



NURSES RECOMMENDING MEDICAL SUPPLIES AND EQUIPMENT UNDER THE NON-INSURED HEALTH BENEFITS PROGRAM QUESTIONS & ANSWERS

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

Contents

Indigenous Services Canada refers to ‘prescribing’ or ‘recommending’ in their communication about this program. What is the difference?	2
Is recommending MSE within the scope of practice of nurses?	2
Can a nurse recommend MSE if there is no policy or guideline in place?	3
What is the accountability of the nurse?	3
What information is a nurse required to provide when recommending MSE under the NIHB Program?	3

Revised December 2021, first published as Nurses Recommending Medical Supplies and Equipment Under the Non-Insured Health Benefits Program, 2019

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Our practice support tools are developed using current reference material. The source of this material is available upon request.

This is a collaborative document between Indigenous Services Canada and the Nova Scotia College of Nursing to help nurses understand their accountabilities as they relate to the Non-Insured Health Benefits (NIHB) Program. The Nova Scotia College of Nursing is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants.

The department of Indigenous Services Canada's NIHB Program provides eligible First Nations and Inuit people with a range of medically necessary health related items and services that are not covered by other insurance plans.

The NIHB Program provides coverage for prescription drugs, over-the-counter medication, medical supplies and equipment (MSE), mental health counselling, dental care, vision care and medical transportation.

In order to improve access to benefits, the NIHB Program will accept recommendations from nurses for a defined list of medical supplies and equipment. This includes items in the following categories: bathing and toileting aids, dressing aids, feeding aids, transfer aids, walking aids, incontinence, ostomy and catheter supplies, wound care supplies and breast prostheses.

FREQUENTLY ASKED QUESTIONS

Indigenous Services Canada refers to 'prescribing' or 'recommending' in their communication about this program. What is the difference?

Indigenous Services Canada often uses the terms interchangeably; however, they are very different actions. The major differences are around context and risk. Prescribing is a higher function set out in legislation that enables authorized prescribers¹ to direct a pharmacist or certified dispenser to release medication or products to clients. In NS, RN prescribing is being initiated in limited practice contexts, therefore not all RNs are authorized to prescribe. Recommending is not governed by legislation and it is where a tightly defined range of products or medications may be suggested to manage or address lower risk issues. For clarity and consistency, the College will always refer to the action as 'recommending' in this document.

Is recommending MSE within the scope of practice of nurses?

Yes. Nurses with the appropriate knowledge, skills and judgment (competence) can recommend MSE as long as there is an employer policy, guideline or process in place. This authorization is for MSE only. For information on recommending over the counter medications and devices, please see *Nurses Recommending and Administering Over The Counter Medications and Devices*.

RNs with the required competence are authorized to recommend MSE in appropriate contexts. LPNs with the required competence are authorized to recommend and renew MSE in specific contexts as indicated in the [MSE Guide and Benefits List](#). Their authorization for recommending includes oxygen equipment and supplies, respiratory equipment and supplies, self-care equipment and supplies, and mobility equipment and supplies. If LPN renewal only is indicated, another NIHB provider must make the initial prescription and the plan of care must not have changed from the initial prescription. The authorization for renewal includes pressure devices equipment and supplies, and medical surgical equipment and supplies. It is recommended that LPNs should consult the *MSE Guide and Benefits List* to confirm if they can recommend or renew the item required by a client.

¹ In Nova Scotia authorized prescribers include NPs, physicians, midwives, dentists, optometrists and pharmacists

Can a nurse recommend MSE if there is no policy or guideline in place?

The employer must have a policy, guideline or process to enable nurses to recommend MSE. Without this, recommending MSE is not part of the nurses' scope of employment. If the nursing assessment indicates that clients will benefit from a nurse recommending MSE, nursing should work with their employer to implement a policy or guideline to enable this.

What is the accountability of the nurse?

Nurses are accountable to meet their standards of practice and for their decisions, actions and their outcomes at all times. When recommending MSE the nurse must:

- follow employer policies;
- perform a nursing assessment to determine if the client's condition warrants MSE;
- use current evidence (e.g., research, other credible sources) to support the decision to recommend MSE;
- be knowledgeable about MSE;
- educate clients on all aspects of MSE;
- document their recommendation for the MSE according to employer policy;
- complete any insurance or program forms as required;
- use regulatory and other related documents to support safe practice; and,
- collaborate or consult with an appropriate care provider if the client's needs change

What information is a nurse required to provide when recommending MSE under the NIHB Program?

A nurse must provide the following information:

- the client's full given name and surname, date of birth, the height and weight of the client if applicable, and client identification number;
- the item being recommended, including applicable details such as make/model, quantity, frequency and size);
- as well as their
 - full name and professional designation (printed);
 - phone number and email;
 - registration number; and,
 - hand-written signature.
- If the item requires a diagnosis, LPNs are authorized to write the diagnostic made by the physician or NP. When applicable, a nursing diagnosis will be accepted.

Recommendations must be documented in the client's record according to policy and must be signed and dated within the previous 12 months to be considered valid. Recommended replacement guidelines are set per individual client and should address the client's current basic needs of daily living.

For further information on anything contained within this resource, please contact an NSCN practice consultant at practice@nscn.ca.

For further information related to the NIHB Program at Indigenous Services Canada contact:

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