor for the first 6 months.
  - the aesthetic nurse injector should be injecting a minimum of 4 hours per week to maintain skill levels.
  - it is recommended that the aesthetic nurse injector be affiliated with a medical director who is trained in the product and procedures being delegated to the nurse, so they can delegate appropriately and be able to recognize and treat complications.
  - it is recommended that the medical director, or designate, be readily accessible to the nurse injector

### **3) Continued Competence Program**

This Program outlined in appendix B is intended to provide guidance to registered nurses to reassure the public on the issues of education, competency, quality of care and safety in the facial aesthetics. To meet this Standard of Practice, a registered nurse must be sure that the training they undertake at each level of treatment provides for these core competencies. Appropriate aseptic technique is implicit at all levels of treatment, for all patients and at all times. See appendix B

### **4) Documentation**

Documentation is any written or electronically generated information about a client that describes the care or service provided to that client. Through documentation, nurses communicate their observations, decisions, actions and outcomes of these actions for clients.

Documents include, but not limited to, initial consultation (medical history), treatment plan, treatment record, consent form, follow up record and pre and post photos.

The documentation method selected within a practice setting needs to reflect client care needs and the context of practice. Some practices may combine elements of different documentation methods and formats. Regardless of the method used, nurses are responsible and accountable for documenting client assessments, interventions carried out, and the impact of the interventions on client outcomes.

### **5) Reasons for Documentation**

#### **a) To facilitate communication**

Through documentation, nurses communicate with their medical director and health care team about the status of clients, nursing interventions that are carried out and the results of these interventions. Documentation of this information increases the likelihood that the client will receive consistent and informed care or service. Thorough, accurate documentation decreases the potential for miscommunication and errors.



#### **b) To promote good nursing care**

Documentation encourages nurses to assess client progress and determine which interventions are effective and which are ineffective, and identify and document changes to the plan of care as needed. Individual nurses can use outcome information or information from a critical incident to reflect on their practice and make needed changes based on evidence.

#### **c) To meet professional and legal standards**

Documentation is a valuable method for demonstrating that, within the nurse-client relationship, the nurse has applied nursing knowledge, skills and judgment according to professional standards. An adverse event would be documented according to the clinic's policy and procedure guidelines. In a court of law, the client's health record serves as the legal record of the care or service provided. Nursing care and the documentation of that care will be measured according to the standard of a reasonable and prudent nurse with similar education and experience in a similar situation.

### **6) Directives for Documentation**

The aesthetic nurse injector maintains standards of nursing practice and professional conduct by:

- Documenting all relevant data.
- Indicate accountability and responsibility by adding their signature and appropriate title to each entry they make in a client record.
- Use documentation to share knowledge about clients with the health care team
- Keep care plan clear, current and useful
- Safeguard the security of printed or electronically displayed or stored information.

### **7) Electronic Documentation**

Technology may be used to support client documentation in a number of ways. If technology is used, the principles underlying documentation, access, storage, retrieval and transmittal of information remain the same as for a traditional, paper-based system. These new ways of recording, delivering and receiving client information, however, pose significant challenges for nurses, particularly with respect to confidentiality and security of client information. It is important that the practice establishes clear policies and guidelines to ensure accurate documentation. The policies would include, but not limited to:

- correcting documentation errors or making "late entries"
- preventing the deletion of information
- identifying changes and updates to the record
- protecting the confidentiality of client information
- maintaining the security of the system (passwords, virus protection, encryption, firewalls)
- backing-up client information
- means of documentation in the event of a system failure

## 8) Tele Nursing

Nurses who provide telephone care are required to document the telephone interaction. Documentation may occur in a written form or via computer. Standardized protocols that guide the information obtained from the caller and the advice given are useful in both providing and documenting telephone nursing care.

Minimum documentation includes the following:

- date and time of the incoming call (including voice mail messages);
- date and time of returning the call;
- name, telephone number, reason for the call, assessment of the client's needs, signs and symptoms described, specific protocol or decision tree used to manage the call (where applicable), advice or information given, any referrals made, agreement on next steps for the client and the required follow-up.

Telenursing is subject to the same principles of client confidentiality as all other types of nursing care.

Documenting Telephone and onsite verbal orders

- write down the time and date on the clients chart
- write down the order given by the physician
- read the order back to the physician to ensure it is accurately recorded
- record the physicians name on the clients chart, state telephone order, print your name, sign entry and identify your status

## 9) Consent

**Purpose-** A consent is required for any treatment performed on a client. The consent must involve a written document and a verbal dialogue, which allows sufficient time for the client to have concerns and issues addressed.

The consent must be informed which includes an explanation of the treatment or procedure to be undertaken, must include a discussion of alternative procedures and a disclosure of the risks and complications that may occur from the treatment or procedure.

**What is a Valid Consent-** Six criteria for valid consent have been identified by Canadian Courts.

- The consent must be genuine and voluntary
- The procedure must not be an illegal procedure
- The consent must authorize the particular treatment as well as the technician
- The consenter must have the legal capacity to consent
- The consenter must have the necessary mental competency to consent
- The consenter must be informed

**Who May Witness a Consent Form-** A nurse or other designated person may witness the signing of the consent form. Witnessing a signature is not a declaration that the witness provided information about risks and alternatives.



## **10) Maintenance of Health Records**

There are legal requirements regarding the retention and destruction of health records. Please refer to your provincial limitations act to develop an in office policy.

## **11) Facility Recommendations**

### **Level 1 Facility**

Refers to the application, either topically, intradermally or subcutaneously, of agents that directly interfere with nerve conduction at the site of the procedure. These minimally invasive treatments include, but are not limited to dermal filler / volume enhancer / collagen stimulators, lypolysis injection and neurotoxin injections. See appendix C

## **12) Treatment / Procedure Protocol**

### **a) Neurotoxins**

Correct treatment site selection, proper material usage and injection technique are equally important for the successful administration of the product. The result and duration of the correction is extremely technique sensitive.

- The initial consultation, review of medical history, and consent is completed
- Remove any make-up from the face with a mild cleanser.
- Define the areas to be treated. Confirm and prioritize the treatment area by having the client pointing out areas of concern with the assistance of a mirror.
- Baseline photos should be taken which requires the client's consent.
- Prepare comfort measures as necessary. If topical anesthesia is to be used, follow the protocol for its application.
- Position the patient for ease of injecting for the indication to be treated.
- Cleanse the skin with an antiseptic solution (chlorhexidine) to decrease the risk of infection from a percutaneous injury.
- Inject the product into the proper plane as indicated for that area of correction. Inject slowly and precisely
- After the treatment gently cleanse the area.
- An ice pack or cold compress may be offered immediately after the treatment. The cold will soothe the area and help constrict the injection sites so that make-up can be applied soon after.
- Record the appropriate information from the treatment session on the client's treatment record. Information recorded should include: type of product used, lot numbers, expiry date, treatment area, dosage and local anesthesia if used.
- Post care instructions reviewed.
- Schedule the client for a 2 week follow up appointment.
- Adverse events would be followed according to the clinic policy and procedure

## **b) Dermal Fillers, Volume Enhancers, Collagen Stimulators, Lipolysis injection**

Correct treatment site selection, proper material usage and injection technique are equally important for the successful administration of the product. The result and duration of the correction is extremely technique sensitive.

- The initial consultation, review of medical history, and consent is completed
- Remove any make-up from the face with a mild cleanser.
- Define the areas to be treated. You should confirm and prioritize the treatment area by having the patient pointing out areas of concern with the assistance of a mirror.
- Baseline photos to be taken which requires the patient's consent.
- Prepare comfort measures as necessary. If topical anesthesia is to be used, follow the protocol for its application.
- Position the patient for ease of injecting for the indication to be treated.
- Cleanse the skin with an antiseptic solution (chlorhexidine) to decrease the risk of infection from a percutaneous injury.
- Inject into the product into the proper plane as indicated for that area of correction. Inject slowly and precisely.
- The treated area is lightly massaged according to manufacturer's instructions.
- Gently cleanse the treatment area
- An ice pack or cold compress may be offered immediately after the treatment. The cold will soothe the area and help constrict the injection sites
- Record the appropriate information from the treatment session on the client treatment record. Information recorded should include: type of product used, number and size of syringes used, syringe lot numbers, expiry date, treatment area and local anesthesia if used.
- Post care instructions reviewed.
- Schedule the patient for a 2 week follow up appointment.
- Adverse events would be followed according to the clinic policy and procedure

## **13) Patient Safety**

Patient safety is the "reduction and mitigation of unsafe acts within the health-care system as well as through the use of best practices shown to lead to optimal patient outcomes." However, for nursing it must mean more than that. It means being under the care of a professional health-care provider who, with the person's informed consent, assists the patient to achieve an optimal level of health while ensuring that all necessary actions are taken to prevent or minimize harm. Patient safety is fundamental to nursing care and to health care more generally, across all settings and sectors. It is not merely a mandate; it is a moral and ethical imperative in caring for others. (CNA Position Statement)

**a) Adverse Events**

Clients have the right to know when an adverse event has occurred in their care and to have appropriate treatment to address the effects of this event as far as possible. When such an event results in injury, there must be open and honest communication with the patient or the family as soon as possible. Clear policies on the reporting of adverse events to the client and family must be implemented to support good clinical practice and to improve patient safety overall in the system. (CNA Position Statement)

**b) Reporting Adverse Events**

Indicators of adverse events generally include complications related to the use of a product or the procedure, and specifically include, but are not limited to:

- unplanned hospital admission within 10 days of the procedure
- unscheduled return to the clinic for a complication of a procedure
- complications such as infection or a vascular accident
- allergic reactions

**c) Report adverse events as follows:**

Adverse events should be reported immediately to the Medical Director, and documented

**d) Documentation should include the following:**

- name, age the person(s) involved in the incident
- time, date, and location of event
- description of the incident and treatment rendered
- date and type of procedure (if applicable)
- analysis of reasons for the incident
- outcome

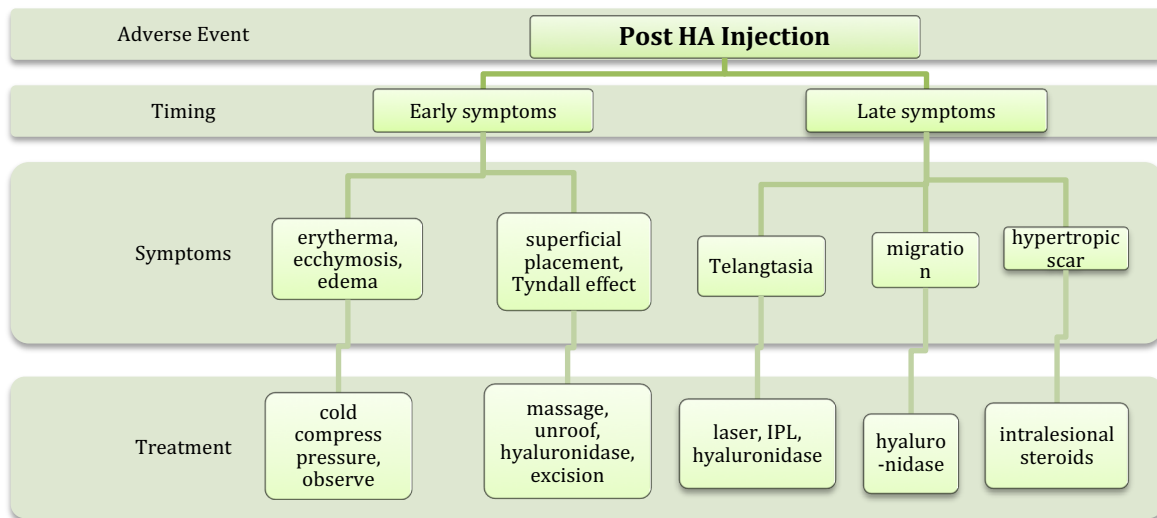
**e) The Medical Director should:**

- review all adverse events reports occurring over a 12-month period
- document the review and any relevant corrective actions and quality improvement initiatives taken
- provide feedback to all staff.

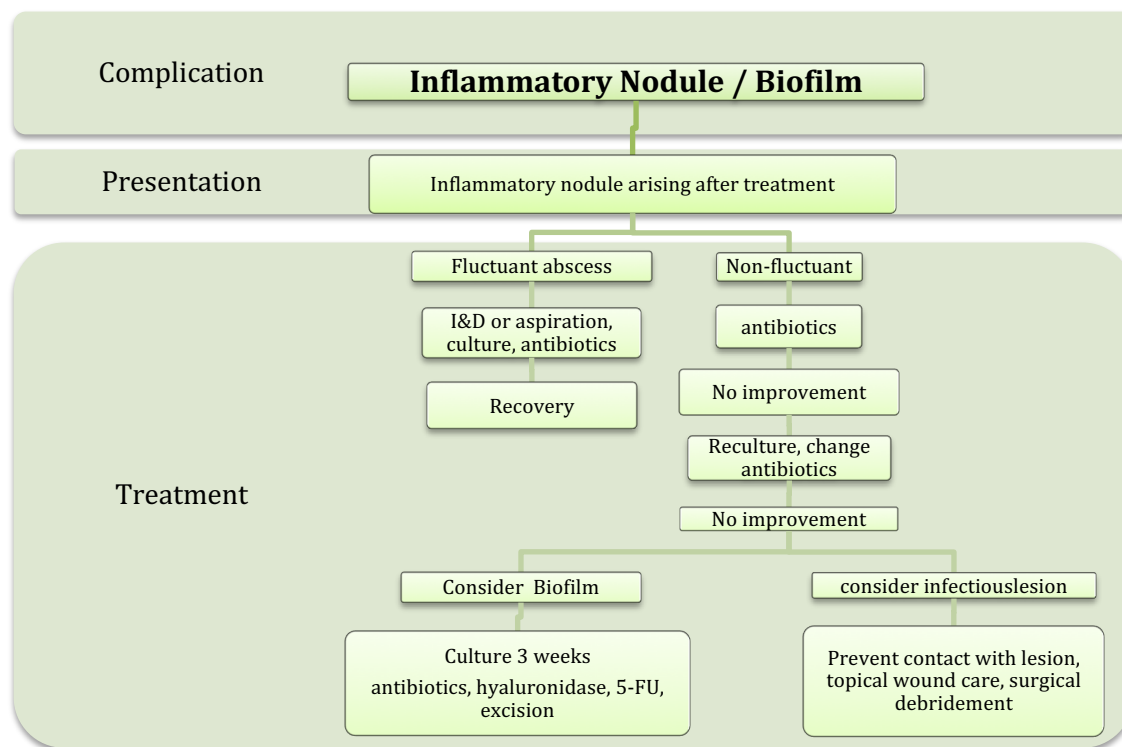
**f) Report any adverse events to the manufacturer's medical affairs department.**

Client must be followed up until adverse event resolves.

g) **Complication Guides – Dermal Fillers**



## h) Complication Guides – Inflammatory Nodule / Biofilm



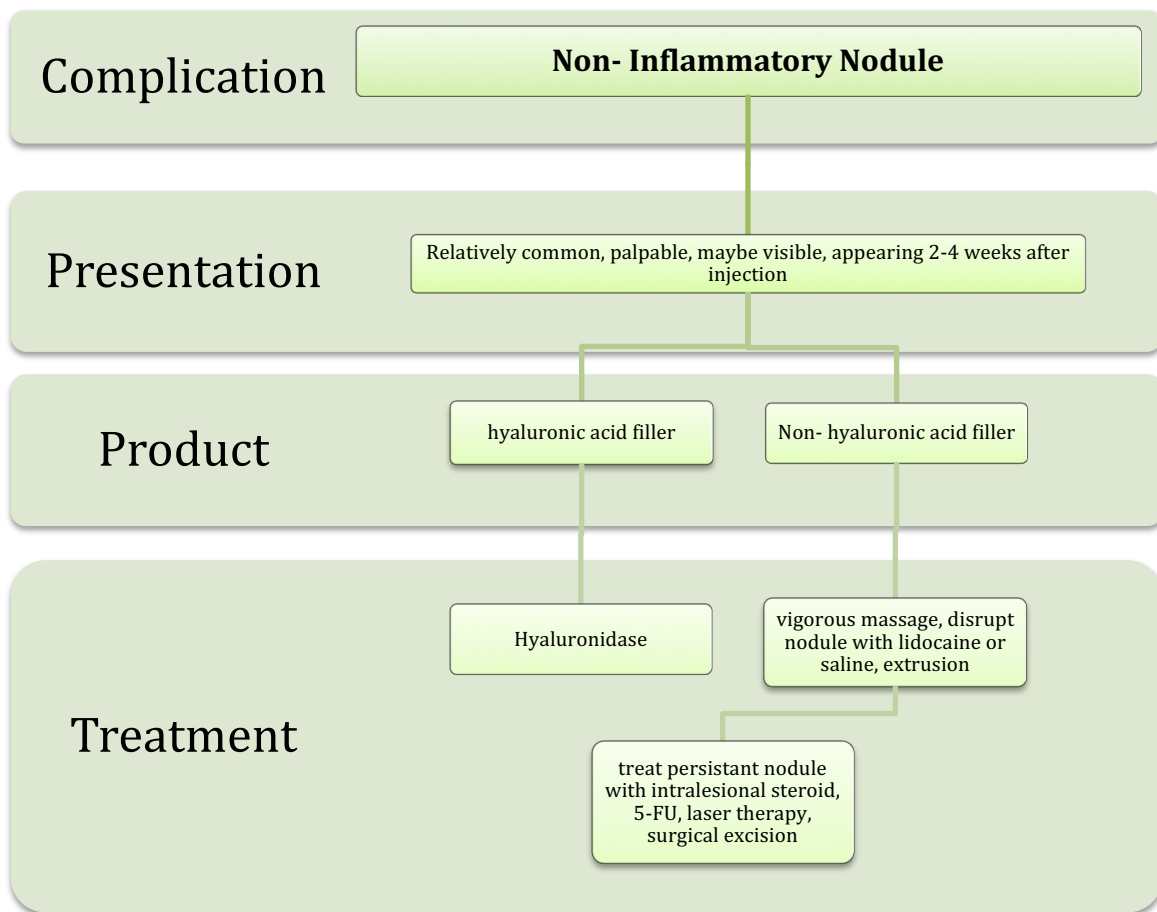
Incidence may be reduced by:

- Incidence maybe reduced by:
- Avoid bolus injections over 0.2 cc
- Maintain aseptic technique during treatment process
- Massage for even distribution
- Suggested dose for intralesional steroid injection:
  - triamcinolone- 0.3ml of 10mg/ml or 40mg/ml depending on size of nodule

*Aesthetic Surgery Journal* 2013; 33(6)

*Journal of Cutaneous and Aesthetic Surgery* 2012; 5(4)

i) **Complication Guides – Non Inflammatory Nodule / Biofilm**



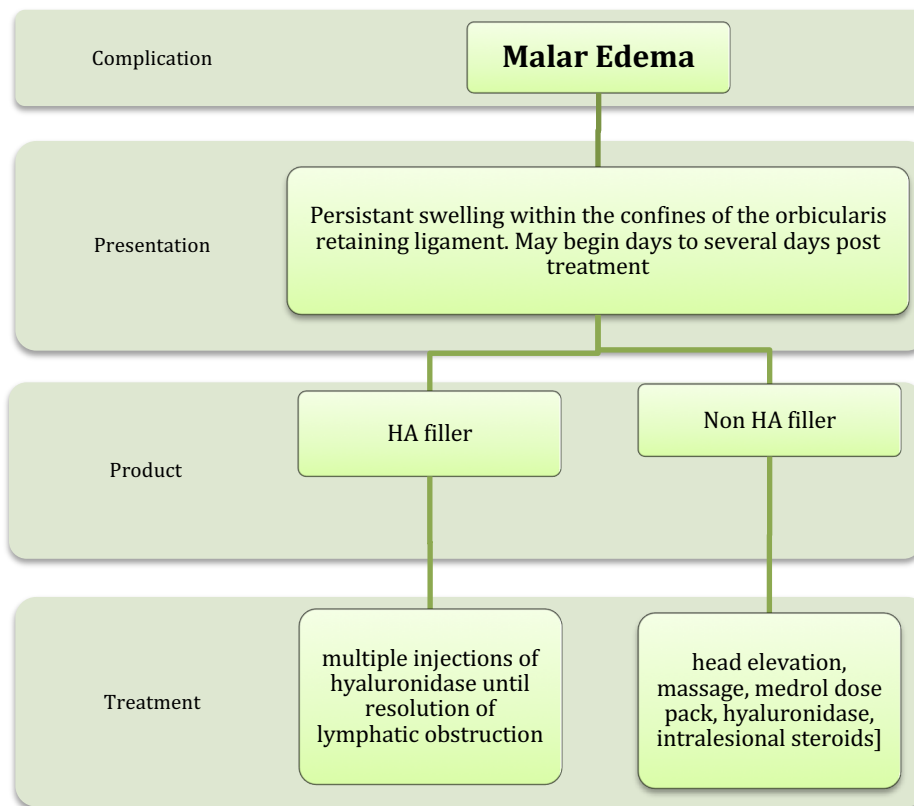
Incidence may be reduced by:

- Avoid over correction or superficial placement of filler.
- Appropriate filler selection for appropriate site.
- Massage for even distribution
- Suggested dose for intralesional steroid injection:
  - triamcinolone- 0.3ml of 10mg/ml or 40mg/ml depending on size of nodule

*Aesthetic Surgery Journal 2013; 33(6)*

*Journal of Cutaneous and Aesthetic Surgery 2012; 5(4)*

## j) Complication Guides – Malar Edema



Incidence may be reduced by:

Proper client selection

- Treat cautiously in clients with previous episodes of malar edema
- Avoid clients with lower eyelid festoons
- Allergic predispositions

Proper filler selection

- Low viscosity HA
- Limit filler volume

Proper injection technique

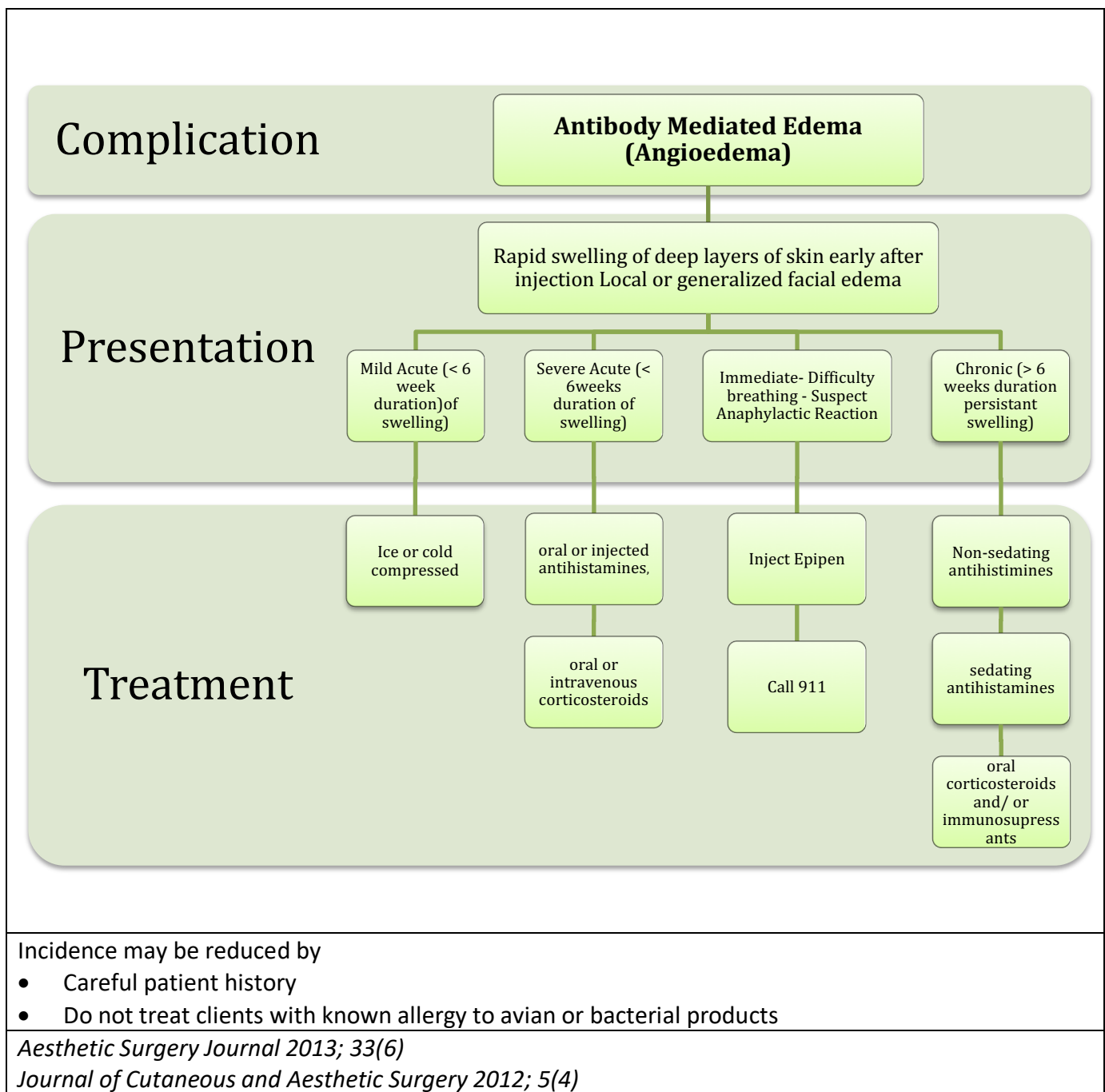
- Inject at the supraperiosteal level, 1 cm below the orbital rim
- Inject carefully around the infraorbital foramen
- Use of a cannula can be less traumatic
- Gentle massage for even distribution
- Do not over correct

*Aesthetic Surgery Journal 2013; 33(6)*

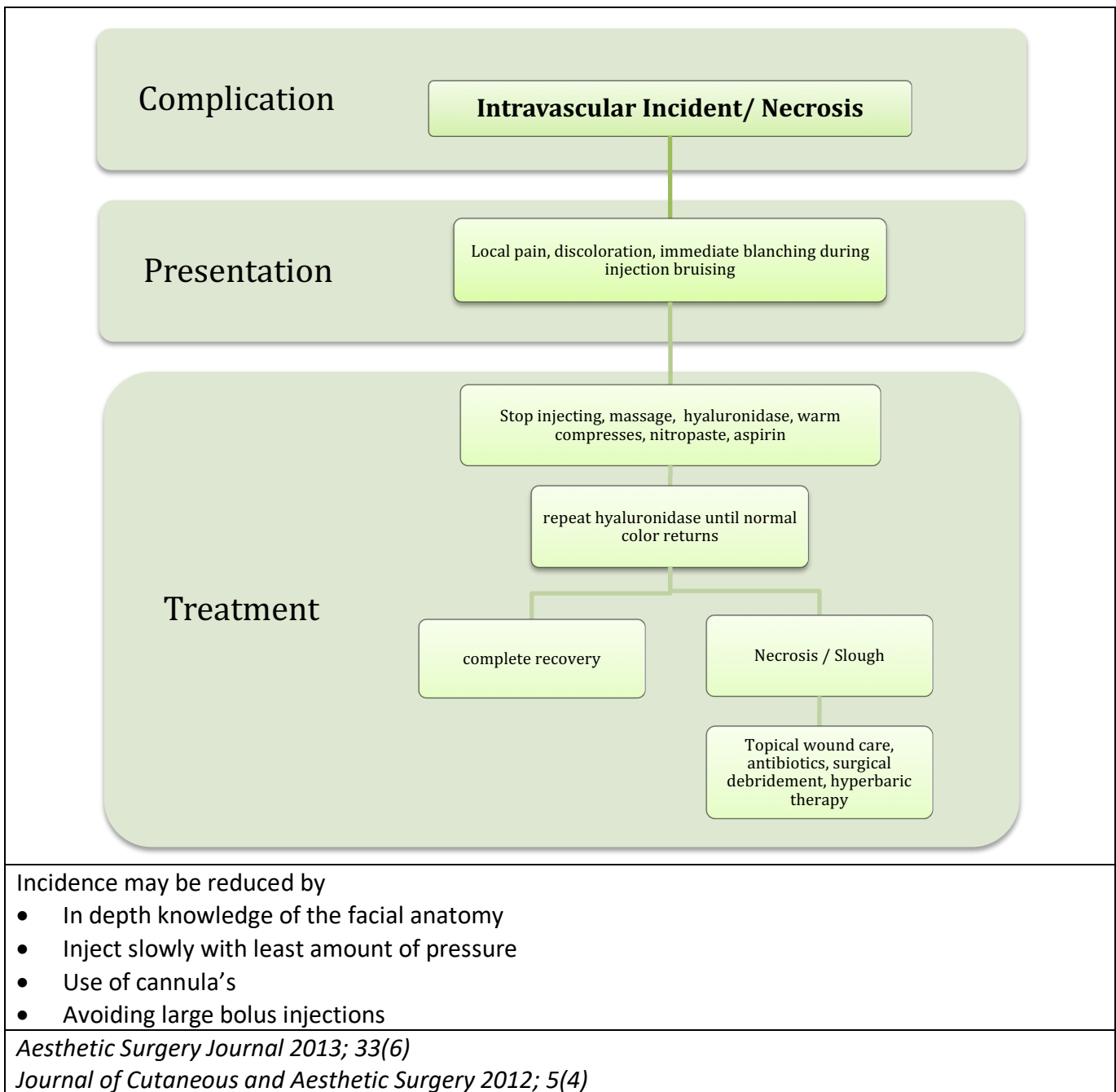
*Journal of Cutaneous and Aesthetic Surgery 2012; 5(4)*



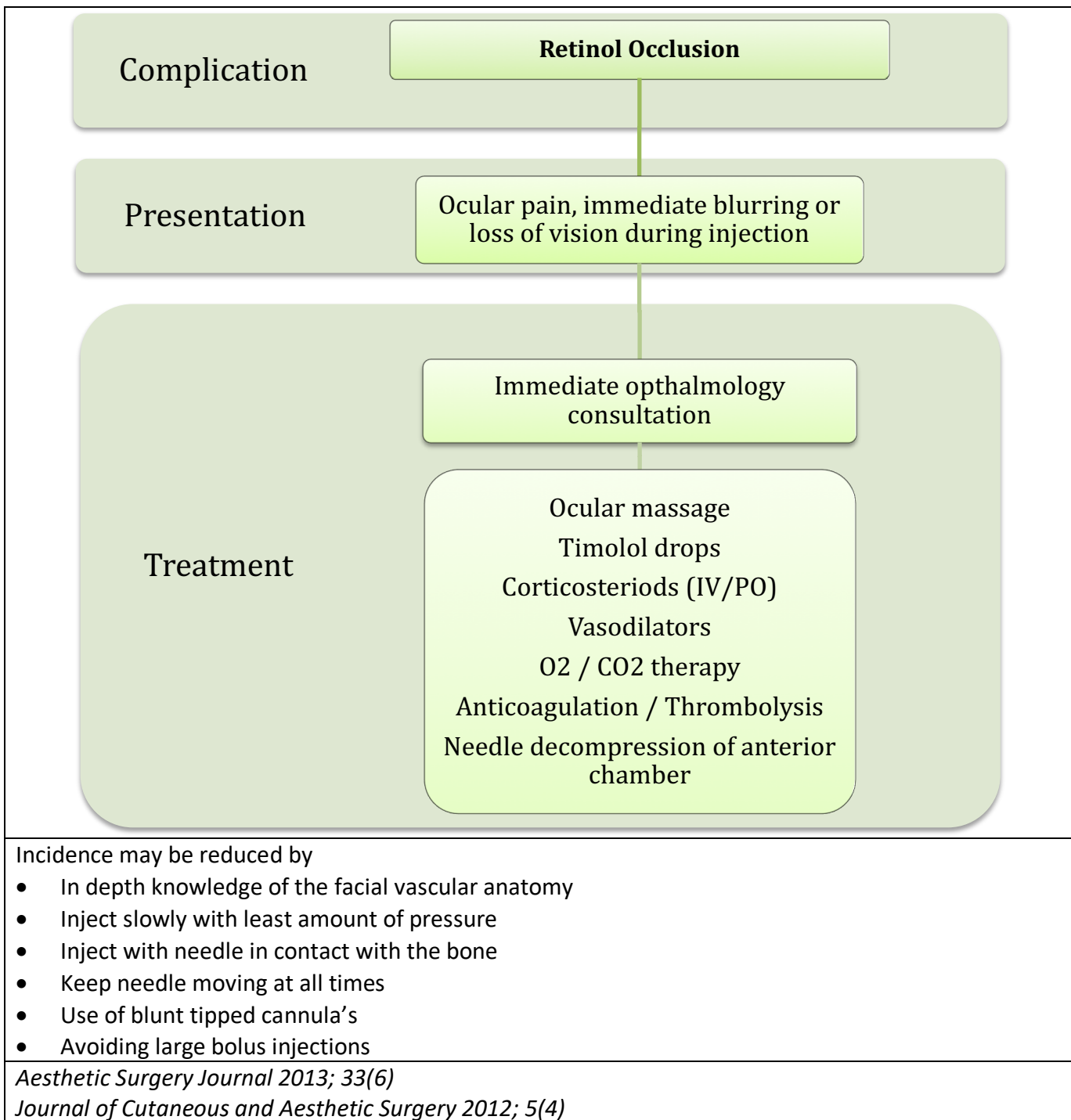
k) **Complication Guides – Antibody Mediated Edema (Angioedema)**



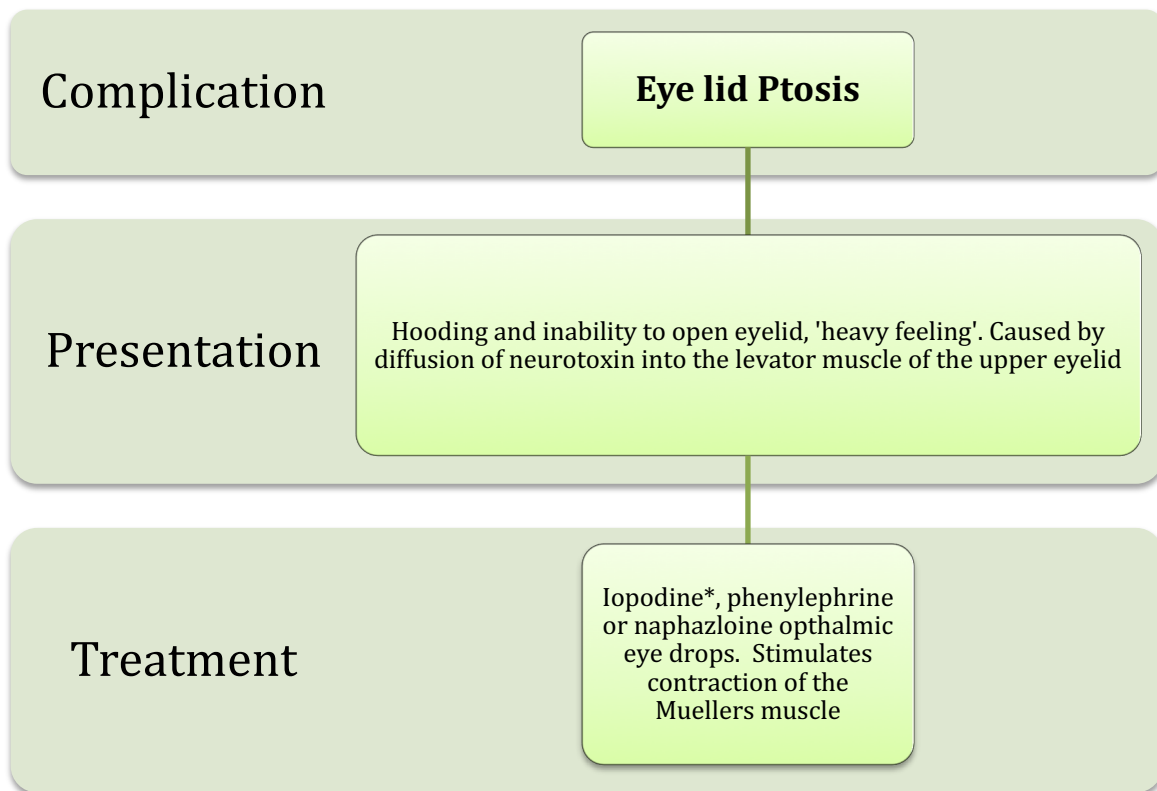
l) **Complication Guides – Intravascular Incident - Necrosis**



m) **Complication Guides – Retinor Occlusion**



n) **Complication Guides – Neurotoxins / Eye lid Ptosis**



Incidence may be reduced by:

Proper client selection

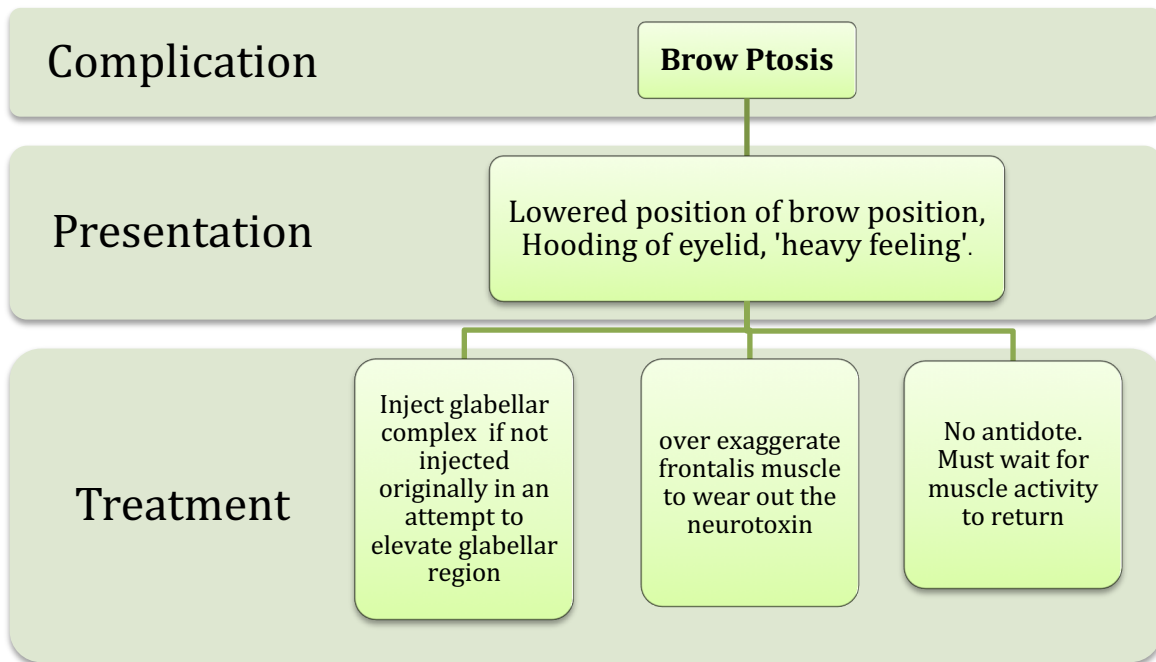
- Avoid clients with a pre-existing lid ptosis

Proper injection technique

- Keep injection sites 1-2cm above the orbital rim
- Keep injections high up on the forehead and low on the dose
- Avoid wear a tight fitting hat that may push brow downward for 24 hours
- Avoid facial massage for 3 days post treatment

\*Apraclonidine 0.5%- use cautiously in clients with hypertension, narrow angle glaucoma, cardiac arrhythmia. Use 1-2 drops on affected eye. If no correction in 30 minutes, administer 1-2 more drops and then maintenance therapy 3 x a day up to 3 weeks. There is a risk of contact conjunctivitis with lopidine and impaired accommodation with phenylephrine and naphazloine.

o) **Complication Guides – Neurotoxins / Brow Ptosis**



Incidence may be reduced by:

Proper client selection

- Avoid clients with a pre-existing brow ptosis
- Avoid clients with a functioning frontalis when opening eyes

Proper injection technique

- Keep injection sites 1-2cm above the orbital rim
- Keep injections high up on the forehead and low on the dose
- Avoid wear a tight fitting hat that may push brow downward for 24 hours
- Avoid facial massage for 3 days post treatment

#### **14) Liability**

It is imperative that all health professionals carry adequate liability protection. Nurses can obtain coverage through the Canadian Nurses Protective Society (CNPS) or other provincial providers. It is recommended that aesthetic nurse injectors should assess their own individual insurance needs.

## Appendix A – Advertising Standards of Canada

Accuracy and Clarity
<ul style="list-style-type: none"><li>• advertisements must not contain inaccurate, deceptive or otherwise misleading claims, statements, illustrations or representations, either direct or implied, with regard to any identifiable product or service.</li><li>• advertisements must not omit relevant information in a manner that, in the result, is deceptive.</li><li>• all pertinent details of an advertised offer must be clearly and understandably stated.</li><li>• disclaimers and asterisked or footnoted information must not contradict more prominent aspects of the message and should be located and presented in such a manner as to be clearly legible and/or audible.</li><li>• claims about aesthetic specialist must be commensurate with their training, qualifications and experience that relates to the procedures advertised.</li><li>• unrealistic claims about the results of the treatment should not be stated or implied.</li><li>• claims about the facility must be realistic and not misleading.</li></ul>
Price Claims
<ul style="list-style-type: none"><li>• no advertisement shall include deceptive price claims or discounts as to worth or value. “Regular Price”, “Suggested Retail Price” are deceptive terms when used by an advertiser to indicate a savings, unless they represent prices at which, in the market place where the advertisement appears, the advertiser actually sold a substantial volume of the advertised product or service within a reasonable period of time (such as six months) immediately before or after making the representation in the advertisement; or offered the product or service for sale in good faith for a substantial period of time (such as six months) immediately before or after making the representation in the advertisement.</li><li>• where price discounts are offered, qualifying statements such as “up to”, “XX off”, etc., must be in easily readable type, in close proximity to the prices quoted and, where practical, legitimate regular prices must be included.</li><li>• prices quoted in advertisements in Canadian media, other than in Canadian funds, must be so identified.</li></ul>
Bait and Switch
Advertisements must not misrepresent the consumer’s opportunity to purchase the goods and services at the terms presented. If supply of the sale item is limited, or the seller can fulfill only limited demand, this must be clearly stated in the advertisement.
Guarantees
No advertisement shall offer a guarantee or warranty, unless the guarantee or warranty is fully explained as to conditions and limits and the name of the guarantor or warrantor is provided, or it is indicated where such information may be obtained.
Comparative Advertising
Advertisements must not, unfairly, discredit, disparage or attack one or more products, services, advertisements, companies or entities, or exaggerate the nature or importance of competitive differences.

Testimonials
Testimonials, endorsements or representations of opinion or preference, must reflect the genuine, reasonably current opinion of the individual(s), group or organization making such representations, and must be based upon adequate information about or experience with the product or service being advertised, and must not otherwise be deceptive.
Professional or Scientific Claims
Advertisements must not distort the true meaning of statements made by professionals or scientific authorities. Advertising claims must not imply that they have a scientific basis that they do not truly possess. Any scientific, professional or authoritative claims or statements must be applicable to the Canadian context, unless otherwise clearly stated.
Imitation
No advertiser shall imitate the copy, slogans or illustrations of another advertiser in such a manner as to mislead the consumer.
Unacceptable Depictions
Advertisements shall not condone any form of personal discrimination; exhibit unlawful behavior; demean one or more identifiable persons, group of persons, firms, organizations, industrial or commercial activities, professions, entities, products or services, or attempt to bring it or them into public contempt or ridicule.



## Appendix B - Continued Competence Program

Level 1: Facial Anatomy and Assessment Skills	
<p>Participant needs a minimum 2 years of nursing prior to attending course.</p> <p>Level 1 educational programs do not permit a registered nurse to provide patient treatment and are educational only. Successful completion of this 4 hour didactic course is a prerequisite to Level 2 training.</p>	<ul style="list-style-type: none"> <li>• concept of aging; descent, deterioration and deflation</li> <li>• differences between male and female facial structures</li> <li>• detailed facial anatomy to include skeletal, muscular, vascular and nerves</li> <li>• identifying surface landmarks</li> <li>• identifying structures to avoid to prevent complications</li> <li>• outline assessment strategies</li> <li>• assessing clients for body dysmorphic disorder, recognizing when not to treat, and when to refer for appropriate counseling</li> </ul>
Level 2: Basic –Neurotoxin and Dermal Fillers	
<p>Successful completion of Level 1 is a prerequisite to Level 2 training.</p> <p>Level 2 education must include a minimum of at least 4 didactic hours and at least 4 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.</p> <p>Registered nurses must demonstrate competency in the safety aspects of facial aesthetics pharmaceuticals use prior to using these pharmaceuticals on patients.</p>	<ul style="list-style-type: none"> <li>• assessment and evaluation strategies</li> <li>• medical history and physical assessment</li> <li>• treatment goals and expectations</li> <li>• treatment options and alternatives</li> <li>• developing treatment plans</li> <li>• photography</li> <li>• indications and contraindications</li> <li>• knowledge of adverse events and how to avoid them</li> <li>• management and treatment of adverse reactions including ptosis, vascular occlusion, and injection related complications</li> <li>• accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for desired aesthetic outcomes.</li> <li>• demonstration of injection techniques</li> <li>• dosage –proper dosing / guidelines for neuromodulators and dermal fillers</li> <li>• proper storage of aesthetic products</li> <li>• documentation</li> <li>• malpractice issues</li> <li>• practice management</li> </ul>

Level 3: Intermediate Neurotoxin, HA Dermal Fillers and contouring products	
<p>Successful completion of both Level 1 and Level 2 courses are a pre-requisite to participation in a Level 3 course. Participant must demonstrate Experience by treating 100 clients. Level 3 education must include a minimum of at least 4 didactic hours and at least 4 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard</p>	<ul style="list-style-type: none"> <li>• indepth knowledge of all neurotoxins, HA dermal fillers, volume enhancers</li> <li>• indications, contraindication, potential adverse events, injection technique, dosage and storage of all neurotoxins, dermal fillers, volume</li> <li>• advanced facial and hand anatomy</li> <li>• comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler / volume enhancers</li> <li>• history and physical assessment</li> <li>• treatment goals and expectations</li> <li>• treatment options and alternatives</li> <li>• advanced treatment plan</li> <li>• avoidance and management of complications</li> <li>• advanced practice management</li> <li>• continued assessment of treatment and therapeutic outcomes and standardized</li> <li>• patient photography</li> <li>• hands on training with upper, mid and lower face as well as hand treatments</li> <li>• continued assessment of treatment and therapeutic outcomes and standardized</li> </ul>
Level 4: Advanced - Collagen Stimulators, Lipolysis and Current Trends	
<p>Successful completion of Level 1, Level 2 and Level 3 courses are a pre-requisite to participation in a Level 4 course. Participant must demonstrate experience by treating 100 clients Level 4 education must include a minimum of at least 4 didactic hours and at least 4 hours involving direct participation in live treatment on a minimum of 6 patients. Clinical observation of treatment being rendered by others is insufficient for the requirements of this Standard.</p>	<ul style="list-style-type: none"> <li>• in depth knowledge of all collagen stimulators and lipolysis ie. Poly L lactic acid, calcium hydroxyapatite, Bellafil, Platelet rich/poor plasma, Kythera</li> <li>• indications, contraindication, potential adverse events, injection technique, dosage and storage of all collagen stimulators Poly L lactic acid, calcium hydroxyapatite, Bellafil, platelet rich/poor plasma</li> <li>• advanced facial and hand anatomy</li> <li>• comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler / volume enhancers /collagen stimulators</li> <li>• history and physical assessment</li> <li>• treatment goals and expectations</li> <li>• treatment options and alternatives</li> <li>• advanced treatment plan</li> <li>• avoidance and management of complications</li> <li>• advanced practice management</li> <li>• continued assessment of treatment and therapeutic outcomes and standardized</li> </ul>

	<ul style="list-style-type: none"> <li>• patient photography</li> <li>• hands on training with upper, mid and lower face as well as hand treatments</li> <li>• continued assessment of treatment and therapeutic outcomes and standardized</li> <li>• patient photography</li> </ul>
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Nurses must provide annual documentation of continued educational learning specific to aesthetic injection treatments.

## Appendix C - Facility Recommendations

Administration
<p>Infection control</p> <p>Waiting room has 70%–90% alcohol based hand sanitizer, Kleenex, garbage cans</p>
<p>Work Place Environment</p> <p>Compliance to general building codes</p>
<p>Medical Records (Electronic Medical Records and Paper Charts)</p> <ul style="list-style-type: none"> <li>• Appropriate history and physical examination shall be maintained.</li> <li>• Allergies (medication, environmental and latex) as a risk factor should be recognized and noted on the chart</li> <li>• Treatment notes or reports shall be provided and signed by treating practitioner. Treatment records to include medication, lot number, expiry date, how administered, area of treatment, dosage and post reaction.</li> <li>• Complete record of medications (prescriptive and herbal) must be included in the chart.</li> <li>• Appropriate consent forms must be obtained.</li> <li>• It is recommended that an ongoing internal review of charts and records be completed annually. The suggested protocol is: a) Five charts to be reviewed every 6 months to assess record completion, documentation, informed consent etc.</li> </ul>
<p>Monitoring and reporting adverse events / complications</p> <p>Separate file maintained for adverse events / complications</p> <ul style="list-style-type: none"> <li>• internal process to document and investigate incidents</li> <li>• includes patient and staff adverse events</li> <li>• standardized process for identifying infections</li> <li>• reporting and documentation of errors, unsafe practice, incompetence or professional misconduct</li> </ul>
<p>Policy and Procedure Manual</p> <p>There must be a Policy and Procedure Manual that includes, but not limited to, the following areas.</p> <p>1. Administrative:</p> <ul style="list-style-type: none"> <li>• responsibility for developing and maintaining the policy and procedure manual</li> <li>• organizational chart</li> <li>• scope and limitations of services provided</li> <li>• staff job descriptions that define scope and limitations of functions and responsibilities for client care</li> <li>• Ensure that all staff: <ul style="list-style-type: none"> <li>○ read the P&amp;P manual on hire, and confirm action with signature and date</li> <li>○ review the P&amp;P manual annually, and confirm action with signature and date</li> <li>○ read their individual job descriptions of duties and responsibilities, and sign and date, indicating they have been read and understood.</li> </ul> </li> </ul>

## 2. Procedures and / or Treatments

- Adverse events: monitoring, reporting, and reviewing
- Adverse events: response to an adverse event
- Combustible and Volatile Materials
- Who requires a delegated act, and how are they supervised to maintain level of competency
- Emergency evacuation
- Equipment: routine maintenance and calibration
- Infection control
- Medications handling and inventory
- Medical Directives
- Client consent
- Treatment documentation
- Client Preparation for injection procedures
- Response to anaphylaxis event
- Needle stick injury protocol according to your provincial guidelines
- Safety precautions regarding electrical, mechanical, fire, and internal disaster
- Urgent transfer of clients including method of transportation, who should accompany the client and communication with the receiving physician
- Waste and garbage disposal

## 3. Inventories/Lists of equipment to be maintained

### Procedure Rooms

Adequate space, lightening, appropriate temperature and equipment to ensure safe and treatment of the client

The facility must be kept neat, clean, and free of waste material.  
Proper flooring and smooth walls that may be easily washed.  
Proper cleaning equipment must be present.  
Dry dusting and sweeping cannot be utilized.

### Infection control

Adequate hand-washing facilities must be accessible  
Proper ventilation  
Personal protective equipment available- masks, gloves, glasses

Rooms only contain essential supplies

### Medication

Availability of CPS or eCPS

Medication inventory record to be maintained

Medications periodically inspected for expiration dates or package integrity

Medications stored properly

Refrigerator for medications only

Single dose vials

- Always entered with a new needle
- Always entered with a new syringe
- Only used for 1 patient

Multi-dose vials
<ul style="list-style-type: none"> <li>• Always entered with a new needle</li> <li>• Always entered with a new syringe</li> <li>• Rubber stopper must be disinfected with alcohol prior to each entry</li> <li>• Dated when they are first opened and discarded within 28 days or according to the manufacturers recommendations.</li> </ul>
Emergency meds available and properly stored. Included, but not limited to: Diphenhydramine (benedryl), epinephrine for inj (epipen), nitropaste, aspirin, hyaluronidase – dosage as per medical directive
Infection control
Universal precautions to be used for all client contact
Appropriate protocols utilized for disinfection and/or sterilization of instruments
Acceptable standards for disposal of waste – general and biomedical
Staff hand washing protocol
<ul style="list-style-type: none"> <li>• Before and after direct client care</li> <li>• After removing gloves</li> <li>• After contact with blood, body fluids or contaminated surfaces</li> </ul>
Gloves for routine practices- single client use
Cleaning procedure rooms
<ul style="list-style-type: none"> <li>• High-touch surfaces are cleaned and disinfected after each invasive procedure</li> <li>• Terminally cleaned daily</li> <li>• Appropriate disinfectant products for client surfaces and instruments</li> </ul>
Equipment
All electrical devices are CSA / UL approved
Separate manual for equipment information- operating manuals, maintenance contracts, maintenance records etc.
Patient Safety / Emergency Protocols
Emergency Equipment
<ul style="list-style-type: none"> <li>• Blood pressure cuff and stethoscope</li> <li>• Automatic Electronic Defibrillator (AED)</li> <li>• Oxygen tank with nasal prongs or mask</li> </ul>
Prevention of sharps injury
<ul style="list-style-type: none"> <li>• All sharps are disposed of in a puncture resistant container</li> </ul>
Quality Assurance
A quality assurance committee is established that is comprised of staff providing client care. Meetings are documented. Deficiencies are identified and corrections noted
Evaluate methods to improve patient care
Ongoing and documented staff meetings, medical and non-medical staff performance reviews
Alert Medical Director to identify and resolve problems
Evaluate client outcomes, complications and adverse event

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