



## CLPNNS Professional Development Day Q&A

This year, the College used a tool, [Social Q&A](#), to facilitate the question and answer portion of the Professional Development Day. Social Q&A allowed participants to ask questions and to vote for the questions they wanted answered from their devices for CLPNNS staff to answer. This was very successful, resulting in a number of questions submitted and discussed. Keep reading to find out the answers to the questions we received.

### **1. Will the merger impact the LPN scope of practice? (17 votes)**

No. In fact, the language around the LPN, RN and NP scope of practice for the ONR was pulled directly from the existing LPN and RN Acts. Further, the new ONR proposed legislation has a 'deeming provision' stating the scope of practice after proclamation, will be the same as it was before proclamation.

### **2. There seems to be a trend to remove LPN's from working to their full scope in areas like ER, OBS AND ICU, what is the opinion of the CLPNNS on this? (12 votes)**

The College supports the fully optimized scope of practice of all health care professionals, including LPNs, to ensure there is an accessible and sustainable health care workforce prepared to deliver safe and competent health care services to Nova Scotians. The College is not aware of any areas where this is happening specifically. That said, we are willing to reach out to LPNs in practice to see what, if any, resources we could provide or develop which may assist them or their employers to understand what an optimized LPN scope of practice could look like.

### **3. How are we going to handle the violence/abuse, physical/mental against us as nurses? (12 votes)**

This is a valuable question and will be answered in a stand-alone FAQ.

### **4. What is CLPNNS doing to further the acceptance of LPNs working within their fullest scopes of practice throughout the province? (12 votes)**

CLPNNS has developed a number of resources for LPNs and employers regarding the [LPN scope of practice](#). We offer onsite consultation and education specific to LPNs and in collaboration with CRNNS. We continue to work with stakeholders and government to ensure the models they develop support optimization of the LPN scope of practice.



**5. Will we continue to be guided by ‘predictable/stable vs unpredictable/unstable’? (9 votes)**

As stated in question 1, the language in the new act is identical to the language in the current act. As such, ‘predictable/stable vs unpredictable/unstable’ will remain for the time being. However, over time, there will be opportunity to develop updated regulations and there will be opportunity to look at this language at that time.

**6. I had to work 24 hours during a snowstorm. I was very tired trying to manage everything and worried about errors. Can I refuse? (9 votes)**

On occasion, circumstances change and nurses are asked to stay beyond their scheduled shift. [Refusal of an assignment](#) is only justified when accepting the assignment puts the clients at greater risk than refusing it. In this case, it would be very difficult to justify a refusal of an assignment when comparing a ‘tired nurse’ versus ‘no nurse’.

The first priority in this situation is to minimize risk (as a result of fatigue) to clients and self. To do this, consider the following:

- a. Ensure everyone on the team is aware (including the on-call or in-house supervisor) and required to come together to develop a plan to manage the situation.
- b. Identify other resources such as nurses on other units, interventions that may be assigned to other care providers such as a CCA or redistribution of assignment to minimize the number of clients.
- c. Prioritize care and interventions and engage only in those that are the most important. For example, assessment and treatments take priority over HS care or unusual nighttime unit duties.
- d. Quickly develop a medication administration plan: Review the medications to be administered on the shift, and, if necessary, only focus on the most critical medications. Document when a medication has not been administered by employer policy.
- e. Rest when possible.

**7. Do the practice consultants ever come to the workplace to meet with the nurses? (9 votes)**

Yes. The consultants frequently travel to worksites for consultation and education. Email [practiceconsultant@clpnns.ca](mailto:practiceconsultant@clpnns.ca) to make a request.



**8. Is Naloxone available OTC? (7 votes)**

Yes. It is available behind the counter at pharmacies.

**9. When is the merger happening? Are there fee changes? How will it impact LPN's? (4 votes)**

The proposed legislation and supporting documents have been sent to government for review and approval. We are hopeful the government will proclaim the legislation early in 2019; however, it will be up to the government to move this forward.

There has been no discussion of fees to this point.

As we stated above, the scope of practice and the LPNs' professional capacity to independently, in collaboration with or with guidance from a variety of care providers will not change under the new legislation.

**10. Are there any education initiatives planned for nurses to administer naloxone and our role in that? (3 votes)**

The employer is responsible to ensure LPNs have the necessary education to administer naloxone in their practice environments. To that, the College has developed a [fact sheet](#) and links to [online-training](#) for the administration of naloxone on our website.