



ANBLPN

Association of New Brunswick Licensed
Practical Nurses

AIAANB

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

Fact Sheet: Working with Limited Resources in Long-Term Care

What are my accountabilities if it is not possible to have an RN on-site?

Globally, health care is experiencing severe staffing shortages of regulated nursing professionals. Due to this shortage, Licensed Practical Nurses (LPN) may find themselves working without a Registered Nurse (RN) on-site. As a result, LPNs may be taking on roles or interventions that they were previously not permitted to perform based on past employer policies. This new reality has caused many LPNs to be concerned about what their accountabilities are when they are working without an RN on-site and what is within their legislative scope of practice. This fact sheet was developed to help LPNs understand their accountabilities and scope of practice.

Am I allowed to work without a registered nurse on site? Does this affect my LPN license?

Nursing Home Services govern the designation and operation of nursing homes, and they legislate how many registered staff are required in the facility. According to the [Nursing Home Services Standards Manual](#), all nursing homes with 30 beds or more must have at least one registered nurse on duty on the premise at all times. Employers may define “on duty” within their capacity, resources and client needs and it may mean that the RN is in the building, on call, or available by phone.

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) understands that LPNs are autonomous practitioners and *legislatively*, LPNs and RNs do not have to always be physically together to practice. As per the [LPN Act \(2014\)](#), LPNs work “...under the direction and in collaboration with registered nurses, medical practitioners or pharmacists...”. This direction and collaboration does not have to occur on-site, rather it can occur via a telephone call or by other virtual means. However, LPNs must also always follow any policies or standards the workplace has in place and employers have the right to create their own policies based on the needs of their facility.

If you find yourself working without an RN on site, it does not have a negative effect on your LPN license. Employers are required to notify nursing home services when an RN is not available, but this does not affect the LPNs license. However, you should meet with your manager to ensure you are clear on how the consultation / collaboration is to take place if the need arises while the RN is not on-site.

My facility has designated an RN to be “on-call” for consultation. What do I do if I cannot reach them?

LPNs must be made aware of *whom* they are to consult with and *how* they will contact them if the need arises. If an LPN has attempted to contact the designated “on-call” person and is unable to reach them, they should document their attempts to protect their practice. If there is an immediate need for consultation due to client safety or injury, and you cannot reach the designated person, you should contact emergency services (911).

I am being asked to assume the “charge role” when an RN is not available. Am I allowed to assume this role?

ANBLPN is supportive of LPNs assuming the charge role when necessary, providing they have the education and competence to do so and are supported by an employer policy. Employers must ensure

that the LPN is educated and competent on the activities that are required of the charge role and should arrange some form of orientation for the LPN prior to them assuming this role. Employers must also advise the LPN *whom* the consultation will take place with and *how* the consultation will take place if required.

What are my accountabilities as an LPN when working without an RN on-site?

Regardless of the practice setting, LPNs must always practice according to their Standards of Practice and Code of Ethics. They are also accountable to seek clinical guidance with an appropriate health care provider when the needs of the client exceeds their own competence or professional scope of practice. If you are working without an RN, you are accountable to be aware of:

- The name and designation of the health care provider assigned to provide the consultation;
- How and when to contact the designated health care provider, and;
- Any workplace policy or procedure that organizes the process.

What nursing tasks am I legislatively permitted to perform as an LPN in New Brunswick?

Nursing cannot be defined by a list of tasks, and ANBLPN does not provide “task lists” of whom does what. Scope of practice looks different for everyone and varies according to when they graduated, where they have worked, what kind of work experiences they have obtained and if they have taken post-basic education. For more information regarding the scope of practice of an LPN, please review our practice guideline [Scope of Practice](#).

Although not an exhaustive list, these are a few examples of what nursing interventions are within the LPNs professional scope of practice:

- Processing and initiating all forms of orders (verbal, telephone, electronic, written, medical directives, STAT orders, PRN orders, time limited);
- Administering medications via oral, intramuscular, subcutaneous, intradermal, intravenous, topical, NG or j/g tubes, vaginal, rectal, or inhalant routes;
- Conduct narcotic counts, verify MARS, receive medications from pharmacy;
- Contact authorizing prescribers for an order or contact pharmacy for verification;
- Phlebotomy and IV Initiation;
- Pronouncement of death;
- Take part in rounds with MD or NP as required;
- Take part in multi-disciplinary meetings, and;
- Assume the “charge role” as per employer policies*.

**LPNS must always ensure they are knowledgeable, competent, and authorized by their employer for any nursing intervention they perform.*

Do I have the right to refuse some tasks or roles that are being asked of me by my employer?

If an intervention is within your professional scope of practice, is an expectation of your employment, and you are being provided any necessary education and mentorship, then you cannot refuse to take part. As health care evolves, we must evolve with it, and this may mean that your practice must evolve. As per the [Standards of Practice for LPNs in Canada](#), LPNs must maintain relevance in practice, in response to changes affecting the profession (Standard 2, Indicator 2.3).