

Practice Guideline

Duty to Report

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is the regulatory body for the Licensed Practical Nurses (LPN) of Nova Scotia. Its mandate is to protect the public by promoting the provision of safe, competent and ethical nursing care. The College of Licensed Practical Nurses of Nova Scotia (the College) maintains that LPNs are accountable for their own practice and actions at all times.

Professional Obligation

LPNs have a legal and ethical obligation to report when they have reasonable grounds to believe that an LPN or any member of a regulated health profession has engaged in professional misconduct, incompetence, conduct unbecoming of the profession, is incapacitated, or is practicing in a manner that otherwise constitutes a danger to the public (LPN Regulations 2009; Monson 2005). The duty to report is a professional, ethical, and legal responsibility inherent in the nurses' obligation to protect clients from harm and uphold the integrity of the nursing profession (ARNNL 2008; Monson 2005). This responsibility is conveyed via the LPN Act, CLPNNS Standards of Practice and Code of Ethics.

Good Faith

Nurses may have feelings of conflict between loyalty to the profession and clients, and loyalty to colleagues and the employer, (CLPNNS 2011). Fear of reprisal may discourage some nurses from reporting and taking appropriate action. The strongest defense against reprisal is that the reporting nurse acted reasonably and in good faith. The actions of the reporting nurse can be substantiated with clear and accurate documentation of the issue(s), (Monson 2005).



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Guidelines for Action

Define the unacceptable behaviour

Unacceptable behaviour may be unethical behaviour, impaired practice, or incompetence. Incompetence is a pattern of behaviour that demonstrates a failure to meet the Standards of Practice as a result of a lack of competency (knowledge, skill, or judgment), capacity, or fitness to practise. Incompetence renders the respondent unsafe to practise practical nursing (LPN Act 2006) and often results from repeatedly making the same or similar mistakes, not from an isolated act or a single error.

Some specific examples of unacceptable behaviour include (but not limited to):

- The use of drugs/alcohol while on duty
- Confidentiality breaches
- Falsifying information
- A pattern of unsafe behaviour/practices related to medication administration, assessment, intervention, monitoring, documentation, and poor judgment
- Repeated errors
- Verbal, physical, mental or sexual abuse of clients or others
- Boundary violations
- Providing care outside of the scope of nursing practice
- Evidence of cognitive defects/mental health issues

Deciding to take action on unacceptable behaviour

Asses the behaviour by answering **yes** or **no** to the following questions.

- Does the behaviour or practice fail to support safe, ethical, patient/family centered, and/or appropriate nursing care?
- Has there been a pattern of questionable behaviour and is it likely to continue?
- Is the nurse unable or unwilling to recognize and correct the problem behaviour?
- Have clients been, or likely to be, harmed by this practice or behaviour.
- Does this behaviour involve theft, falsification of records, or a breach of accepted ethical standards in some other way?
- Is there documentation or other evidence of problem behaviour?

If you answered **yes** to any of these questions, you should take action.

The timing of your actions depends on the level of risk for the client, (CRNNS 2012). If the risk is immediate, you may have to intervene quickly and report to your manager, immediate supervisor, or the College. However, when it is possible, it is always the most appropriate action to discuss your concerns directly with the nurse.

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If, after your discussions with the nurse the matter is resolved, it may not be necessary for you to take any more action. However, it is important to understand that the professional obligation reaches beyond nurse-to-nurse communication. If the concerns are not taken seriously by the nurse or the practice/behaviour continues, you are accountable to take further action as a means of advocating for the provision of safe, ethical, and competent care.

Reporting unacceptable behaviour to your manager

Document your concerns and discuss them with your manager. Consider the following when documenting and reporting unacceptable behaviour.

- Start by obtaining support. Consult resource people in the workplace or call a CLPNNS practice consultant. The practice consultant at CLPNNS can provide confidential assistance to you, answer questions or help you review appropriate standards of practice (this is not reporting a colleague; you don't have to name the nurse).
- Describe the unacceptable behaviour in detail. Give the date, time, place, who was involved (use initials for client names), what happened, how it affected client care, and what standards were not met.
- Sign your name. Anonymous reporting is less credible.
- Treat all documentation as confidential.
- Request acknowledgment that your information has been received and assurance that the problem will be investigated and appropriate action taken.
- Be patient, as long as clients are not in danger, as these problems often require time to resolve. That said, if the unacceptable behaviour has not been appropriately addressed in a reasonable time frame, or the behaviour continues, go back to your manager and discuss your concerns.
- If, after this, there is no resolution, inform your manager that you are considering reporting directly to CLPNNS.

Reporting unacceptable behaviour to CLPNNS

Reporting to CLPNNS is required:

- if after reporting to your manager the issues continue
- there is sufficient reason to believe that there is an immediate danger to the public if the nurse continues to practise

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Who to contact at CLPNNS

You will receive confidential guidance about your concerns by contacting

Practice Consultants
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The practice consultants can work with you and help you to resolve your concerns or make a plan. Your identity during the consultation process is confidential. However, if you submit a complaint, you will be asked to participate in the process. This will include an official interview for details and may include appearing before the Complaints Committee to present your issues.

How to submit a complaint

A letter of complaint is a requirement for the process. Anonymous complaints cannot be addressed. Include as much detail as possible in the complaint letter, such as:

- Full name and, if possible, registration number of the nurse whose behaviour is unacceptable.
- A detailed description of the unacceptable behaviour with examples of specific incidents that support the complaint. For each incident provide date, time, place, who was involved, names of nurses, and others who have direct knowledge of the behaviour, what happened, how it affected client care, as well as specific standards, workplace policies, procedures or guidelines that have not been met.
- An outline of any action taken by the employer and others since the unacceptable behaviour was first noticed, and a description of the nurse's responses to those actions.*
- The date the nurse started working for the employer and, if applicable, when the employment was terminated.*

* This information is usually only available to employers or managers. Nurse colleagues are not expected to include this information in a complaint letter.

Complaints should be submitted to

Executive Director
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Understanding the Obligations of Others

Every employer or agency that procures employment for a licensed practical nurse must notify the College if an LPN has been terminated or if the LPN has resigned because of allegations of professional misconduct, conduct unbecoming the profession, incompetence, or incapacity. (LPN Act, 2006).

Conclusion

As a self-regulated professional LPNs have an obligation to report to the College the practice of a colleague that is unsafe, incompetent, non-compassionate or unethical (LPN Act, 2006). This accountability also applies to employers when they are aware of such nursing practice or unprofessional behaviour (CRNNS, 2012; Monson, 2008).

References

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- Government of Nova Scotia, Licensed Practical Nurses Act, Statutes of Nova Scotia, c.17, Halifax, 2006.
- Government of Nova Scotia, Regulations of the Licensed Practical Nurses Act, c. 17, Halifax, Registry of Regulations, 2009.
- Monson, M., 2005. What to know about duty to report. *Nursing Management*, 36(5), 14–16.



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