



Jurisprudence Learning Module & Examination

Reference Guide

July 2017



College of Licensed Practical Nurses of Nova Scotia

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Licensed practical nurses are an integral part of the health care team. They have core nursing knowledge to independently care for clients with an established plan of care. Licensed practical nurses are accountable to provide safe, competent, ethical and compassionate care to individuals, families and communities.

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WELCOME

Welcome to the Nursing Jurisprudence Learning Module and Exam. This learning module and exam was developed for a variety of purposes. Starting in May of 2016, completion of this module and the jurisprudence exam is mandatory for any applicant seeking their initial license in Nova Scotia. This includes new graduates, internationally educated nurses (IEN), LPNs from another province/territory wishing to practice in Nova Scotia (including nurses once registered in Nova Scotia, but who have not held a valid Nova Scotia license in the last five years) or nurses returning to practice via the practical nursing re-entry program. Applicants in the above categories must complete the module and exam as part of the registration process.

LPNs currently licensed in Nova Scotia are not required to complete the learning module and exam because they are expected to know this information as part of meeting their standards of practice and providing safe, competent, ethical, and compassionate nursing care. However, LPNs may choose to complete the learning module and exam as part of their own learning and to satisfy a portion of their annual Continuing Competence Program requirements.

ABOUT THIS DOCUMENT

This is a companion document for the learning module. It contains the necessary information required for you to be successful on the Jurisprudence Examination. This document is based on the Jurisprudence Framework. 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 Nova Scotia 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 Nova Scotia helps LPNs practice within the boundaries of legislation
Where to find more information.	Nursing Jurisprudence FAQ

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 learning module and exam should take no more than 45-60 minutes to complete. Once you begin, you must complete the exam. If you exit before the exam is complete, you will have to restart from the beginning. The system will automatically log you out if you are idle for 20 minutes.
- To maximize your time to complete the learning module and exam, review the entire reference guide before starting.
- Use the same access code each time you log in to the learning module.
- Your access code may only be valid for 60 days from the day it was issued. If you do not complete the module within this timeframe, you may be required to request an additional access code and start the module from the beginning. You are responsible for the cost of the additional access code.
- Current LPNs are not required to complete the learning module and exam, but may wish to do so for their own learning.

ABOUT THE CERTIFICATE OF COMPLETION

- You will receive a **Certificate of Completion** by email when you finish the exam and evaluation.
- Make sure you keep a copy of your certificate in a safe place because duplicates **CANNOT** be issued.
- The College is notified by the vendor when you have successfully completed the exam.
- **DO NOT** send the certificate to the College unless specifically asked to do so.

MANDATORY REGISTRATION REQUIREMENT

This section applies only to those wishing to get licensed for the first time (or first time in five years) in Nova Scotia

- Successful completion of the learning module and exam is a **mandatory requirement for registration** and the College must receive vendor notification you have done this before a license can be issued.

ABOUT THE EXAM

- The purpose of the exam is to measure your awareness of the legislative framework which makes up the Nova Scotia LPN practice context. Being knowledgeable about legislation and regulatory policies enhances your ability to practice safely, ethically and competently.
- The exam supports the College to meet its objective of public protection.
- Exam questions are based on broad concepts as they relate to the competencies. There is only one correct answer.
- You are required to answer every question correctly on the exam.
- If you answer a question incorrectly, you will receive a pop-up message with an explanation and a link to a document where the correct answer can be found. Review the source document and answer the question again.
- Passing the jurisprudence exam indicates you have met the standard. However, as a professional nurse, you are accountable to **continue to meet the standard**, throughout your career.
- The exam is open book. The references available are for you to use during the test, however cheating could result in your test being nullified and may impact your ability to get a license to practice practical nursing in Nova Scotia.

SECTION 1: SELF REGULATION

Objectives

Upon completion of Section 1, the applicant will be able to:

1. discuss the concepts associated with self-regulation;
2. explain the role of the College;
3. discuss concepts associated with the College's role in public protection, and;
4. identify key legislation governing the practice of practical nursing in Nova Scotia.

COMPETENCY SR-1: Self-Regulation

What you need to know.	Self-Regulation is when an occupational group formally regulates the activities of its members. In Nova Scotia 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. There is an element of status achieved with self-regulation as it is viewed by others as the hallmark of a profession. 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.	Self-Regulation Practice Guideline CLPNNS Website: About the College

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

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS, or simply the College) 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 Nova Scotia government through law in 2002, namely the LPN Act. In doing so, the Act authorized the formation of the College and granted the College the powers to regulate LPNs.

Why do LPNs self-regulate?

LPNs self-regulate because the work they do is of such a nature, 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 are permitted to 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 College *regulates LPNs* to make sure they meet and continue to meet their standards. The College's mandate is to regulate LPNs for the purpose of public safety in Nova Scotia based on principles. *Regulations*: promote good practice, prevent poor practice, and intervene when practice is unacceptable.

COMPETENCY SR-2: The Role of the College

What you need to know.	The College regulates the practice of LPNs in Nova Scotia. LPNs registered in Nova Scotia are referred to as 'members'.
Why it is important.	The College's mandate is public protection and it does this through the self-regulatory process and by ensuring tools and processes are in place supporting LPNs to deliver safe, competent, ethical and compassionate nursing services.
Where to find more information.	About the College LPN Act Protecting the Public

How does the College meet its mandate of public protection?

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

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

The objects are listed in the LPN Act and include:

- to serve and protect the public interest;
- to preserve the integrity of the practical nursing profession;
- to maintain public confidence in the ability of the practical nursing profession to regulate itself, and;
- to regulate the practice of licensed practical nurses through the development of various processes.

What are Regulatory Functions?

Regulatory functions are the core business of the College. They represent broad categories of regulatory work describing how the College 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 continuing competence;
- setting, monitoring and enforcing standards for who may enter the profession and PN education, and;
- approval of practical nurse education programs.

COMPETENCY SR-3: College Governance Processes

What you need to know.	The College is <i>accountable</i> to protect the public through the regulatory process. The Board of Directors of the College is responsible to make the decisions about LPN practice, and the practical nursing profession. The board relies on College 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. LPN members engage in the self-regulation process through their participation on College committees, Annual General Meetings, or by providing feedback on College documents, policies and guidelines.
Where to find more information.	Board of Directors Webpage College By-Laws LPN Act LPN Regulations

What is the Role of the Board of Directors?

The Board of Directors, often referred to just simply as ‘the Board’, is responsible to ensure the College meets its mandate to serve and protect the public as outlined in the LPN Act and LPN Regulations.

What are the LPN Act and Regulations?

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 College, the role of the Board of Directors, various College regulatory functions, and defines the professional scope of practice of the practical nurse. The current Act was approved on its third reading in November 2006. It achieved Royal Assent - which is the symbolic final stage of the legislative process where a bill becomes law on November 23, 2006. Changes in the Act must be made by government.

The *LPN Regulations* describe how the elements of the Act are to be carried out. The regulations outline processes which further define the role of the College and its key regulatory functions. The current regulations were proclaimed – which is the legislative process whereby the regulations are approved by the Cabinet of the current sitting government - on April 14, 2009 and went into effect on May 1, 2009. Changes in Regulations must be made by government and can be changed or modified without a change in the Act.

What are By-Laws?

College by-laws are rules and procedures by which the College operates. The College has been granted the authority to develop by-laws by the LPN Act and LPN Regulations. By-laws are developed, implemented and evaluated by the Board of Directors. Unlike the Act and Regulations 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 College?

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 College. All decisions made by the Board must align with the four objects listed in the LPN Act.

What is the structure of the Board?

The composition of the Board is set by the College by-laws and includes: six active practicing Licensed Practical Nurses; four public representatives appointed by Governor-in-Council; and one registered nurse (RN) appointee from the College of Registered Nurses of Nova Scotia (CRNNS).

How are LPNs selected to serve on the Board?

The province is sectioned into 6 electoral districts. LPNs are elected from each district to the Board every 2 years on a rotational basis. LPNs elected to the Board **represent the profession**, not the individual LPNs living in the district. The district model ensures equal representation across the province.

Why are there public members on the College 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 College's mandate of public protection. Public representatives are appointed by the sitting government for a period of three years.

Why is there an RN on the College's Board of Directors?

An RN representative on the Board is important. LPNs in Nova Scotia practice autonomously within a collaborative relationship with other care providers, which is most often an RN. Having a representative from the RN regulatory college provides the Board with a collaborative perspective and demonstrates the College's commitment to collaboration. CRNNS representatives are appointed for a 3-year term.

Is the composition of the Board significant?

Board composition is important in order to achieve a representative balance between actively practicing LPNs (whose practice is being regulated), public members (recipients of nursing care) and collaborative partners (registered nurses). LPNs make up 54% of the Board. Public representatives make up 36% and collaborative partners make up 10%.

What other ways can LPNs participate in self-regulation?

LPNs can participate on College committees or as a voting member at the Annual General Meeting (AGM) which is held each year, usually in May. Any LPN holding an active-practicing license is eligible to vote on issues, motions, or resolutions presented at the meeting.

COMPETENCY SR-4: College Committees

What you need to know.	Standing Committees are required by the LPN Act 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 a College Committee is an important self-regulatory activity.
Where to find more information.	College Committees College By-Laws College Annual Report

What type of committees does the College have?

At any given time, the College has a number of Ad Hoc committees in various stages of function. However, there are seven standing committees, each with their own purpose and function:

- The **Complaints Committee** evaluates complaints about a LPN's practice and determines how to best manage the complaint.
- The **Professional Conduct Committee** evaluates complaints which cannot be resolved by the complaints committee.
- The **Education Committee**, reviews findings of Practical Nursing program reviews and makes recommendations.
- The **Fitness to Practise Committee** evaluates practice issues involving incapacity.
- The **Reinstatement Committee** evaluates requests for license reinstatement following suspension or revocation.
- The **Registration Appeal Committee** evaluates appeals of applicants whose registration has been denied.
- The **Finance Committee** provides advice and recommendations to the Board with regard to the development and implementation of financial policies.

Where do College committees get their mandate or authority?

The Board establishes committees as directed by the LPN Act, Regulations or Bylaws. All committee activities must align with the College's mandate of public protection. Committees perform their duties under the direction of the Board.

COMPETENCY SR-5: Registration and Licensing

What you need to know.	The College has established annual registration and licensing requirements. An active and valid license is required before an individual can engage in practical nursing practice, which includes classroom settings or employment orientation where there is no client contact. Licenses must be renewed by October 31 st each year and there is no grace period.
Why it is important.	Successful registration with the College 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.	Registration Registration and Licensure FAQ Self-Reporting Criminal Offence LPN Act LPN Regulations Am I Practicing Nursing?

What is the difference between registration and license renewal?

Registration represents the process to obtain your first license in Nova Scotia. Once registered, you are given a license. Every year you must renew your license by October 31st. It is important to note that even though your license expires on October 31, **your online renewal must be complete and paid for by the administrative deadline of October 15th**. Any renewals submitted after the administrative deadline are subject to a late fee.

If my license does not expire until October 31st, why do I have to renew by the Administrative Deadline on October 15th?

There is usually an increase of online renewal activity at the last minute. If, for any reason there is an issue with your online renewal, your license CANNOT be processed until the issue is resolved. In the past, there have been occasions where individuals, waiting until the last minute to renew, encountered an issue and as a result could not get their license processed by the deadline and subsequently, could not work. The administrative deadline is to ensure the College has sufficient time to process all renewals before the October 31st expiration date.

What are the prerequisites for registration in Nova Scotia?

Registration requirements are set in the LPN Act. Applicants from Nova Scotia 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);
- have favourable responses to jurisdictional questions;
- successfully complete the Nova Scotia jurisprudence learning module and exam; and
- complete a criminal record check.

Applicants with unfavourable responses to jurisdictional questions or have a positive criminal record are required to provide additional information to the College as part of the registration process.

Applicants from other jurisdictions seeking initial registration in Nova Scotia are required to satisfy the above and have valid practice hours (or be a recent graduate), acknowledge the annual Continuing Competence Program (CCP) participation requirement or complete other requirements.

What happens if I do not complete the mandatory requirements in the prescribed time frame?

You will not be eligible to renew your license until these requirements are met. There are no extensions.

Are there other annual mandatory licensure requirements?

Current LPNs (those already licensed) in Nova Scotia are required to accumulate 1000 LPN practice hours over a five-year period *and* to participate in CCP to be eligible to renew their license.

How are LPN practice hours accumulated?

Practice hours are accumulated in formal paid¹ positions (clinical, education, administrative) where LPN licensure is a requisite of the position *and* where nursing services are delivered through the use of the nursing process (assessment, planning, implementation and evaluation).

What are the types of licenses available in Nova Scotia?

There are four types of licenses in Nova Scotia.

Type	Description	Designation
Active Practicing	Unrestricted practice.	LPN
Active Practicing with Conditions or Restrictions	Applicants meet registration criteria however have a requirement to be filled or a limitation which must be overcome before an unrestricted active practicing license can be issued. Generally, conditions are related to education and restrictions are limitations on practice or practice areas.	LPN
Temporary	Applicants do not meet all of the criteria for an active practicing license (i.e. a gap in mandatory educational requirements or applicants who have been licensed in another jurisdiction) <i>and</i> are waiting to write the Canadian Practical Nurse Registration Examination (CPNRE). A temporary license is issued for a specific period of time and may not exceed 12 months.	LPN
Graduate Practical Nurse	Applicants meet all criteria for registration but have not written the CPNRE. This license is only valid for a maximum of 3 months and expires on the day the College receives notice the applicant has failed the registration exam.	GPN

Is the renewal process online or paper based?

Since 2014, the annual renewal process is completely online. Members access the [Member Login/Online Portal](#) from the College's Website (www.clpnns.ca) to complete their renewal using their registration number as their login ID². No paper licenses will be issued. The College no longer sends out registration reminders. LPNs are responsible to

¹ Hours accumulated during formal education programs designed for LPNs and some volunteer hours may be accepted.

² Even if you wish to pay for renewal fee by cheque/money order (by mail) or cash (in person), you **still must** complete your renewal online and choose the payment method.

know when their registration expires, how to initiate the registration process and comply with the annual mandatory renewal requirements, such as practice hours or CCP.

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

Your employer can verify your registration status by using the [Licensure Verification](#) function on the College's website (www.clpnns.ca). Employers in Nova Scotia share the accountability of verifying a LPNs valid registration prior to commencing employment and annually.

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

Notify the College immediately. Please be aware practicing without a valid license, even temporarily, may be considered professional misconduct and could 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.

Is the online renewal process automatic?

No. You have to access the [Member Login/Online Portal](#) and initiate the process. Registration is not complete until all steps (including payment) of the process are completed. Payment can be made online or by cheque or money order through the mail. If you choose to pay by cheque or money order, your license will not be renewed until payment has been received and processed.

Even if you wish to pay for renewal fee by cheque/money order (by mail) or cash (in person), you still must complete your renewal portion via online portal.

COMPETENCY SR-6: Protected Title

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 College achieve its mandate of public safety because only qualified practitioners may use it. Members of the public know that when an individual is granted permission to use the LPN title it means they have met and, continue to meet the educational and practice requirements of an LPN meaning they are prepared to deliver safe, competent, ethical and compassionate nursing services. 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.	LPN Act RN Act Position Statement: Protected Title

When can I use the LPN title?

Once you have successfully met the registration and licensing 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

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.

Is 'Nurse' a protected title in Nova Scotia?

Yes. Nurse is a protected title under the Registered Nurses Act. It may not be used by a person unless the person is a registered nurse, nurse practitioner, licensed practical nurse or a student in a program approved by the College of Registered Nurses of Nova Scotia or College of Licensed Practical Nurses of Nova Scotia.

COMPETENCY SR-7: How the College Supports LPNs

What you need to know.	The College 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 College website is an active and comprehensive source for current and relevant LPN information. Every day, professional practice consultants provide in-person, group, phone or email advice for LPNs and other stakeholders about professional practice issues. On average, the College engages in approximately 800-1000 consultations annually.
Why it is important.	Supporting LPNs in their practice is another way the College meets its mandate to ensure clients receive safe nursing services from LPNs.
Where to find more information.	About the College Professional Liability Insurance Guideline: Supporting Excellence in Practical Nursing Practice CCP Education Session CCP FAQ Ask A Practice Consultant

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

A **regulatory college** is the organization responsible for the day-to-day activities of a self-regulating profession. The role of the College is to protect the public through the development of standards, processes and policies which define the practice of the profession. An **association** is responsible for promotion of the profession and the professionals within it. Currently there are no nursing associations* in Nova Scotia. A **union** is an organization which supports employees within the employer-employee relationship.

Although the College is a regulatory body, it does have some role in promotion of the profession and supporting LPNs in their employment relationship. It does this thorough creation of resources for LPNs (e.g., guidelines, policy, tools) which better prepares them to understand and articulate their role.

*excluding speciality nursing associations.

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

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

Document type	Description	Purpose
Practice Guidelines	Documents to 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.
Position Statements	Documents to reflect the view taken by the College in regard to a particular nursing issue, trend or external policy.	To help licensed practical nurses make decisions which appropriately reflect the Colleges perspective.

Practice Memos	Documents to define an element of the LPN scope of practice or changes in practice, policy or standard.	To provide LPNs with current and relevant practice specific information so they may make informed 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?

Yes. A portion of your annual fee goes to provide you with [professional liability insurance](#) . This 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 (CCP) is a formal way of validating an LPN's competence. CCP 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 College to achieve its mandate of public protection. CCP has been an annual registration requirement for LPNs in Nova Scotia since 2010.

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 College 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 practicing license, whether they are working as an LPN or not. Participation in CCP by every individual 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

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 Nova Scotia.
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.	Standards of Practice for LPNs in Canada Code of Ethics for LPNs in Canada

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, 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 Nova Scotia, by LPNs on the Board. Secondly, there were created with input and feedback of the general LPN membership. 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 Nova Scotia.

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 Nova Scotia 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

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 Nova Scotia 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 which 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 College Practice Consultant to develop and implement an appropriate plan of action. Each LPN in Nova Scotia 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 [Standards of Practice and Code of Ethics Online Learning Module](#)?

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

COMPETENCY SR-9: Leadership

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 impacting client care, such as policy, staffing, resources or funding.
Where to find more information.	Professional Practice Series Guideline: Leadership

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

No. Every LPN in Nova Scotia 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 Colleges' 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.

What is the difference between competent, competence, continuing competence and competencies?

Term	Definition
Competent	<i>Having or demonstrating</i> the necessary knowledge, skill, and judgment to practice in a designated role or setting. Being <i>competent</i> is often determined by meeting or surpassing a benchmark at a point in time, such as passing the national licensing exam.
Competence	The <i>ability to integrate and apply</i> the knowledge, skill and judgment safely and ethically in a designated role or setting. Where being competent is measured by meeting a benchmark, <i>competence</i> is measured through the application of knowledge to successfully function in the LPN role.
Continuing Competence	Career-long learning through <i>adapting and refining</i> the application of knowledge, skill, and judgment required to practice safely and ethically in a designated role and setting as a nurse increases their professional capacity moving from novice to expert.
Competencies	The knowledge, skills, behaviours, attitudes, critical thinking, and clinical judgment expected of an entry-level licensed practical nurse to provide safe, competent, and ethical care. Competencies are often defined as skills within the LPN professional scope of practice.

Is there an [Online Leadership Course](#) for LPNs?

Yes. In September 2014, the College launched an Online Leadership Course for LPNs in Nova Scotia.

COMPETENCY SR-10: Interprofessional Collaboration

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. In certain circumstances, such as where client needs are variable or changing, the LPN is obligated to collaborate with an appropriate care provider to determine the next best nursing action.
Why it is important.	In Nova Scotia, LPNs work autonomously within a collaborative relationship with other care providers. This means they are expected to utilize their full knowledge base and scope of practice as <i>appropriate to the client</i> and in collaboration with others.
Where to find more information.	Joint Position Statement: Interprofessional Collaborative Practice RNs and LPNs in a Collaborative Practice Environment Regulated Health Professions Network Website Assignment and Delegation Guidelines for RNs and LPNs

What is interprofessional collaborative practice?

Interprofessional collaborative practice is client-centered care where the most appropriate health professional(s) provides the services required to meet their healthcare needs of the client.

It is based on four principles: focus on and engagement of clients – this means client become part of the care decision making team; population health and determinants of health are used to meet individual client needs; trust and respect is paramount to team function; and, communication is central to knowledge exchange.

How does interprofessional collaborative practice improve client outcomes?

Interprofessional 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.

There are regulated and unregulated members on the team. What is the difference?

There are 22 regulated health professions in Nova Scotia. The [Regulated Health Professions Network of Nova Scotia](#) has the most current list.

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.
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Can LPNs collaborate or consult with any health care provider in Nova Scotia?

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

What is the difference between collaboration and consultation?

Term	Definition
Collaboration	Two or more health care providers working together on a common issue to make a care decision. Collaboration is associated with <i>knowledge sharing</i> . LPNs are expected to collaborate with other health care providers as necessary, but especially when client outcomes are becoming more variable.
Consultation	One health care provider <i>seeks advice or guidance</i> from another qualified health care provider using a collaborative process. Consultation is an expectation for LPNs when client care needs are changing or when they exceed their individual or professional capacity.

COMPETENCY SR-11: Duty of Care

What you need to know.	Duty of care is the moral, ethical, and legal obligation requiring 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.	Professional Practice Series Guideline: Duty of Care LPN Regulations

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; moral or ethical opposition 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 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 college 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 College?

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

COMPETENCY SR-12: Professional Conduct Process

What you need to know.	The College 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 College works closely with LPNs and their employers, experiencing practice issues. The College ensures the necessary practice supports are available to help nurses make positive changes in their practice. 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 College meets its mandate of public protection.
Where to find more information.	Professional Conduct Process LPN Act Professional Conduct Process Summary Sheet

What constitutes a formal complaint?

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

Term	Definition	Example
Professional Misconduct	Disgraceful, dishonourable or unprofessional practice.	Falsifying document, theft, client abuse.
Conduct Unbecoming	A member's personal or private conduct brings discredit upon the licensed practical nursing profession.	Arrests for drug use, abuse.
Incompetence	Significant lack of knowledge, skill or judgement which renders an LPN unsafe to practise practical nursing.	No change in an LPN's practice following remediation or a detailed learning plan.
Incapacity	A member suffers from a physical, mental or emotional condition, disorder or addiction which renders them unable to practise practical nursing safely.	Alzheimer's disease.

What is administrative justice?

Administrative justice is the authority to exercise judicial powers which have been delegated to the College by the government through the LPN Act and Regulations. The College relies on the principle of administrative justice to enact decisions made by the Complaints or Professional Conduct Committee.

Can the College act on anonymous complaints?

No. The College is not authorized to act on anonymous complaints. The College's capacity to initiate its conduct process is hinged on the principle that the person subject to the complaint is entitled to know the individual laying the complaint, as well as the type, nature, and details of their complaint.

When does the professional conduct process begin?

The professional conduct process initiates when the College receives a letter of complaint about a member *or* is notified a member has been terminated from their employment. In Nova Scotia employers are obligated to notify the College 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 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 and create an *Investigative Report* summarizing the investigation. The report is shared with the committee and respondent. The depth, breadth and intensity of the process depending 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 does the Complaints Committee and Professional Conduct 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 issue a disciplinary finding, however the respondent must consent to the disciplinary action. If consent is not obtained, the complaint is automatically sent to Professional Conduct Committee for a *hearing* (hearings are more formalized), and the process begins again. The Professional Conduct Committee may also issue disciplinary findings, but they do not require consent of the respondent. Occasionally, very serious complaints are sent directly to the Professional Conduct Committee.

Why are some findings considered *discipline* and others not?

Findings where there is no evidence of professional misconduct, conduct unbecoming the profession, incompetence or incapacity are considered to be non-disciplinary.

Non-Disciplinary Findings	Definition
Dismissal	There is no evidence to substantiate the complaint. Dismissed complaints are closed and no further action is required by the respondent and no further action is taken by the College.
Informal Resolution	Typically, the respondent, complainant and College work together to create a plan to resolve the issue at hand. Once the complaint is informally resolved, no further action is required.
Counsel	The committee feels the respondent would benefit from professional guidance from CLPNNS with regard to the subject matter of the complaint, however there is no finding of professional misconduct, conduct unbecoming the profession, incompetence or incapacity.
Caution	There has been a violation of the standards of practice or code of ethics, <i>but</i> the violation does not constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity.

Disciplinary Findings	Definition
Reprimand with consent (Complaints Committee)	There is evidence of professional misconduct, conduct unbecoming the profession, incompetence or incapacity. Reprimands generally have a remediation plan or conditions which require further action on the part of the respondent. Failure to comply with the plan or conditions results in additional action against the nurse. Regardless of the issuing committee, a reprimand is a formal disciplinary finding and as such becomes a permanent part of the respondent's record.
Reprimand without consent (Professional Conduct Committee)	
Consent Revocation (Professional Conduct Committee)	The respondent's license to practice practical nursing is revoked. A revocation has a comprehensive remediation plan or conditions attached to it. Members must fully comply with the orders to be eligible for reinstatement.

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

Yes. The Complaints or Professional Conduct Committee have the authority to issue *Other Orders*. These may be attached to any finding - disciplinary or otherwise – 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 College with 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 College. 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 College notify the public of a disciplinary finding about an LPN?

In Nova Scotia, the College 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 College 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 College mandate of regulation of LPNs in the best interest of the public.

SECTION 2: SCOPE OF PRACTICE

Objectives

Upon completion of Section 2, the applicant will be able to:

1. discuss the concepts associated with scope of practice;
 - a. professional nursing practice;
 - b. contexts of practice;
 - c. assignment and delegation, and;
 - d. self-employment.

COMPETENCY SP-1: Professional Nursing Practice

What you need to know.	Professional practice is nursing practice consistent with the Licensed Practical Nurse Act and Regulations, Standards of Practice, Code of Ethics, Continuing Competence Program (CCP) and other policies and documents developed by the College. These documents create a framework which defines professional practice for LPNs in Nova Scotia. LPNs are accountable to ensure their practice is consistent with the framework.
Why it is important.	Professional practice ensures clients receive safe, competent, ethical, and compassionate nursing care or service from LPNs. The professional practice framework is another way the College meets its mandate to protect the public.
Where to find more information.	Professional Practice Series Guideline: Scope of Practice Position Statement: Accountability

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 Nova Scotia, 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 their Continuing Competence Program. If you have self-assessed a gap in your nursing knowledge, you are accountable to initiate a personal 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

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 Nova Scotia. 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 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.	LPN Act Professional Practice Series Guideline: Nursing Care Plans Professional Practice Series Guideline: Scope of Practice Position Statement: Accountability Entry to Practice Competencies for Licensed Practical Nurses

What are Entry to Practice Competencies (EPTCs)?

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 Beyond Entry Level Competencies (BELCs)?

These are competencies which require additional advanced post-graduate 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.

What is individual scope of practice and scope of employment?

Scope of Practice	Description
Individual Scope of Practice	An individual LPN's 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.
Scope of Employment	The description of the LPN role within the employment setting. The scope of employment has 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. Scope of employment changes from employment setting to employment setting and LPNs are accountable to know what is expected of them in their current role.
The individual scope of practice and scope of employment may not exceed the professional scope of practice.	

What is the professional scope of practice of the LPN in the provision of nursing services?

Nursing Services is the application of practical nursing knowledge in 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. LPNs practice autonomously within a collaborative relationship with other care providers, to provide professional nursing services to individuals of all ages, groups (including families) and communities, in a variety of care settings. Nursing services are provided for the purposes of: promoting health; preventing illness; providing palliative and rehabilitative care, and; assisting clients to achieve an optimal state.

How is the professional scope of practice of practical nursing defined?

The practice of practical nursing is based on *core nursing knowledge* derived from the nursing arts and physical, biological and behavioural sciences. It involves the provision of nursing services: **independently** for clients with predictable outcomes; **in consultation** with appropriate care providers for clients whose outcomes are variable; or, **under the guidance or direction** of a health care professional authorized to provide such guidance or direction for clients with unpredictable or complex outcomes.

What does collaborate in the development of the initial nursing care plan mean?

Development of initial, new or substantially changed nursing care plans is not an autonomous function for LPNs in any context in Nova Scotia. LPNs may only engage in this practice in collaboration with the RN. In clinical settings where the client is cared for by an interprofessional team, or the licensed practical nurse works in a setting where there is no RN, the LPN collaborates with the most appropriate care provider to develop the initial interprofessional plan of care. Self-employed LPNs collaborate with the client to develop the initial care plan.

COMPETENCY SP-3: Context of Practice

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 (including education, surveillance, monitoring, follow-up assessment or support) are better suited for another 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.	Professional Practice Series Guideline: Scope of Practice Professional Practice Series Guideline: Leadership Professional Practice Series Guideline: Nursing Care Plans LPN Act Graduate Practical Nurse (GPN) Scope of Practice Policy

What is autonomy?

Autonomy in nursing is defined as the professional ability to make nursing decisions and independently implement, assign or delegate nursing actions as a result of the nursing decisions.

Why must the LPN work in collaborative relationships?

The LPN Act states the development of the plan of care is a collaborative, not an autonomous function of the LPN. In nursing, LPNs and RNs must be clinically collaborative to develop the *nursing* care plan.

What does clinically collaborative mean?

This means there must be an established relationship between the LPN and RN in the clinical setting. The collaborative relationship is required because: LPNs are obligated to consult and collaborate with the RN in the development of the initial nursing care plan or where clients are not achieving outcomes as expected; fully autonomous practice for the LPN is limited to situations where clients have been deemed to have predictable problems and readily anticipated outcomes; and, even in practice settings where LPN practice is autonomous, the RN plays an important role in the overall evaluation of clients' existing nursing care plans.

What does 'autonomous practice within a collaborative relationship' mean?

LPNs are expected to work to their highest level of independence (see table below) required to meet client needs *within the context* of relationships with other care providers. The level of independent practice will vary in relation to needs of the client.

Does this mean the LPN can only consult with the RN?

No. Licensed practical nurses can consult or collaborate with any care provider who has an *established relationship* with the client/agency and the capacity to provide consultation or direction. The nature and intensity of the established relationship is defined by the employer (e.g. on-call, supervisor or remote). An established relationship is one where the appropriate healthcare professional is affiliated with an agency, has sufficient understanding of the needs of the clients and has agreed and been scheduled to provide consulting advise as necessary. When appropriate and possible, the LPN's 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.

The LPN's level of autonomous practice is based on the needs of the clients. What does this mean?

The greater the level of predictability of client outcomes, the greater the autonomy or independence of practice. On the other hand, the greater the complexity of client outcomes, the more the LPN is required to consult with the RN to make nursing decisions.

Level of Practice	Context	Rational for Consultation
Independent	Where the client has <i>known problems with well-defined health challenges</i> and is achieving the outcomes as defined by the nursing care plan, the LPN relies on their core nursing knowledge base, practices independently within their individual scope of practice. The LPN is able to predict and manage the client's responses to the nursing interventions and uses the established plan of care to guide their practice.	The LPN is solely accountable for their decisions and client outcomes. Even so, collaborative communication with RN colleagues is expected.
In Consultation	When <i>problems intensify or client outcomes become more variable or less predictable</i> , a broader nursing knowledge is required to interpret the relevance of these variances. The LPN, in consultation with the RN identifies the source of the variances. Together they modify the nursing care plan so new findings are appropriately addressed or managed.	The LPN is obligated to initiate consultation when the nature of variation(s) is not well understood. The reason is core nursing knowledge may not be comprehensive enough to support the LPN to independently predict or manage the outcomes of client with varying or complex needs. The LPN is accountable to know when and with whom they consult and the RN/LPN pair share accountability for their practice.
Under Guidance or Direction	When clients <i>are failing to achieve outcomes as expected or have developed unexpected or worsened problems</i> , the LPN practices under the direction or guidance of an RN to meet the care needs of the client. The RN and LPN are expected to work collegially when caring for these clients. The RN assumes the lead position for coordination of care by making decisions and changes to the nursing care plan to manage the new problems. The LPN may perform any required interventions (as long as competent) arising from the decisions made by the RN.	The LPN is obligated to 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.
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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 which 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 which is unknown (or yet to be determined) about a client and their responses to interventions, the more complex their outcomes can be.

What is the *appropriate practice context* to support highly autonomous LPN practice?

Highly autonomous LPN practice is supported in environments where: the client has a well-defined plan of care with established outcomes and is responding to interventions consistently and in a manner which can be readily predicted; the LPN has the necessary knowledge, skill and judgment (competence) to perform required interventions and accurately predict and manage the clients' responses to the intervention or the outcomes or their actions, and; the practice environment has sufficient resources in place (human, equipment and policy) to assist the LPN or support the client should it become necessary.

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, Medical Practitioner or any health care provider authorized to provide such consultation and GPNs may not independently assume the role of the nurse in charge or be the only regulated nurse physically present in a practice area or unit.

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

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.	Assignment and Delegation Guidelines for RNs and LPNs

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 each staff member is to accomplish. Delegation is transferring the responsibility to perform an intervention to a care provider (delegatee) 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 delegatee is responsible to perform the intervention and the delegator 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 and the status of the wound.

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.

What are my responsibilities as a delegator?

The delegator 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 delegatee?

The delegatee 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. This means 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

What you need to know.	Self-employment is a growing option for LPNs in Nova Scotia. The LPN works in collaboration with the client in this context and is responsible to ensure they have developed 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.	Practice Guideline: Self-Employment Medication Administration Guidelines for LPNs

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 their 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 or the appropriate health care service, such as 811.

SECTION 3: OTHER LEGISLATION

Objectives

Upon completion of Section 3, the applicant will be able to discuss their accountability and responsibility as it relates to other provincial and federal legislation.

COMPETENCY L-1: Controlled Drugs and Substances Act

What you need to know.	Licensed practical nurses working in Nova Scotia must comply with this federal legislation. Health care organizations develop agency policies based on it. LPNs should be aware 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.	Medication Administration Guidelines for LPNs Federal Narcotic Control Regulations (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 an LPN may administer in appropriate contexts as long as the LPN is the appropriate health care professional to do so. 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: Homes for Special Care Act

What you need to know.	A Home for Special Care must be licensed and can fall under the category of Residential Care Facilities or Nursing Home.
Why it is important.	In every nursing home and nursing care section of a home for special care where there are less than thirty residents, there shall be at least one registered nurse 'on duty' for no less than eight hours every day, and in the absence of the registered nurse, there shall be a person on duty in the home who is capable of providing emergency care. In every nursing home and nursing care section of a home for the aged where there are thirty or more residents, there shall be at least one registered nurse 'on duty' at all times. In every residential care facility other than a small option home, there shall be a staff member who is capable of providing necessary emergency care on duty in the home at all times.
Where to find more information.	Homes for Special Care Act Homes for Special Care Regulations NS Department of Health and Wellness Continuing Care Branch – Service Eligibility Policy Practice Guideline: Determination of Death

What does 'on-duty' mean?

On duty means a registered nurse is available (on or off site) for consultation as necessary. The employer is responsible to define this based on the needs of their clients and their resources.

Are LPNs in Nova Scotia authorized to determine when death has occurred?

Determination of death is within the scope of practice of a number of health care providers. LPNs are authorized to determine death through an assessment of the cessation of vital signs. *Pronouncing Death* is a formalized process which includes the completion of the death certificate and registering the death with the appropriate provincial agency and is role of the physician or in some contexts, the nurse practitioner.

COMPETENCY L-3: Pharmacy Act

What you need to know.	Pharmacists with additional qualifications have additional responsibilities such as prescribing drugs and treatments and directly administering drug therapy to clients.
Why it is important.	LPNs should understand their own context of practice and recognize collaborative practices where similar interventions may be shared by several different types of care providers.
Where to find more information.	Pharmacy Act Pharmacist Drug Prescribing Regulations Medication Administration Guidelines for LPNs

What is the difference between dispensing and administering?

In Nova Scotia 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.

COMPETENCY L-4: Involuntary Psychiatric Treatment Act

What you need to know.	A client may be involuntarily admitted following a comprehensive psychiatric assessment by a psychiatrist.
Why it is important.	Any member of the treatment staff of a psychiatric facility may detain and where necessary restrain a voluntary patient requesting to be discharged, if the staff member reasonably believes the patient, because of the psychiatric disorder, is likely to cause serious harm to self or others. A client detained under these circumstances must be examined by a physician within 3 hours.
Where to find more information.	Involuntary Psychiatric Treatment Act Personal Directives: A Guide for LPNs

COMPETENCY L-5: Protection of the Persons in Care Act

What you need to know.	LPNs or other service providers who have a reasonable belief a patient or resident is, or is likely to be abused, shall promptly report this to the facility administrator. This information must then be reported to the Minister of Health and Wellness or the Minister's delegate by the facility administrator.
Why it is important.	The duty to report applies even if the information on which the person's belief is based is confidential and its disclosure is restricted by legislation.
Where to find more information.	Protection for Persons in Care Act Professional Practice Series: Duty of Care

Who investigates complaints under this Act?

The Minister of Health and Wellness assigns an investigator who conducts an investigation.

COMPETENCY L-6: Personal Directive Act

What you need to know.	The Personal Directives Act allows individuals to set out instructions or general principles (personal directive) about what or how personal care decisions should be made when they are unable to make the decisions themselves. It allows individuals to appoint a delegate to enact the personal directive and make personal care decisions on their behalf should they become incapable of making the decision.
Why it is important.	LPNs should know if their client has a personal directive and, if so, the appropriate person to consult if decisions are to be made.
Where to find more information.	Personal Directive Act: Guidelines for LPNs Personal Directives Act Personal Directives Regulations

What is a substitute decision maker?

A delegate or statutory or substitute decision maker is a person authorized under the Personal Directives Act to make decisions on an individual's behalf.

Are LPNs authorized to perform capacity assessments on clients in Nova Scotia?

The basic capacity assessment of day-to-day services falls within the scope of practice of many healthcare providers, including LPNs. Licensed practical nurses and other healthcare professionals must ensure clients have given an informed consent for any service they are to receive. Capacity is an essential element of informed consent. At the most basic level, capacity assessments in relation to the provision of day-to-day services refer to the ability of a client to consent to specific activities or treatment (e.g., to have breakfast, to have a morning bath, take prescribed medications, have a dressing changed, start oxygen, intravenous therapy, etc.).

COMPETENCY L-7: Personal Health Information Act (PHIA)

What you need to know.	PHIA governs the manner in which personal health information may be collected, used, disclosed and retained within Nova Scotia'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.
Why it is important.	According to PHIA, an LPN or any provider must notify their manager or employer at the first reasonable opportunity if personal health is stolen, lost or accessed by unauthorized persons.
Where to find more information.	Personal Health Information Act (PHIA) Personal Health Information Act Toolkit PHIA FAQ

Are there any provincial Acts which override PHIA?

Yes, examples of legislation which overrides PHIA are the Health Protection Act (e.g. reporting of notifiable diseases), Protection for Persons in Care Act, Health Act, and Children and Family Services Act (e.g. duty to report suspicion of abuse).

COMPETENCY L-8: Hospitals Act

What you need to know.	If a client in hospital requires medical or surgical treatment and is incapable of consenting and does not have a guardian or anyone else recognized by law to give consent, a judge may authorize the required treatment on the individual's behalf.
Why it is important.	Delays in treatment may cause poor outcomes.
Where to find more information.	Hospitals Act

Are LPNs permitted to 'discharge' clients from the hospital?

No. Currently there are changes underway to the Hospital Act which outline circumstances where registered nurses may make decisions to treat and release clients. LPNs may participate in the process *to discharge* a client from a facility. LPNs are not authorized to autonomously make the decision a *client is suitable to be discharged* from any facility. In some specific outpatient clinical settings, LPNs relying on established care directives and employer education, may determine when an outpatient client is eligible to return to their home based on their success in achieving pre-determined outcomes as noted in the care directive.

COMPETENCY L-9: Occupational Health and Safety Act

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 the workplace. OHS states 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 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 safe care. LPNs acting as leaders are expected to advocate for and participate in the development of appropriate care policies.
Where to find more information.	Occupational Health and Safety Act Professional Practice Series: Duty of Care Addressing Co-Worker Abuse in the Workplace Violence in the Workplace Regulations

What is considered violence in the workplace?

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

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

Healthcare employers must conduct a violence risk assessment and implement a workplace violence prevention plan. Employers must provide adequate training for any employees. This training includes: the rights and responsibilities of employees under the Act; the workplace violence prevention statement; the measures taken by the employer to minimize or eliminate the risk of violence; how to recognize a situation in which there is a potential for violence and how to respond appropriately; how to respond to an incident of violence, including how to obtain assistance; and, how to report, document and investigate incidents of violence.

What is the LPNs' responsibility to minimize 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

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.	Professional Practice Series: Duty of Care Adult Protection Act Gunshot Wound Mandatory Reporting Act Fatality Investigations Act Children and Family Services Act Health Protection Act Department of Health and Wellness Guide to the Health Protection Act and Regulations Practice Guideline: Determination of Death

Is there a requirement in Nova Scotia to disclose to local police when an individual has sought treatment for a gunshot wound?

Yes.

When does the medical examiner have to be notified of a death?

The medical examiner should be notified in situations of suspicious, unexpected or unexplained deaths, when client presents dead on arrival to a health care facility, or dies in the emergency department, while in jail, on the job or as a result of an accident or within 10 days of anesthesia. A medical examiner may authorize the autopsy of the body of a person who died under suspicious circumstances.

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

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

To whom are dangerous diseases reported?

The provincial Chief Medical Officer (CMO).

Are LPNs in Nova Scotia responsible to file the necessary reports according to mandatory reporting requirements?

LPNs in Nova Scotia 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.

Licensed practical nurses are an integral part of the health care team. They have core nursing knowledge to independently care for clients with an established plan of care. Licensed practical nurses are accountable to provide safe, competent, ethical and compassionate care to individuals, families and communities.