



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) 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, RPNs and NPs unless otherwise stated.

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



Introduction

Virtual care is defined as any interaction between clients and members of their circle of care, occurring remotely using any form of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of client care. Health professionals may provide advice, diagnosis and order medications, devices and diagnostic tests, including prescriptions, via an electronic means.

Virtual care must be used in the best interest of the client and not solely for provider convenience. Improved client access is a benefit of virtual care; however, there are risks to consider when using this mode of care delivery.

This tool is a resource for nurses in all practice setting who are providing or considering providing services with virtual care technologies to assist with their understanding of:

- Risk Management
- Cross-Jurisdictional Practice
- Informed Consent
- Confidentiality

Nurses are accountable to their scope of employment and organizational policy when providing virtual care.

Professional Practice

Although virtual care changes how professional nursing services are delivered, it does not fundamentally change the nature of nursing practice. The nursing process is foundational to the delivery of care, but scope of practice of the LPN, RN, RPN and NP are different in the provision of telenursing care.

It is important all nurses understand their scope as well as the scope of other health professionals involved in the client's care.

- NPs engaged in virtual care use the nursing process to assess, order and interpret tests, make diagnoses and develop plans of care including prescribing pharmacological and non-pharmacological treatment.
- RNs and RPNs engaged in virtual care use the nursing process to assess, plan, implement, evaluate and document nursing care.
- LPNs engaged in virtual care are required by the nursing act to collaborate with the RN in the development of the initial nursing plan of care and independently implement, evaluate and document nursing care.

All nurses are involved in collaboration with other health care professionals, education and support.

Nurses providing virtual care in Nova Scotia, as in any context of practice, are held to the same standards of practice, code of ethics, and relevant legislation and policies as they are for in-person care. This includes individual scope of practice and scope of employment.

If nurses are unsure if the service, they are providing is within their scope of practice they should contact NSCN.

Competencies

Nurses are required to use their knowledge, skills and judgement to:

- Appropriately assess clients
- Collaborate with clients to develop the nursing plan of care
- Implement interventions
- Evaluate the care

Nurses must recognize when virtual care is no longer meeting the needs of the client, and a face-to-face assessment is required.

In addition, nurses who practice virtually should consider additional knowledge, skills and judgement ([competencies](#)) in:

- Client teaching
- Communication
- Counselling
- Interpersonal skills
- Use of virtual care technology.

Nurses are expected to assess their [competence](#), identify knowledge gaps and seek education to close any identified gaps. Competence and effectiveness in virtual care may be enhanced through a focused formal educational program, adequate orientation, vendor training and mentoring.

Risk Management

Virtual care can be a higher-risk practice because it does not allow for the same contact as in-person care.

Clearly defined accountabilities, scope of employment and policies to support practice are essential to mitigate this risk. Nurses providing care via virtual methods should be involved in the development and documentation of risk management plans and related policies.

Employers should consider the following (not an exhaustive list) when developing virtual care policies:

- Process to determine if telenursing will meet the client's needs
- Choice of technology
- Management of care when telenursing no longer meets client's needs
- Addressing situations when a client ends the nurse-client relationship before the nurse is satisfied all concerns have been managed
- Consultation with another provider when the situation exceeds the nurse's scope of practice
- Procedure to follow if telenursing technology is not working or unavailable
- Informed consent (verbal, written, recorded)
- Privacy and confidentiality
- Documentation
- Security and ownership of client records
- Appropriate video/telephone behaviors
- Liability protection
- Process for ordering pharmacological, non-pharmacological and diagnostic tests
- Sending and receiving consultations and referrals

Each jurisdiction has different laws about who can be a custodian of records. Nurses need to determine whether they are considered custodians of client records or if the employer has that responsibility prior to providing virtual care.

To discuss the legal implication of providing virtual care, NSCN advises nurses to contact their liability provider:

- RN, RPN and NPs - [Canadian Nurse Protective Society \(CNPS\)](#)
- LPNs - [Navacord Insurance Brokers](#)

CONTEXT OF PRACTICE

Nurses should consider the purpose of the client encounter when deciding if virtual care is appropriate; whether it is an initial visit, a follow-up or a consultation/referral³ from another provider. The purpose of the visit does not change the nurse's accountability to complete their own assessment, even if information is available through accessing the client's health record or if it is provided in a referral⁴ from another provider.

Initial client encounters, for any reason, may best be carried out in a face-to-face environment⁵, with telenursing then used at the nurses' discretion for follow-up care.

Nurses should consider:

- How limited access to client health records may impact the ability to provide comprehensive client care.
- How the inability to perform a face-to-face assessment might impact the ability to provide comprehensive client care.
- The risk to the client of using, versus not using, virtual care for the encounter.
- The potential for adverse outcomes if the client is unable to access care and virtual care is not an option.
- Virtual visits may enhance access and convenience by reducing the need for client travel, however, these factors cannot take priority over safe client care. Face-to-face assessment may be required.
- If the use of virtual care becomes inappropriate at any point during the nurse-client relationship, the nurse must make arrangements to continue client care in a face-to-face setting.

Cross-Jurisdictional Practice

Nurses located either in Nova Scotia or outside of Nova Scotia (including temporary relocation or vacation) engaging in nursing practice by virtual means to clients located inside and/or outside of Nova Scotia do not require licensure with NSCN EXCEPT if they are an NSCN registrant.

An NSCN registrant is any nurse who was ever registered and licensed with NSCN or our legacy Colleges, CLPNNS or CRNNS.

Different policies and legislation may affect virtual care in other jurisdictions, which could require nurses to have licensure in that jurisdiction. Nurses engaging in virtual care should contact the appropriate nursing regulator prior to providing services outside of Nova Scotia to ensure they are aware of the jurisdiction's regulatory requirements.

Virtual care can involve collaboration with other health professionals. This may include contacting other health professionals who reside outside of Nova Scotia.

A nurse can only accept orders from an authorized prescriber in another jurisdiction after confirming that the prescriber has an active-practising licence in the jurisdiction in which the prescriber resides.

Informed Consent

Virtual care is subject to the same regulatory standards and legislation concerning consent as all other types of nursing care.

Consent in virtual care may be implicit or explicit. For example, a client accessing health information via 811 is implicit consent, whereas, the use of video conferencing from a client's home to monitor the progress of a chronic disease may require explicit consent.

[Informed consent](#) is required prior to assessment and nursing care.

Nurses who think they may have been registered in Nova Scotia but did not ever receive a license to practice should contact a Practice Consultant for further advice about their licensure requirement related to virtual care.

Nurses working in virtual care should collaborate with their employer and their legal and/or risk department to develop a [policy](#) to guide the informed consent process.

Confidentiality

Nurses have an ethical and legal responsibility to safeguard the [confidentiality](#) of client information obtained in the context of their professional relationships.

In virtual care, security, confidentiality and privacy are of utmost importance not only in terms of nurses' interactions with clients, but also in ensuring that the technologies themselves are secure.

It is vital that clients' records are protected so their information remains confidential and private. The amount and type of security measures required will depend on the mode of technologies used in virtual practice.

Organizations and nurses providing virtual care must prioritize and adhere to all relevant legislation and regulations designed to protect the confidentiality of clients.

These include;

- [The Personal Health Information Act](#) or similar legislation in the jurisdiction where they practice. This will also inform the nurse of who is accountable to be the custodian of the health record.
- [The Documentation Guidelines for Nurses](#) provides guidance related to protecting confidentiality when using technology to provide client care.

Nurses and employers should be aware of and comply with these guidelines.

Therapeutic Nurse-Client Relationship

[Therapeutic nurse-client relationships](#) are purposeful, goal-directed relationships between a nurse and a client based on trust and respect, and ultimately protect the client's best interests. Regardless of the context or length of interaction, the therapeutic nurse-client relationship protects the client's dignity, autonomy and privacy and allows for the development of trust and respect.

Developing, maintaining and ending therapeutic relationships are a required part of a nurse's standards of practice. For more information on Therapeutic Nurse-Client Relationships please see our [Professional Presence Practice Guideline](#).

Whether nurse-client relationships are developed in-person or virtually, they must be based on the nurse's assessment and evaluation of the client's healthcare needs. Therapeutic relationships should always take into consideration clients' cultural (including language), spiritual, and psychosocial needs and preferences.

Effective communication is essential in establishing all nurse-client relationships when using information and virtual technologies.

For further information on the therapeutic nurse client relationship see the [Professional Boundaries Practice Guideline](#).

Documentation

All nurse-client therapeutic interactions are to be documented according to agency policies and regulatory guidelines. To ensure the consistency and accuracy of documentation in virtual practice, nurses should work with their employers in the development of related policies and procedures.

The [Documentation Guidelines for Nurses](#) provides nurses and employers with specific guidance on how documentation should occur electronically in virtual practice (See page 10).

As models of care delivery continue to change and new technologies emerge, virtual care practice will continue to evolve.

As part of their scope of nursing practice, nurses will need to ensure they possess the necessary technical clinical competencies to practice virtual care safely, competently, compassionately and ethically.

Suggested Reading

- [Nurse Practitioner Practice Guidelines](#)
- [Using Artificial Intelligence Practice Guideline](#)
- [Nurses Working with Virtual MDs or NPs](#)

For further information on anything contained within this practice guideline, please contact a NSCN Practice Consultant at practice@nscn.ca.