

Jurisprudence Learning Module Reference Guide



ANBLPN

Association of New Brunswick Licensed
Practical Nurses

AIAANB

L'Association des Infirmier(ère)s Auxiliaires
Autorisé(e)s du Nouveau-Brunswick

Mission

The Association of New Brunswick Licensed Practical Nurses ensures the public of their commitment to safe, competent, and compassionate, ethical care by regulating and enhancing the profession of practical nursing.

Acknowledgements

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WELCOME

Welcome to the Nursing Jurisprudence Learning Module. This learning module was developed for a variety of purposes. Starting in January 2017, completion of this module and the jurisprudence Post-test is mandatory for all current members of the Association and any applicant seeking their initial license in New Brunswick. This includes new graduates, internationally educated nurses (IEN), LPNs from another province/territory wishing to practice in New Brunswick (including nurses once registered in New Brunswick, but have not held a valid New Brunswick license in the last five (5) years) or nurses returning to practice via the practical nursing re-entry program.

Completion of this learning module satisfies the annual Continuing Competence Program requirements for the year 2017.

ABOUT THIS DOCUMENT

This is a companion document for the learning module. It contains the necessary information required for you to complete this education. The document has three units – one for each of the competency categories. Information in each section will be as direct as possible. Where appropriate, information will be organized as *Frequently Asked Questions (FAQ)* or using a *W3* approach. (**What** you need to know, **Why** it is important and **Where** to find more information). You are required to read this document before starting the learning module.

NURSING JURISPRUDENCE

What you need to know.	Nursing Jurisprudence is the application and interpretation of the principles of law or legal rules as they relate to the practice of nursing.
Why it is important.	Standards of Practice and Code of Ethics for LPNs in New Brunswick must be interpreted through existing provincial and federal legislation. Jurisprudence contributes to the delivery of safe care. Increasing the awareness and understanding of how the law impacts nursing practice in New Brunswick helps LPNs practice within the boundaries of legislation
Where to find more information.	<u>Nursing Jurisprudence FAQ</u>

ABOUT THE LEARNING MODULE

- The word client is meant to refer to patients. For LPNs in non-clinical positions, such as education or management the client is the recipient of your services. For example, as an educator, your client may be a learner, or as a manager, your client may be a team member.
- The learning module will provide you with information to support safe, competent, ethical and compassionate nursing care.
- The purpose of the post-test is to measure your awareness of the legislative framework which makes up the New Brunswick LPN practice context. Being knowledgeable about legislation and regulatory policies enhances your ability to practice safely, ethically and competently.
- You will be issued a **Certificate of Completion** once the learning module is complete. The certificate will be emailed to you and the Association will be notified when you have successfully completed your module.

COMPETENCY SR 1: Self-Regulation (SR 1.0, SR 1.1)

What you need to know.	Self-Regulation is when an occupational group formally regulates the activities of its members. In New Brunswick licensed practical nurses, registered nurses, and nurse practitioners are self-regulated.
Why it is important.	Professions are granted the privilege to self-regulate because their specialized body of knowledge positions them to be most appropriate to develop standards for education and practice and to ensure these standards are met. Self-regulation is a privilege granted to LPNs as long as they continue to regulate themselves in the best interest of the public.
Where to find more information.	<u>LPN Act 2014</u> <u>Self Regulation</u>

What is the Association's role in self-regulation?

The Association of Licensed Practical Nurses of New Brunswick has been created to manage the day to day activities of the regulation of LPNs.

Who authorized LPNs to self-regulate?

The authority to self-regulate was granted to LPNs by the New Brunswick government through law, namely the LPN Act. In doing so, the Act authorized the formation of the Association and granted the Association the powers to regulate LPNs.

Why do LPNs self-regulate?

LPNs self-regulate because the work they do is of such a nature that if it is carried out in a negligent or fraudulent way, it can be dangerous to the public. The goal of self-regulation is public protection. Having tools and processes of self-regulation in place ensure only qualified practitioners enter the profession and those in the profession are supported to deliver safe and competent care or services.

Self-regulation is about public protection?

Exactly. *LPNs self-regulate* so they can set the standard for safe nursing practice for the profession and the Association *regulates LPNs* to make sure they meet and continue to meet their standards. The Association's mandate is to regulate LPNs for the purpose of public safety in New Brunswick based on principles that *regulations* promote good practice, prevent poor practice, and intervene when practice is unacceptable.

How does the Association meet its mandate of public protection?

The Association meets its mandate of public protection by ensuring proper standards of nursing care provided by practical nurses are implemented and enforced.

COMPETENCY SR-2: The Role of the Association (SR 2.0, SR 2.1 and SR 2.2)

What you need to know.	The Association has dual focus. Its primary purpose is public protection and does this through its actions as the Registering Authority. The Association regulates the practice of LPNs in New Brunswick to ensure the public that proper standards of nursing care will be provided. The Association also promotes and seeks the betterment of Practical Nurses as well as promoting cooperation and understanding between Licensed Practical Nurses, other health care providers. LPNs registered in New Brunswick are referred to as 'members'.
Why it is important.	The mandate of public protection and profession promotion is fulfilled through the self-regulatory process by ensuring tools and processes are in place to ensure public receives high quality care from ethical, knowledgeable and competent practical nurses.
Where to find more information.	<u>LPN Act 2014</u>

What are the 'Objects' and where are they found?

The objects or 'objectives' are listed in the LPN Act and include:

- To speak, act and establish policy for its members and to seek the betterment of practical nurses as an integral part of the healthcare team;
- To promote cooperation and understanding between the Association and all persons providing and receiving healthcare services, in addition to other stakeholders;
- To ensure the public that proper standards of nursing care provided by practical nurses will be observed; and
- To promote excellence in practical nursing by demonstrating leadership, best practice, innovation and continuing competence and advocating for the delivery of quality educational programs.

The objects create a framework within which all Association activities must fall. The Association meets its mandate of public safety by ensuring all activities align with the objects. The privilege of self-regulation could be lost if it was believed the Association was acting outside the objectives or not in the interest of public safety.

What are Regulatory Functions?

Regulatory functions are the core business of the Association. They represent broad categories of regulatory work describing how the Association meets its mandate of public protection within the objectives.

The four regulatory functions are:

- developing registration, licensing and professional conduct processes;
- setting, monitoring and enforcing standards for practice and a continuing competence program;
- setting, monitoring and enforcing standards for who may enter the profession and PN education, and;
- approval of practical nurse education programs.

COMPETENCY SR-3: Association Governance Processes (SR 3.0, SR 3.1)

What you need to know.	The Association is <i>accountable</i> to protect the public through the regulatory process. The Board of Directors of the Association is responsible to make the decisions about LPN practice, and the practical nursing profession. The board relies on Association staff to develop the tools and processes necessary to implement their decisions.
Why it is important.	Self-regulation means the members of the profession set the standards – which includes practice, conduct, education and discipline – of the profession. LPNs (through their participation) on the Board of Directors make decisions such as setting standards for LPNs and the direction of the practical nursing profession.
Where to find more information.	<u>LPN Act 2014</u>

What is the Role of the Board of Directors?

The Board of Directors, often referred to just simply as ‘the Board’, is responsible to govern the Association and provide direction for its activities. The Board also ensures the Association meets its mandate to serve and protect the public and promote the profession as outlined in the LPN Act.

What is the LPN Act?

The *LPN Act* is legislation defining the broad elements associated with practical nursing. The Act authorizes LPNs to self-regulate. It outlines the purpose, role, and function of the Association, the role of the Board of Directors, various Association regulatory functions, and defines a licensed practical nurse. The current Act was originally approved in June of 1977. Changes and amendments were made to the *Act* in 1996, 2002 and 2014. Changes in the Act can only be made by Government.

What are By-Laws?

Association by-laws are rules and procedures by which the Association operates. The Association has been granted the authority to develop by-laws by the *LPN Act*. By-laws are developed, implemented and evaluated by the Board of Directors. Unlike the *Act* where changes can only be made by government, revisions or modifications of the By-laws can be made by the Board.

How does the Board govern the Association?

The Board develops and implements a Strategic Plan to achieve its goals. As part of the strategic plan, the Board makes decisions about the practice of practical nursing, processes of regulating LPNs and establishes policies for the effective management of the Association. All decisions made by the Board must align with the objects listed in the LPN Act.

What is the structure of the Board?

The composition of the Board is set by the *LPN Act* includes and Executive Committee (President, First Vice President, Secretary and Treasurer) and six regional members who are active practicing Licensed Practical Nurses and two members of the public.

How are LPNs selected to serve on the Board?

The Executive Committee are elected by nominations from the general membership at the annual general meeting (AGM) every other year and serve a two-year term. Executives may be re-elected for one additional term. Regional member representatives are nominated by local chapters and serve a three-year term and may be reappointed for an additional term. Public members are appointed for a three year term and may be reappointed for an additional term as well.

Why are there public members on the Association Board of Directors?

Public representation on the Board is very important because they offer a perspective different from nursing. It is critical to understand the public perspective when making decisions about practice and process, given the Association's mandate of public protection.

What other ways can LPNs participate in self-regulation?

LPNs can participate on Association committees or as a voting member at the Annual General Meeting (AGM) which is held each year. Any LPN holding an active or an inactive membership is eligible to vote on issues, motions, or resolutions presented at the meeting. Members with inactive membership are not eligible to be an Executive or Board member, however may hold a position in a regional membership chapter.

COMPETENCY SR-4: Association Committees

What you need to know.	Standing Committees are required by the <i>LPN Act</i> and though membership on the committee may change over time, the committee itself endures. Others, known as Ad Hoc Committees, have an intermittent and specific function which are usually related to a project. Typically the ad hoc committee dissolves when the project ends.
Why it is important.	Committees carry out critical regulatory functions. Participation on an Association Committee is an important self-regulatory activity.
Where to find more information.	<u>Association By-Laws</u> <u>LPN Act 2014</u>

What type of committees does the Association have?

At any given time, the Association has a number of Ad Hoc committees in various stages of function. However, the LPN Act requires two standing committees, each with their own purpose and function:

- The **Complaints Committee** evaluates complaints about a LPNs practice and determines how to best manage the complaint, which can include referring to the Professional Conduct Committee.
- The **Discipline and Fitness to Practice Committee** evaluates complaints which cannot be resolved by the complaints committee.

Where do Association committees get their mandate or authority?

The Board establishes committees as directed by the *LPN Act* and Bylaws. All committee activities must align with the Associations' mandate. Committees perform their duties under the direction of and report to the Board.

COMPETENCY SR-5: Registration and Licensing (SR 5.0, SR 5.1, SR 5.2, SR 5.3)

What you need to know.	The Association has established annual registration and licensing requirements. An active and valid certificate of registration is required before an individual can engage in practical nursing practice, which includes classroom settings or employment orientation where there is no client contact. Registration must be renewed by November 30 each year and there is no grace period.
Why it is important.	Successful registration with the Association means an individual has been deemed to have the necessary knowledge, skill and judgment to provide safe, competent, ethical and compassionate nursing services. Mandatory licensure protects the role of the practical nurse. Liability insurance is an element of licensure. Individuals without a license (even due to a temporary lapse) do not have liability insurance.
Where to find more information.	<u>Registration Page of Association Website</u> <u>LPN Act</u>

What are the prerequisites for registration in New Brunswick?

Registration requirements are set in the LPN Act. Applicants from New Brunswick are required to satisfy the following prerequisites:

- graduate from an approved practical nursing program or equivalent;
- successfully complete the Canadian Practical Nurse Registration Examination (CPNRE);
- complete the Jurisprudence Online Learning Module;
- successfully complete the New Brunswick jurisprudence learning module and Post-test; and
- complete a criminal record check.

Applicants with a positive criminal record are required to provide additional information to the Association as part of the registration process.

Applicants from other jurisdictions seeking initial registration in New Brunswick are required to satisfy the above and have valid practice hours (or be a recent graduate), acknowledge the annual CCP participation requirement and successfully complete the jurisprudence learning module or other requirements.

Are there other annual mandatory licensure requirements?

Current LPNs (those already licensed) in New Brunswick are required to accumulate 1000 LPN practice hours over a 5 year period *and* to participate in the Continuing Competence Program (also known as CCP) to be eligible to renew their license.

How are LPN practice hours accumulated?

These are hours accumulated in a formal paid* position (clinical, education, administrative) where LPN licensure is a requisite of the position *and* where nursing services were delivered through the use of the nursing process (assessment, planning, implementation and evaluation).

*Hours accumulated during formal education programs designed for LPNs and some volunteer hours may be accepted.

What are the types of memberships available in New Brunswick?

Type	Description	Designation
Active	Unrestricted practice.	LPN
Active With Conditions or Limitations	Applicants meet registration criteria however have a requirement to be filled or a limitation that must be overcome before an unrestricted active membership can be issued. Generally, conditions are related to education and restrictions are limitations on practice or practice areas.	LPN
Inactive	A licensed practical nurse who is not actively engaged in any nursing field but would otherwise meet the criteria for membership in the Association.	No Designation
Temporary	Applicants do not meet all of the criteria for an active license but provide proof that the applicant is a member in good standing and properly licensed as a practical nurse in another jurisdiction. Temporary memberships may not exceed 90 days, unless exception granted by the registrar of ANBLPN.	LPN
Graduate Practical Nurse	Applicants meet all criteria for registration but have not written the CPNRE. This membership is only valid until the 1 st writing of the CPNRE exam after graduation date and/or association receives notice the applicant has failed the registration examination.	GPN

If there are no paper licenses, how will my employer know I am licensed?

Your employer can verify your registration status by using the EMPLOYER REGISTRATION VERIFICATION function on the Association's website (www.anblpn.ca). Employers in New Brunswick share the accountability of verifying a LPNs valid registration prior to commencing employment and annually.

What happens if I forget to renew my license and practice without one?

Notify the Association immediately because practicing without a valid license, even temporarily, may be considered professional misconduct and result in disciplinary action, a fine, or both. Professional liability insurance is provided with annual registration and members who allow their registration to lapse, even temporarily, are without liability insurance.

COMPETENCY SR-6: Protected Title (SR 6.0, SR 6.1)

What you need to know.	A protected title is part of the contract between the government and the practical nursing profession. Through the LPN Act the government grants the practical nursing profession exclusive rights to use the <i>LPN</i> title.
Why it is important.	A protected title helps the Association achieve its mandate of public safety because only qualified practitioners may use it. Individuals who unlawfully use titles relating to practical nursing are placing the public at risk and negatively impacting the practical nursing profession.
Where to find more information.	<u>LPN Act</u> <u>Protected Title</u>

What is the significance of a protected title?

The title indicates you have the necessary knowledge, skill, and judgment to provide safe, nursing care.

When can I use the LPN title?

Once you have successfully met the registration requirements, you may use the title Licensed Practical Nurse. You may also use the designation LPN or PN either alone or in combination with other words, letters or description. You are not entitled to receive a fee or remuneration for the practice of practical nursing unless you are licensed at the time the services were provided. The LPN designation may not be used if your license has lapsed, even temporarily. This means you are unable to work until your license has been renewed.

How do I sign my name using my nursing designation?

L. Brown, LPN or Linda Brown, LPN

I have other credentials. Can I use these with my designation?

Yes. Add your additional credentials after your LPN designation, e.g., L. Brown, LPN, BA.

I am a new graduate. What designation do I use?

Newly graduated nurses who have completed all other elements of the registration process and are waiting to write the national licensing exam may use the designation graduate practical nurse or GPN.

COMPETENCY SR-7: How the Association Supports LPNs (SR 7.0, SR 7.1)

What you need to know.	The Association supports LPNs by ensuring they have access to the most current information about their scope of practice, Standards of Practice and Code of Ethics. The Association website is an active and comprehensive source for current and relevant LPN information. Every day, practice consultants provide in-person, group, phone or email advice for LPNs and other stakeholders about professional practice issues. From time to time, the Association hosts education programs for LPNs and students of PN programs.
Why it is important.	Supporting LPNs in their practice is another way the Association meets its mandate to ensure that clients receive safe nursing services from LPNs and promote the practical nursing profession.
Where to find more information.	www.ANBLPN.ca CCP Jurisprudence Booklet

What is the difference between a regulatory body, an association, and a union?

A **regulatory body** is the organization responsible for the day-to-day activities of a self-regulating profession. The role of the regulatory body is to protect the public through the development of standards, process and policy which define the practice of the profession. An **association** is responsible for promotion of the profession and the professionals within it. ANBLPN assume both of these roles in New Brunswick. A **union** is an organization which supports employees within the employer-employee relationship.

What kind of documents does the Association develop to support LPNs?

The Association defines practice through the creation of documents, programs and other resources to support LPNs in their practice. Regardless of the type or goal of the document, their intended purpose is to help LPNs make safe practice decisions so they consistently meet their standard of practice.

Document type	Description	Purpose
Position Statements or Practice Memos	Documents to clarify relevant points for the LPN profession and outline LPN accountability in specific practice contexts and relevant legislation.	To help licensed practical nurses understand their responsibilities and legal obligations so they may make safe and ethical nursing decisions.
General Guidelines	Documents to provide guidance, instruction and direction to LPNs.	To support professional judgment and permit flexible decision-making in practice.

Am I provided professional liability insurance with my annual registration?

[Professional liability insurance](#) protects you from incidents arising from your work as a *Licensed Practical Nurse* in Canada. This insurance protects you from claims coming from actual or alleged negligence caused by the failure to render professional services. It includes coverage for legal defense costs and potential indemnification payments.

What is a Continuing Competence Program?

The Continuing Competence Program or CCP ([NEED HYPERLINK](#)) is a formal way of validating an LPN's competence. CCPs are considered to be best practice; however they are not new or unique to nursing. Most regulated health professions in Canada have a CCP. The competence program provides a level of assurance to the public that LPNs are continuously meeting their professional practice standards, which supports the Association to achieve its mandate of public protection.

What is included in the CCP?

The Continuing Competence Program consists of an annual self-assessment of your individual competence, the development and implementation of a professional learning plan and a reflective evaluation of your learning plan. The reflective evaluation is the most critical section as it is where you explain how your learning has positively impacted client outcomes.

The CCP also includes an audit process. Every year a number of LPNs are randomly selected and required to submit their learning plans to the Association for review. The purpose of the audit is to ensure members are participating in CCP as required. LPNs who do not participate in CCP are not eligible for registration renewal and LPNs who do not comply with the CCP requirement, may ultimately have their license moved to inactive.

How does a CCP support LPNs and practical nurse practice?

Competence programs require the LPN to identify opportunities to broaden their knowledge base, increase their skill set and enhance their individual scope of practice throughout their nursing career.

How does a CCP help the practical nursing profession?

Every LPN in every practice setting is required to participate in the competence program every year they maintain an active license, whether they are working as an LPN or not. Participation in CCP by every individual practical nurse boosts the professional contribution of practical nurses to the nursing profession and increases the visibility of the practical nurse profession.

COMPETENCY SR-8: LPN Standards of Practice and Code of Ethics (SR 8.0, SR 8.1, SR 8.2, SR 8.3)

What you need to know.	The Standards of Practice and Code of Ethics are authoritative statements which define the minimum legal and professional expectations of LPN practice. The Standards and Code – in conjunction with other documents such as the Entry to Practice Competencies, the LPN Competency Profile and CCP, make up the framework of LPN practice in New Brunswick.
Why it is important.	The Standards and Code represent safe, competent, ethical and compassionate nursing care and service. The practice of every LPN in every practice setting must be consistent with the expectations outlined in these documents.
Where to find more information.	<u>Standards of Practice for LPNs in Canada</u> <u>Code of Ethics for LPNs in Canada</u>

The Standards and Code are built on principles. What does this mean?

Principles are essential characteristics of the profession. The principles include: LPNs are self-regulating and accountable for providing safe, competent, compassionate and ethical care; LPNs are autonomous practitioners and work collaboratively with colleagues in health care to assess, plan, deliver and evaluate quality nursing services; LPN practice is client centered and includes individuals, families, groups and communities; LPN standards are broadly based to address variations in client needs, practical nurse competence, experience and environmental factors; LPN standards allow for growth in the profession to meet changing approaches, treatments and technologies within the health care system; LPN standards encourage leadership through self-awareness and reflection, commitment to individual and professional growth, and promotion of the best possible service to the public.

How are the Standards of Practice and Code of Ethics related to self-regulation?

First, the standards and code were developed by LPNs and for LPNs. Secondly they were approved for use in New Brunswick, by LPNs on the Board. Finally, developing the Standards and Code is a requirement of the objects in the LPN Act. The Standards and Code set the practice expectations for LPNs and in doing so create a framework for LPN practice in New Brunswick.

Do the Standards and Code have other purposes?

Beyond identifying the practice expectations of LPNs, the standards and code are utilized by educators to guide Practical Nursing curriculum and by employers and the public to illustrate what can be expected of LPNs. The standards and code are benchmarks of desired practice. They create an objective yardstick against which practice may be measured.

Are the Standards of Practice and Code of Ethics for LPNs similar in other provinces?

Yes. The Standards and Code adopted for use in New Brunswick in 2013 have been adopted for use in a number of other provinces as well. Some provinces, due to their specific jurisdictional legislation, were unable to adopt the documents as is, but rely on these documents as reference. Even though they have not been adopted for use in every jurisdiction, they have been approved for use nationally by the Canadian Council for Practical Nurse Regulators (CCPNR) creating a Pan-Canadian framework for LPN practice across the country.

How are the Standards of Practice and Code of Ethics different?

Although they are complimentary documents, the standards and code have the capacity to stand on their own. They are similar as they set practice expectations, guide curriculum and inform employers and the public, but they

have some differences as well. For instance the standards are typically actions, where the code represents decisions and guides ethical decision making. The Code of Ethics represents the ethical values and responsibilities of the practical nursing profession and conveys the profession's commitment to society.

What is the value of having national standards and code?

National documents help harmonize LPN practice across the country. Creating a Pan-Canadian Framework for LPN practice was an important and historic step for the practical nursing profession in Canada.

The Standards and Code are universal and paramount. What does this mean?

Universal means they apply to every LPN in every practice situation every time. It is mandatory for LPNs in New Brunswick to practice according to their Standards and Code regardless of where they work or practice. Paramount means the standards and code supersede all other documents including policies of employers, special interest nursing groups, associations, or unions.

What if an LPN's practice does not meet the Standards or Code?

Practice that is not consistent with the standards or code may be considered professional misconduct, conduct unbecoming, incompetence, or incapacity and as such, subject to disciplinary action.

What should an LPN do if they feel their practice is not up to the Standards or Code?

LPNs who have self-assessed an issue impacting their ability to provide safe, competent, ethical and compassionate nursing care or service should work with their employer or a Association Practice Consultant to develop and implement an appropriate plan of action. Each LPN in New Brunswick is accountable to self-assess their own competence and develop and implement a plan to address gaps in their knowledge or correct any deficits.

Is there a [Code of Ethics Online Learning Module](#)?

Yes. It takes about an hour to complete and it is free to all LPNs registered in New Brunswick.

COMPETENCY SR-9: Leadership (SR 9.0)

What you need to know.	Leadership is inherent in the role of every LPN. It is defined as the demonstration of professional behaviours during the provision of care or nursing services, for the purposes of positively influencing outcomes. Communication is the primary tool of a leader.
Why it is important.	LPNs influence outcomes through active participation in the health care team. LPNs as leaders are required to act and continue to act until the <i>situation at hand</i> has been resolved, addressed, managed or improved. <i>Situations</i> do not only apply to client care. For LPNs working in non-clinical or non-traditional roles a <i>situation</i> can be anything that impacts client care, such as policy, staffing, resources or funding.
Where to find more information.	<u>Leadership Document</u>

Do I need to be in a formal leadership position to be a leader?

No. Every LPN in New Brunswick is expected to demonstrate leadership in their practice as part of meeting their Standards of Practice and Code of Ethics. Quality care results when LPNs practice according to their standards and code and quality practice settings support safe and effective nursing practice. As an LPN in any role, you are expected to act as leader through your advocacy for, and contribution to the development and maintenance of quality practice environments.

What are three attributes of an LPN leader?

First, LPNs as leaders are expected to be **confident in their knowledge** to assess the situation at hand and articulate their findings to the team. Next, leaders must **be willing to take action and step into situations** and do their best to make things better for the client, no matter how uncomfortable or unpopular. Finally, LPNs are expected to **reflect on their practice**. Reflection helps shape future decisions by learning from previous practice. Reflection is an important component of leadership and is consistent with principles of the ANBLPN Continuing Competence Program.

What does 'Communication is the primary tool of a leader' mean?

Leadership is the ability to positively influence client outcomes. Influencing outcomes is accomplished through intentional leadership conversations. The ability to communicate is critical to holding an intentional leadership conversation.

What is the difference between an everyday conversation and a leadership conversation?

Everyday conversations are focused on sending, receiving and understanding messages. They are important to the processes of communication, cooperation, collaboration, and consultation. Leadership conversations are different because they are conversations focused on the resolution of an *issue*. An **intentional leadership conversation** is a purposeful exchange between care providers where the sole intent is to attend to an issue related to the delivery of safe, competent, ethical and compassionate care. An intentional – sometimes called a *crucial* leadership conversation, is about taking action to improve the situation and is central to the role of a leader.

COMPETENCY SR-10: Nursing Collaboration (SR 10.0, SR 10.1)

What you need to know.	Leadership involves doing the right thing, at the right time, for the right client, to achieve the right outcomes. License practical nurses, like all health care providers, rarely do these things in isolation. LPNs work in collaborative relationships with a variety of care providers.
Why it is important.	In New Brunswick, LPNs work collaboratively and under the direction of an RN, physician, pharmacist or duly qualified medical practitioner in all settings. LPNs obligated to collaborate with an appropriate care provider to determine the next best nursing action.
Where to find more information.	<u>Working Together – Guidelines for Interprofessional Practice</u>

What is intraprofessional nursing collaboration?

Intraprofessional nursing collaboration is when RNs and LPNs work as a team utilizing individual skills and talents to reach the highest of patient care standards. This requires RNs and LPNs to: talk with each other, share perspectives, plan together and provide care; be clear about their roles and the roles of other health care providers, and; support and assist each other in the interest of providing the best possible patient care.

What are the principles for intraprofessional nursing collaboration?

1. RNs and LPNs practice in a manner that is consistent with Legislation, Standards of Practice, Codes of Ethics, employer policies and scopes of practice.
2. Nursing is based on the integration of knowledge, skill, judgment, critical thinking and personal attributes. It cannot be limited to a list of tasks.
3. RNs and LPNs are responsible, accountable and liable for their own practice. An RN or LPN is not responsible for the actions of another provider.
4. When RNs and LPNs work together, the nursing care delivery model must support intraprofessional collaboration.
5. The patients' care needs, the scopes of practice of RNs and LPNs, and the practice environment guide decisions about which nursing professional is the most appropriate provider of patient care.
6. The complexity of a patient's condition influences the nursing knowledge required to provide appropriate nursing care. As a patient's needs increase, the breadth and depth of the competencies required to provide nursing care increase.
7. When patient acuity, complexity or variability increases, the need for consultation between RNs and LPNs also increases.
8. Effective and professional communication between RNs and LPNs is essential in order to achieve quality patient outcomes.
9. Expectations, including responsibilities and accountabilities related to assignment of nursing care, must be made clear at every level within organizations and be understood by RNs and LPNs.
10. Workplace policies, procedures and resources must be in place to ensure a quality practice environment that allows RNs and LPNs to work together effectively.

How does nursing collaboration improve client outcomes?

To optimize patient-centered care and positive patient health outcomes there must be open and ongoing intraprofessional collaboration between nursing care providers and a clear understanding of their respective scopes of practice. Intraprofessional collaborative practice values the expertise found in the shared and separate knowledge bases of health professionals. This leads to a collaborative and coordinated approach to client care. Increased care coordination has shown to positively impact client outcomes.

What is the LPNs role in interprofessional collaborative practice?

The LPN role will vary depending upon the practice context. But whatever the role, the LPN relies heavily on their leadership skills to ensure their active participation in the health care team.

What is active participation in the health care team?

Active participation is contributing to the discussions about the client's plan of care, particularly: assessment findings; the client's response to interventions, and; the client's progress towards goals and outcomes.

What is the difference between regulated and unregulated care providers?

Term	Definition
Regulated Care Provider	Scope of practice is defined by government legislation and their practice is set by a regulatory body.
Unregulated Care Provider (UCP)	Have no government legislation outlining their scope of practice, instead are accountable to their employers to ensure their qualification, competence and conduct. Scope of employment is usually specified in a job description. Are accountable for their individual actions and decisions within their scope of employment.

Can LPNs collaborate or consult with other health care providers in New Brunswick?

Yes. LPNs may collaborate and consult with any physician, pharmacist or dully qualified medical practitioner who possesses the necessary knowledge, skill, and judgment to do so. When appropriate and possible, the LPNs' first collaborative partner should be the RN, however you are expected to know when and with whom you should seek consultation or advice.

COMPETENCY SR-11: Duty of Care (SR 11.0, SR 11.1)

What you need to know.	Duty of care is the moral, ethical, and legal obligation requiring the licensed practical nurses to adhere to a reasonable standard of care while providing, assigning, delegating, supervising, promoting, evaluating or advocating for care.
Why it is important.	By virtue of their education and competencies, licensed practical nurses hold themselves out to the public as having specialized knowledge and skills. As such, society has expectations of LPNs to meet specific professional standards and have safe, competent, ethical and compassionate practice.
Where to find more information.	<u>Standards of Practice for LPNs in Canada</u> <u>Code of Ethics for LPNs in Canada</u> <u>Duty of Care</u>

The duty of care begins when the nurse-client relationship is established. What does this mean?

The duty of care starts when you have accepted your work assignment, so it can arise *before* any interaction with clients. Once an assignment is accepted, you have the duty to commence, continue and be available for care until this duty is transferred, assumed or shared with another care provider with the knowledge, skill and judgment to do so.

Duty of care is the obligation to adhere to standard of care, so what is the duty to provide care?

It is the requirement for you to *provide* safe, competent, ethical and compassionate care to a client or group of clients within a defined period of time (which may be an entire shift or an assignment within a shift).

Can I refuse to provide care?

Typically, discontinuing care through refusal or withdrawal is only justified in circumstances where providing care poses a greater risk to a client than not providing care.

What about public health emergencies? I worry about the risk to myself or my family.

Society permits professions to self-regulate on the reasonable and legitimate expectation healthcare professionals, including LPNs, will respond in public health or other emergencies. Health care providers are expected to absorb a certain amount of risk while providing care during a public health emergency. There is no expectation for you to place yourself at an unnecessary risk. You are accountable to utilize appropriate safety precautions to protect yourself and others while doing so.

Are there any situations where I may refuse to provide or withdraw from care?

Yes. These situations include: unreasonable burden; lack of individual competence; lack of mental, physical or emotional well-being; morally or ethically opposed to care, or; physical danger (client or nurse). However; there are three very important things you should consider before discontinuing care.

	Points for Consideration	Rationale
1	Discontinuing care does not remove your accountability to ensure care is provided by an appropriate care provider.	You are accountable to provide care yourself until such time when accountability for care is transferred to an appropriate care provider.
2	You must communicate - verbally and in writing- your intent to discontinue care to your employer (or client if you are self-employed) and give the employer/client	

	<i>reasonable time</i> to find an appropriate alternative care provider.	
3	You are expected to explore every reasonable option to ensure you have balanced your personal beliefs or safety with client care needs.	The decision to discontinue care must be based on a thorough assessment of <i>all</i> relevant factors and possible alternatives.
The <i>Ethical Decision Making Framework</i> on page 9 on the LPN Code of Ethics may be a helpful resource for these situations.		

What should I do if I am assigned to care for a client or perform an intervention for which I do not have the competence?

Although there is no expectation that you engage in practices which are beyond your level of competence, occasionally a work assignment exceeds your capacity. In these circumstances, you are expected to negotiate the work assignment based on your own individual scope of practice and competence, rather than refusing the assignment based on perceived lack of competence. Negotiation may include working with an identified mentor, practicing the skill before performing it or reviewing policies or a procedure book.

What is the Duty to Report?

It is the legal and ethical duty to report incompetent, unethical or impaired practice of any health care professional. The duty to report extends beyond health care professionals and also applies to certain client situations. It also applies to individual nurses who have a [duty to self-report](#) if they are convicted of a criminal offence or become incapacitated.

Who do I report to?

There are three reporting options and each carries its own level of professional significance. The context and timing of the situation – which is the balance between the issue at hand, the impact on the client, and the urgency of the situation – will help you determine to whom you should report. Please note: Doing nothing is considered an action. Taking no action when action is warranted may be a violation of the Standards of Practice and Code of Ethics and, as such, may be considered professional misconduct.

	Reporting Action	Impact on Client
1	Discuss the issue directly with the health care professional.	No client impact or at low risk for impact.
2	Report the issue to the employer.	No client impact, or minimal impact or medium risk for impact.
3	Report the issue directly to the Association or regulatory authority.	Client outcomes altered as a result of action or high risk for impact or high risk for impact on profession.

What happens if I report a situation and it turns out I was wrong? Will there be repercussions from the Association?

As long as you made the report in good faith, there will be no repercussions from the Association.

COMPETENCY SR-12: Professional Conduct Process (SR 12.0, SR 12.1, SR 12.2)

What you need to know.	The Association is obligated to develop and implement processes to deal with the conduct of its members. These processes are enacted under the principle of administrative justice for the purposes of ensuring clients receive safe care from competent practitioners. The Association works closely with LPNs and their employers, experiencing practice issues. The Association ensures the necessary practice supports are available to help practical nurses make positive changes in their practice. Practical nurses who respond to remediation and developmental learning plans and correct practice issues may avoid the conduct process altogether.
Why it is important.	The conduct process is a key element of self-regulation and another way in which the Association meets its mandate of public protection.
Where to find more information.	Association Website: Professional Conduct Process LPN Act 2014

What constitutes a formal complaint?

A formal complaint is a signed notice in writing to the Association alleging professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a LPN.

Term	Definition	Example
Professional Misconduct	Disgraceful, dishonourable or unprofessional practice. A member's personal or private conduct brings discredit upon the licensed practical nursing profession.	Falsifying document, theft, client abuse. Arrests for drug use, abuse. Failing to report incompetence of another care provider.
Incompetence	The member's professional care of a patient displays a lack of knowledge, skill or judgement or disregard for the welfare of the patient.	Practice which fails to meet the standard
Incapacity	The member is suffering from a physical or mental condition or disorder making it desirable in the interest of the public that the member no longer be permitted to practise or that the member's practice be restricted.	Alzheimer's disease.

Can the Association act on anonymous complaints?

No. The Association is not authorized to act on anonymous complaints. The Association's capacity to initiate its conduct process is hinged on the principle the person being complained about is entitled to know who has laid the complaint, the type, nature, and details of their complaint.

When does the professional conduct process begin?

The professional conduct process begins when the Association receives a letter of complaint about a member *or* is notified that a member has been terminated from their employment. In New Brunswick employers are obligated to notify the Association in writing when an LPN is terminated from their employment for any reason. The complainant (the person who laid the complaint) and the respondent (the LPN against whom the complaint is laid) are notified that a complaint was received and the professional conduct process has begun.

Is there an investigation?

Yes. The purpose of the investigation is to gather as much information about the complaint in a fair and impartial manner. The investigator will interview the complainant, respondent and other witnesses if necessary. The depth, breadth and intensity of the process depend on the nature of the complaint and the amount of information received in the letter. If necessary, the Executive Director or designate will contact the complainant or respondent to gather more detail before the investigation begins.

What do the Complaints Committee and Discipline and Fitness to Practise Committee do?

They review the summary of an investigation about a complaint. They hear evidence and witness statements and make a decision about how a complaint will be managed.

Is there a difference between the two committees?

Yes. The Complaints Committee will hold a *meeting* with the attempt to address the complaint. In this meeting they will hear statements from the complainant, the respondent and review the summary of the investigation. The Complaints Committee has the authority to dismiss a complaint, issue a warning, require the member complete or fulfill certain conditions or refer the matter to Discipline and Fitness to Practise Committee for a *hearing*, and the process begins again. (Hearings are more formalized.)

The Discipline and Fitness to Practise Committee may:

- reprimand the member;
- impose a fine on the member; direct the Registrar to impose certain terms, limits, or conditions on the member's registration for a certain period of time or until certain conditions are met;
- direct the Registrar to suspend the member's registration for a specified time or until certain conditions are met, such as taking courses, or undergoing evaluations and/or assessments;
- direct the Registrar to revoke the member's registration; and/or make any other order that the Committee considers appropriate in the circumstances.

Can the Committee(s) issue other types of orders?

Yes. The Complaints or Discipline and Fitness to Practise Committee have the authority to issue other orders. These may be attached to any finding or may be an interim step to gather more data for the committee to review.

Other Orders	
Undergo a physical, mental or practice assessment	There are concerns about a member's practice or their capacity to make sound decisions.
Required to submit intermittent assessment reports	As part of remediation plan, the member must provide the Association updates.
Interim Suspension	The nature of the complaint is such that prohibiting the member's ability to practice until a full investigation is complete is in the best interest of the public.

Do all letters of complaint require investigation?

All letters of complaint require action by the Association. The Complaints Committee may quickly order an interim suspension of a member's license pending the outcome of an investigation if the letter of complaint has allegations posing serious risk to the public. Complaints lacking sufficient merit are referred directly to the Complaints

Committee without formal investigation. If it is assessed to be frivolous, it may be dismissed immediately by the Committee.

How does the Association notify the public of a disciplinary finding about an LPN?

In New Brunswick, the Association is required to publish all disciplinary findings. The committee has a variety of options for the publication of its decisions; however, the most common is the Association website. Publication includes the name of respondent, general details of the issue and a summary of the decision. Publication of disciplinary actions is consistent with the Association mandate of regulation of LPNs in the best interest of the public.

COMPETENCY SP-1: Professional Nursing Practice

What you need to know.	Professional practice is nursing practice consistent with the Licensed Practical Nurse Act, Standards of Practice, Code of Ethics, Continuing Competence Program (CCP) and other policies and documents developed by the Association. These documents create a framework defining professional practice for LPNs in New Brunswick. LPNs are accountable to ensure their practice is consistent with the framework and the moral and legal requirements for proper client care.
Why it is important.	Professional practice ensures that clients receive safe, competent, ethical, and compassionate nursing care or service from LPNs. The professional practice framework is another way the Association meets its mandate to protect the public.
Where to find more information.	<u>Accountability Guidelines</u>

What is the difference between accountability and responsibility?

Accountability is a continuous compulsory obligation to be responsible. There is no option not to be accountable. For instance, in New Brunswick, LPNs are accountable for their actions at all times and cannot delegate the accountability for their actions to any other care provider. Responsibility, as a component of accountability, can be an intermittent process, whereby the attention is often focused on an accurate or timely completion of a task. Responsibility can be delegated or assigned.

What should I do if I do not understand some of the concepts of professional practice?

Every licensed practical nurse is responsible to understand and apply the concepts associated with professional practice as part of the Continuing Competence Program. If you have self-assessed a gap in your nursing knowledge, you are accountable to initiate a learning plan and take the necessary actions to mitigate, manage, or correct the deficits.

What if my practice does not meet the requirements for professional practice?

LPNs whose practice does not meet the minimum requirements of professional practice may be considered in violation of their standards or code and could be subject to a complaint or disciplinary action. Practice which is inconsistent with the professional practice framework may be considered professional misconduct, incompetence, or incapacity.

COMPETENCY SP-2: Scope of Practice (SP 2.0, SP 2.1, SP 2.2)

What you need to know.	The professional scope of practice of the LPN refers to the designated role; functions and activities LPNs are educated and authorized to perform within the practice of practical nursing. The scope of practice is determined by the <i>LPN Act</i> which sets the practice boundaries for all LPNs in New Brunswick and is complemented by standards, guidelines, policy statements and a code of ethics. The overall scope of practice for the profession sets the outer limits of practice for practitioners. The professional scope of practice can only be changed by a change in the legislation. LPNs, as leaders, are expected to advocate for optimized practice within the professional scope of practice.
Why it is important.	It is vital that LPNs understand the contextual nature of their professional scope of practice so they may provide safe, competent, ethical and compassionate nursing care or service.
Where to find more information.	<u>LPN Act</u> <u>Entry to Practice Competencies for Licensed Practical Nurses</u> <u>Competency Profile for New Brunswick</u> <u>Practice Memo LPN Act</u>

What are Entry to Practice Competencies (ETPCs)?

The competencies expected of the entry-level licensed practical nurse in Canada. The competencies describe the knowledge, skill and judgment required of beginning practitioners.

What are Specialties?

These are competencies which may be achieved through additional advanced post-graduate (ANBLPN or an accredited college) or employer based education. The employer may require documentation to verify when baseline competence is achieved and may require periodic verification of maintenance of competence.

More specifically LPNs must be:

- appropriately educated to perform the competency including theory, laboratory and clinical components;
- supported to engage in the practice by their employer through job description amendments and/or a unit/practice area policy and;
- perform the advanced competencies frequently in order to maintain proficiency.

What is individual scope of practice and employment policies?

Scope of Practice	Description
Individual Scope of Practice	An individual LPNs' practice based on their current practice context, education, experience, and competencies. The individual scope of practice can be expanded or minimized by changes in the practice context or employer policies. As LPNs move from employer to employer, their individual scope of practice changes and they are required to maximize their individual scope of practice over time.
Employment Policies	The description of the LPN role within the employment setting. Employer policies have great impact on the individual scope of practice. LPNs are expected to

	optimize their individual scope of practice within the employer policies and advocate for policy change to support optimized practice. Employment policies changes from employment setting to employment setting and LPNs are accountable to know what is expected of them in their current role.
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The individual scope of practice and employment policies may not exceed the professional scope of practice.
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How is the professional scope of practice of practical nursing defined?

The application of practical nursing knowledge (using the nursing process which includes: **assessment** of clients; **collaboration in the development of the nursing plan** of care; **implementation** of the nursing plan of care, and; **evaluation** of the client), for the purposes of:

- undertaking the care of patients under the direction and in collaboration with a registered nurse or duly qualified medical practitioner, or pharmacist for custodial convalescent, sub-acutely ill, chronically ill patients, and;
- assisting registered nurses in the care of acutely ill patients, rendering the services for which he or she has been trained.

COMPETENCY SP-3: Context of Practice (SP 3.0, SP 3.1)

What you need to know.	Context of practice is a three-factor framework which includes the needs of the client, a nurse's individual competence and the supports in the practice environment. Context is used to ensure clients are matched with most appropriate care provider with sufficient resources in the practice environment.
Why it is important.	LPNs may have the necessary knowledge and skill to perform an intervention but the overall complexity of judgments required to implement the interventions when clients are complex or unpredictable, (including education, surveillance, monitoring, follow-up assessment or support) may be better suited for a care provider with a broader knowledge base (i.e., Registered Nurse, Nurse Practitioner or Physician). In other words, just because the LPN can perform a skill or intervention, does not mean the LPN is the right care provider to do so in every situation. Determination of the most appropriate care provider is always based on the needs of the client. Context is never static and as one factor (client need, nurse competency or practice supports) changes outcomes may change.
Where to find more information.	<u>GPN Scope of Practice Policy</u> <u>Working Together</u> <u>Scope of Practice</u>

What is autonomy?

Autonomy in nursing is defined as the professional ability to make nursing decisions and implement, assign or delegate nursing actions that results from nursing decisions. Client need (predictability or complexity) is the most important determinant of the LPNs level of autonomy.

What does clinical guidance mean?

Clinical guidance is the provision of consultation and support. Because of the differences in the legislation for LPNs and RNs, clinical guidance impacts the practice of the two groups differently. LPNs are responsible and accountable for requesting guidance or support when needed. RNs are required to provide guidance and support.

Directing care by a registered nurse is clinical guidance given by a registered nurse. In order to provide clinical guidance, the RN must be familiar with: the practice setting; the scope of practice of LPNs; the role of LPNs in the setting; the patient population; and the nursing practice within the setting.

The RN provides clinical guidance for the overall plan of care, and patient care is the focus of that clinical guidance. Both RNs and LPNs are responsible and accountable for their own practice, which includes their decisions and the consequences of their actions and inactions. RNs and LPNs are also accountable for: understanding their own role and the role of others with whom they are working; consulting with others when faced with situations beyond their own competence; communicating effectively; and considering the needs of the patient, the role of the RN and LPN and the supports in the practice environment when making decisions about giving and receiving assignments.

Does this mean the LPN can only receive clinical guidance from an RN?

No. Licensed practical nurses can receive clinical guidance from registered nurse, licensed medical practitioner or pharmacist who has sufficient understanding of the needs of the clients and has agreed and been scheduled to provide guidance and advise as necessary. When appropriate and possible, the LPNs' first collaborative partner should be the RN. However, when working in teams without an RN, you are expected to know when and with

whom you should consult or seek advice. When working work with graduate nurses (GN's), you are expected to have access to a RN as necessary.

Level of Practice	Context	Rational for Consultation
Under Clinical Guidance or Direction	<p>This is often confused with having to be “paired with” an RN, when in fact this requirement could be met by having an RN, Physician, or Pharmacist accessible to the LPN for consultation and direction. For example; a charge nurse on a floor in the hospital, an RN administrator at a nursing home, or even on call support in areas such as extra mural can be appropriate.</p> <p>LPNs are self-regulated and accountable for their professional competence. The more predictable, less complex and lower the risk for negative outcomes of a client allow the LPN more independence in practice.</p> <p>Increased consultation is required as the client progresses on the continuum of acuity.</p> <p>REMINDER: The LPN is responsible for their own practice as a licensed professional.</p>	<p>The LPN is obligated to seek clinical guidance consult because clients’ responses to complex problems are often not predictable or easily managed. The relevance of these issues must be interpreted by a care provider whose knowledge base is in-depth and more comprehensive than the core nursing knowledge base of the LPN. As always, the LPN is accountable for their actions including knowing when, and with whom they must consult. The RN is accountable to make decisions associated with the management of the unexpected or worsened problem and the necessary changes to the nursing care plan. The RN/LPN pair is accountable for their individual practice decisions within the collegial working relationship and share accountability for client outcomes in relation to their actions.</p>
Assisting Registered Nurses	<p>As the client becomes highly complex, unpredictable and high risk for negative outcome “acutely ill” it is necessary for the RN to take a more active role in the care of the patient and the LPN to provide assistance as directed and necessary.</p>	<p>Examples of this situation would be in an ICU setting, a Code Blue or a client that has been identified as being highly complex, unpredictable or high risk for negative outcome.</p>

What does predictability and complexity mean?

Predictability is the extent to which you can readily anticipate the outcome or the client’s response to an intervention. Typically, the more that is known about a client and their responses, the more predictable their outcomes can be. Complexity is the extent to which outcomes cannot be readily anticipated. Typically, the more that is unknown about a client and their responses to interventions, the more complex their outcomes can be.

Is the scope of practice of an LPN and Graduate Practical Nurse (GPN) the same?

Essentially the scopes are the same however there are two differences: GPNs must work collaboratively or under the guidance or direction of a Licensed Practical Nurse, Registered Nurse or licensed Medical Practitioner and may not independently assume the role of charge.

COMPETENCY SP-4: Assignment and Delegation to Unlicensed Care Providers (SP 4.0)

What you need to know.	It is vital the LPN recognize their role in appropriate delegation. Delegation is not a passive process because certain elements (i.e. delegatee education, determination of competency, practice or client contexts supporting delegation, policy and employer supports) must be in place before the LPN can safely delegate to an unlicensed care provider.
Why it is important.	LPNs <i>always</i> retain the accountability for the decision to delegate through assessment of the needs of the client, the competence of the individuals (this is done through guidance, mentorship and dialogue), risk-benefit, and the practice environment. LPNs also always retain the accountability for the evaluation of the outcome of the delegation.
Where to find more information.	<u>Working Together</u> <u>Assignment, Delegation and Teaching</u>

What is the difference between assignment and delegation?

Assignment is transferring the accountability for an intervention to an individual whose scope of practice or scope of employment permits the performance of the intervention. Assignment describes the distribution of work that each staff member is to accomplish. Delegation is transferring the responsibility to perform an intervention to a care provider who would not otherwise have the authority to perform it (i.e., the intervention is not within the scope of practice or scope of employment). The delegate (the person receiving delegation) is responsible to perform the intervention and the delegator (the person delegating) retains the accountability for the outcome of the intervention. For example, the unregulated care provider performs the dressing change, but the nurse is responsible to assess the client to make sure the dressing change is still required and the wound is improving.

What is supervision?

Supervision is the active process of directing, assigning, delegating, guiding and monitoring an individual's performance of an activity to influence its outcome. It entails initial direction, periodic inspection and corrective action when needed.

Can LPNs supervise unregulated care providers (UCPs)?

Yes. The LPN is responsible for providing ongoing supervision to assess a UCP's ability to perform a delegated task. The level of supervision is determined by the client care need, the education and experience of the UCP and the predictability of outcomes.

Are there different levels of supervision?

Level of Supervision	Description
Direct	The LPN is physically present in the practice setting and directly observing the performance of the actual intervention.
Indirect	The LPN is readily available for guidance and consultation on the unit or in the same location where the care is provided but is not directly observing the required intervention.

Indirect–Remote	The LPN is available for guidance and consultation but is not physically present in the location where the care is provided. Direction is provided through various means of communications and/or technology.
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What are my responsibilities as a delegator?

The delegator (the person delegating) is accountable and responsible for: making the decision to delegate; assessing the client’s needs to ensure delegation is appropriate; determining if the delegatee is competent to perform the delegation; appropriate supervision and for the overall outcome of the intervention.

What are the responsibilities of the delegate?

The delegate (the person receiving the delegation) is responsible for: having sufficient knowledge, skill and judgement to accept the delegation; refusing to accept delegation for which they are not competent; following agency policy and procedure; performing the intervention safely, effectively and ethically; documenting the care provided as per agency policy, and; reporting observations and client information to the delegator.

What things should I consider before I delegate to an unregulated care provider (UCP)?

Factors for Consideration
Delegation to a UCP is always client-specific and not transferable, meaning that the delegated intervention may not be performed with other clients.
LPNs should be fully aware of the UCP’s scope of employment within the agency.
The LPN assumes responsibility for the delegation, performs periodic inspection and evaluation of the competence of the UCP and provides corrective action when needed.

COMPETENCY SP-5: Self-Employment (SP 5.0)

What you need to know.	Self-employment is a growing option for LPNs in New Brunswick. The LPN works in collaboration with the client in this context and is responsible to develop a network of health care professionals to whom they may refer a client, should the client's needs exceed their professional and individual capacity.
Why it is important.	Self-employed LPNs must be aware of the potential for conflict of interest and recognize they are accountable to practice within their LPN standards of practice and code of ethics and generally accepted business and accounting practices.
Where to find more information.	<u>Self-Employment Guideline</u> <u>LPN Act 2014</u>

Do I need policies if I have my own business?

Yes. Clinical and business procedures outlining the nature of the service you will provide as a self-employed practical nurse must be defined in internal policies. Policies are important in the self-employment context as they demonstrate your accountability to help keep your practice consistent from client to client.

Do I need additional liability insurance if I am self-employed?

Yes. Self-employed LPNs must obtain commercial general liability insurance in addition to the liability insurance provided by your license. Commercial general liability insurance is mandatory for all self-employed LPNs regardless of the size of their business or number of clients on their service roster.

Are LPNs authorized to recommend Over the Counter (OTC) medications to clients?

LPNs support clients' self-care by reviewing interventions, including OTC medication, used in the past to successfully manage their own needs. LPNs are **not** authorized to recommend specific over the counter (OTC) medications to manage new or less defined care needs. Clients who seek such recommendations should be referred to an appropriate healthcare provider such as a nurse practitioner or physician.

COMPETENCY L-1: Controlled Drugs and Substances Act (L1)

What you need to know.	Licensed practical nurses working in New Brunswick must comply with this federal legislation. Health care organizations develop agency policies based on it. LPNs should be aware that federal legislation requires pharmacists, other practitioners and licensed organizations to maintain records detailing a count of narcotics, controlled drugs and medication wastage.
Why it is important.	Health organizations are mandated by federal legislation to establish systems and policies for the appropriate dispensing, administration, disposal and security of narcotics & controlled drugs. In most facilities LPNs are authorized to receive the delivery of narcotics and controlled drugs, access locked medication storage cabinets and perform narcotic/controlled drug counts.
Where to find more information.	<u>Medication Administration Guidelines</u> <u>Federal Narcotic Control Regulations</u> (C.R.C., c. 1041) – Hospitals Sec. 63, 68, 69

Are there any restrictions on the types of medications or narcotics LPNs may administer?

There are no restrictions on any medication that an LPN may administer in appropriate contexts. Typically, LPNs are not authorized to administer narcotics via direct IV push or IV piggy back, however in certain limited and specific contexts and with additional employer education, this competency may be added to the scope of practice of individual LPNs.

COMPETENCY L-2: Food and Drugs Act (L2)

What you need to know.	The Food and Drugs act govern the sale and distribution of drugs in Canada.
Why it is important.	This legislation focuses on protecting the public from unsafe drugs and addresses false, misleading or deceptive labeling of drugs.
Where to find more information.	<u>Federal Food and Drug Act and Regulations</u>

What is the difference between a prescription and non-prescription drug?

A prescription drug is a drug that is set out in the Prescription Drug List. Prescription drugs generally:

- require the supervision by a practitioner (because of the level of uncertainty respecting the drug);
- are used for the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms;
- are used to monitor a disease, disorder or abnormal physical state, or its symptoms; or;
- the use of the drug can cause harm to human or animal health or a risk to public health and the harm or the risk can be mitigated by a practitioner's supervision.

What is the difference between dispensing and administering?

In New Brunswick there is a distinct difference between dispensing and administering. Dispensing is a legal term associated with the practice of a pharmacist. It is a process which includes the interpretation of the practitioner's prescription, the assessment of the appropriateness of the therapy and, preparation of a prescription and release of the prescription from the pharmacy either directly to the client (for self-administration) or to a medication delivery system (such as a medication cart, cupboard or electronic storage system) for future administration.

Medication administration is the process which includes the assessment of a client and provision of a medication which had been *dispensed* by a pharmacist. Administration is associated with the practice of a number of health care professionals including LPNs.

Are LPNs permitted to distribute sample drugs?

LPNs are not authorized to independently distribute, or cause to be distribute sample medications.

COMPETENCY L-3: Nursing Home Act (L3)

What you need to know.	A nursing home is a residential facility operated, whether for profit or not, for the purpose of supervisory, personal or nursing care for seven or more persons who are not related by blood or marriage to the operator of the home and who by reason of age, infirmity or mental or physical disability are not fully able to care for themselves but does not include an institution operated under the Mental Health Act, the Hospital Services Act, the Hospital Act or the Family Services Act.
Why it is important.	No person shall establish, operate or maintain a nursing home unless the person holds a license.
Where to find more information.	<u>Nursing Homes Act</u> <u>Nursing Homes Regulations</u>

NEW INFORMATION REQUIRED.

COMPETENCY L-4: Personal Health Information Privacy and Access Act (PHIPAA) (L4)

What you need to know.	<p>This governs the manner in which personal health information may be collected, used, disclosed and retained within New Brunswick's health care system. This Act balances the individual's right to privacy with the benefits of the use of personal health information by the health care sector to deliver and improve health care services.</p> <p>This Act provides a set of rules that protects a person's privacy and the confidentiality of their personal health information. At the same time, the Act ensures that information is available, as needed, to provide health services to those in need and to monitor, evaluate and improve the health system in New Brunswick.</p>
Why it is important.	The Act applies generally to a group of stakeholders throughout the health system and government referred to as "custodians."
Where to find more information.	<u>Personal Health Information Privacy and Access Act</u>

Are there any provincial Acts that prevail or override this legislation?

Yes, the Mental Health Act and Family Services Act (e.g. duty to report suspicion of abuse).

What is a custodian?

The act defines a custodian as an individual or organization that collects, maintains or uses personal health information for providing or assisting in the provision of health care or treatment or the planning and management of the health-care system or delivering a government program or service

What is personal information?

Personal health information is defined in part as identifying information about an individual pertaining to that person's mental or physical health, family history or health care history. This includes:

- genetic information;
- registration information, including the Medicare number of the individual;
- information that relates to the provision of health care to the individual;
- information about payments or eligibility for health care or health-care coverage in respect of the individual;
- information pertaining to a donation by the individual of any body part or bodily substance;
- information derived from the testing of a body part or bodily substance of the individual; and information that identifies the individual's health-care provider or substitute decision maker.

All parts of PHIPAA apply equally to information regardless of form, including information that is oral, written or photographed. It applies to information recorded or stored in media such as paper, microfilm, X-rays and electronic records.

COMPETENCY L-5: Family Services Act (L5)

What you need to know.	This Act ensures the protection of abused and neglected children and adults.
Why it is important.	Under the Act, the public, and professionals such as practical nurses have a duty to report suspected cases of abuse or neglect to the Department of Social Services.
Where to find more information.	<u>Family Services Act</u>

Is there a duty to report cases of abuse or neglect?

A professional person – including practical nurses who acquires information in the discharge of their professional responsibilities that reasonably ought to cause the professional person to suspect that a child has been abandoned, deserted, physically or emotionally neglected, physically or sexually mistreated, including sexual exploitation through child pornography or otherwise abused is required to report this to a superior.

Does this apply to older adults or just children?

The duty to report applies to all persons and patients.

When should suspected child/adult/elder abuse be reported?

As soon as a health care provider has reasonable grounds to suspect that a child/adult/elder is or may have suffered abuse.

COMPETENCY L-6: Mental Health Act (L6)

What you need to know.	The Act regulates the admission, detention and treatment of psychiatric patient's to mental health facilities, psychiatric units and observation units.
Why it is important.	The Act outlines the involuntary admission to a mental health facility process.
Where to find more information.	<u>Mental Health Act</u>

When can a patient be involuntarily admitted to a mental health facility?

Patients can be admitted to a mental health facility involuntarily when:

- the person suffers from a mental disorder;
- the person behaviour presents a substantial risk of imminent physical or psychological harms to self or others;
- the person is not suitable for a voluntary admission;
- less restrictive alternatives are not appropriate and;
- the physician (cannot be a nurse practitioner) has completed the necessary forms.

COMPETENCY L-7: Public Health Act (L7)

What you need to know.	This Act contains mandatory reporting requirements for health care professionals, including practical nurses, of prescribed infections or hazardous exposures.
Why it is important.	Reporting of communicable diseases is in the best interest of public safety.
Where to find more information.	<u>Public Health Act</u>

To whom did I report these situations?

Notify your immediate supervisor as soon as you suspect a communicable disease or hazardous exposure.

To whom are dangerous diseases reported?

The provincial medical officer of health.

What if the patient refuses to get treatment or follow up care?

Notify your immediate supervisor because the medical officer of health needs to be notified as soon as possible. Oral notifications are appropriate as long as it is followed up with a written report within 24 hours.

COMPETENCY L-8: Coroners Act (L8)

What you need to know.	Outlines situations when the death of a patient must be reported to the coroner.
Why it is important.	Deaths in these situations must be investigated.
Where to find more information.	<u>Coroners Act</u>

Under what circumstances a patient death should be reported to the Coroner's office?

Deaths as a result of:

- violence;
- misadventure;
- negligence;
- misconduct;
- malpractice;
- during pregnancy or following pregnancy in circumstances that might reasonably be attributable to the pregnancy;
- suddenly and unexpectedly;
- from disease or sickness for which there was no treatment given by a medical practitioner;
- from any cause other than disease or natural causes; or
- under such circumstances as may require investigation; shall, unless he knows that a coroner has already been notified, immediately notify a coroner of the facts and circumstances relating to the death.

COMPETENCY L-9: Occupational Health and Safety Act (L9)

What you need to know.	This Act is based on the principle that any person or group of people in a workplace can affect the health and safety of all the persons in that workplace. OHS states that all groups share in the responsibility for the health and safety of persons in the workplace
Why it is important.	LPNs have a professional obligation and a legal requirement to provide clients with safe, competent, ethical and compassionate care. Employers must ensure that the environment is safe so LPNs may meet their obligation. Agency policy must be followed to keep the environment safe for employees and allow the client to receive care. LPNs acting as leaders are expected to advocate for and participate in the development of appropriate care policies.
Where to find more information.	<u>Occupational Health and Safety Act</u> <u>Occupational Health And Safety Regulations</u>

What is the employer's responsibility to minimize hazards in the workplace?

Healthcare employers must conduct a risk assessment and implement any risk prevention plan. Employers must provide adequate training for any employees to minimize their exposure to risks and hazards.

What is considered violence in the workplace?

Violence can be: verbal threats, behaviour or conduct of a person that actually or potentially endangers the physical health or safety of another.

What is the LPNs' responsibility to minimize hazards or violence in the workplace?

LPNs are required to participate in employer based training, practice according to their standards and code and refrain from participating in, by-standing without action and report when others are engaging in inappropriate behaviour.

COMPETENCY L-10: Other Mandatory Reporting to Agencies (L10)

What you need to know.	In certain circumstances there is a legal obligation to report to an external authority such as law enforcement and/or relevant provincial or federal legislation.
Why it is important.	Reporting to other agencies ensures public protection.
Where to find more information.	Employer Policies

Are LPNs in New Brunswick responsible to file the necessary reports according to mandatory reporting requirements?

LPNs in New Brunswick are accountable to know the general nature of situations which require additional reporting. They are also accountable to know their employment policy with regard to the reporting process. LPNs are expected to act as leaders and advocate for swift and appropriate action when clients are, or could be at risk regardless if they are the professional responsible for the reporting filing action.

The Association of New Brunswick Licensed Practical Nurse

384 Smythe Street, Fredericton NB E3B 3E4

Phone: 1-506-453-0747 Toll Free: 1-800-942-0222

Fax: 1-506-459-0503 Email: practiceconsultant@npls.ca

Website: www.anblpn.ca