Code of Ethics for Licensed Practical Nurses

2023

CCPNR Canadian Council for Practical Nurse Regulators

COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR

Effective October 1, 2023
Amended December 14, 2023 to include Appendix D
Amended January 11, 2024 Foreword

College of Licensed Practical Nurses of Newfoundland and Labrador

TABLE OF CONTENTS

FOREWORD

The Canadian Council for Practical Nurse Regulators (CCPNR) is committed to collaborate on regulatory practices at a national level to enable practical nurse regulators to better serve the public. CCPNR tasked a working group consisting of members from its Inquiry and Discipline and Practice Consultants Board Committees to update the 2013 Code of Ethics for Licensed Practical Nurses (LPNs)[1].

The Code of Ethics articulates the ethical values and responsibilities that LPNs uphold and are accountable to. It guides LPNs' ethical reflections and decision-making across all areas of practice and informs the public about the ethical values and responsibilities of the LPN profession. This document also serves as a guide for curriculum development and for public and employer awareness of the practice expectations of the LPN.

CAMPROF Canada Inc. was retained to complete the research and revisions necessary to the Code. The updated Code of Ethics was validated by the LPN community and key stakeholder groups in Alberta, Saskatchewan, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador.

CCPNR wishes to thank all participants who contributed to the update and validation of the Code of Ethics. CCPNR is grateful to the Code of Ethics Working Group members for their time, commitment and dedication: Karen Archibald (Nova Scotia College of Nursing), Kathy Arseneau (Association of New Brunswick LPNs), Sandy Forrest (College of LPNs of Manitoba), Siobhainn Lewis (College of LPNs of Newfoundland and Labrador), Christina Riehl (College of LPNs of Alberta), Dawn Rix-Moore (College of LPNs of Prince Edward Island) and Glenda Tarnowski (College of LPNs of Alberta). A special thank you is extended to Corey Sigurdson (College of LPNs of Manitoba) who Chaired the Working Group.

CCPNR is a federation of provincial and territorial members who are responsible for the safety of the public through the regulation of Licensed/Registered Practical Nurses as identified in legislation.

CCPNR approves the Code of Ethics for the LPN outlined in this document. LPNs are to consult their regulatory authority with respect to the code's adoption in their jurisdiction.

On March 9, 2023 the CLPNNL Board adopted the CCPNR *Code of Ethics for Licensed Practical Nurses 2023* as the Code of Ethics approved by the Board, to be effective October 1, 2023.

CLPNNL Bylaw 33: all licensees shall conduct their practices safely, competently, ethically, and in consistence with the Code of Ethics including the definitions of conduct deserving of sanction as outlined in By-law 32, and Standards of Practice, as approved by the Board in accordance with the Licensed Practical Nurses Act, 2005, section 11(1)f.

College of Licensed Practical Nurses of Newfoundland and Labrador

[1]For the purposes of this document, the term "licensed practical nurse" also refers to "registered practical nurse."

College of Licensed Practical Nurses of Newfoundland and Labrador

For information contact CCPNR:

Email: ed@ccpnr.ca **Website**: www.ccpnr.ca

Available in French under the title:
Code de déontologie des infirmières et infirmiers auxiliaires autorisés

PREAMBLE

The *Code of Ethics for Licensed Practical Nurses (LPN)* articulates six fundamental principles that govern LPN practice and inform the LPN's professional identity. LPNs commit to and are held accountable to uphold each of these principles. For the purpose of this document, the term "Licensed Practical Nurse" also refers to "Registered Practical Nurse" and the term "Therapeutic Nurse – Client Relationship" refers to the "Licensed Practical Nurse – client relationship".

The principles serve to guide LPNs' reflections and decision-making across all areas of practice, inform the public about the ethical values and responsibilities of the LPN profession, and convey the profession's commitment to client safety and public protection.

LPNs' primary responsibility is to the client within the context of a collaborative environment. In addition, LPNs apply the principles within the context of their responsibility to the public, the profession, colleagues, and themselves.

The principles are founded on:

- cultural humility and respect for the inherent dignity and rights of clients, colleagues, and LPNs;
- promotion of optimal health and well-being;
- a commitment to trauma-informed practice and harm reductions;
- a commitment to contribute to truth and reconciliation through client autonomy and self-determination;
- care that is competent and safe; and
- equity of access to care for all clients.

The Term "client" refers to an individual (or designated representative(s)), families, and groups.

LPNs use the Code of Ethics for LPN Practice in conjunction with professional standards and competencies, organizational policies, and regulatory and legislative requirements that guide their practice and behaviour. The indicators that accompany each principle describe ethical responsibilities and expected professional conduct in LPN practice. There is no order of priority; collectively, they reflect the LPNs' overall commitment to providing safe care.

Appendix A provides questions the LPN might consider, reflect upon, and discuss with others when faced with an ethical decision. Important terms that may be unfamiliar are underlined within the document and defined in Appendix B. Appendix C contains information on activities that informed this edition of the Code of Ethics.

NOTE: *For the reader's convenience, terms appearing in the text that are further defined in the Glossary are hyperlinked to the term's glossary entry. Immediately following the glossary definition, click on the "Return to text" link to return to the place in the text where the term first appears. Note that for those viewing the document using Adobe PDF viewer, hovering on the ❶ icon will reveal a tooltip containing the term's definition.*

College of Licensed Practical Nurses of Newfoundland and Labrador

My Commitment to Ethical Practice

I promote optimal health and well-being.

I provide care that is physically, psychologically, and culturally safe.

I provide and advocate for client dignity, autonomy, and self-determination.

I develop therapeutic relationships while maintaining professional boundaries.

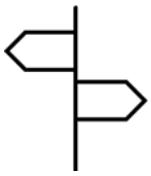
I maintain my well-being.

I contribute to a healthy practice environment.

This is a quick-reference to the six principles, which can easily be displayed or shared. The LPN must nonetheless fully understand each principle, as explained in the remainder of this document.

1. LPNs PROMOTE OPTIMAL HEALTH AND WELL-BEING

1.1	Provide care for the health and well-being of the person, family, and community.
1.2	Recognize and respect the importance of diverse views of health and illness.
1.3	Engage in compassionate and non-judgmental interactions.
1.4	Promote healing and recovery through a trauma-informed approach.
1.5	Support harm reduction through choice and the promotion of safer practices.
1.6	Identify and minimize risks to clients, adhering to client safety principles and quality assurance measures.
1.7	Cultivate meaningful and supportive nurse-client relationships.



Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on trauma-informed care and harm reduction.

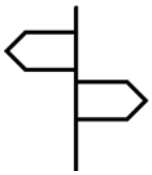
2. LPNs PROVIDE CARE THAT IS PHYSICALLY, PSYCHOLOGICALLY, AND CULTURALLY SAFE

2.1	Recognize that social determinants of health influence a client's ability to achieve and maintain health.
2.2	Advocate for the client to receive fair and equitable access to health services and resources.
2.3	Use evidence, knowledge, and professional judgement to guide nursing decisions.
2.4	Develop an understanding of clients' evolving cultural and spiritual paths.
2.5	Promote inclusion, belonging, and environments that are free of racism and discrimination.
2.6	Recognize that the provision of health care is deeply affected by colonial thinking and practices.
2.7	Learn about and seek to address inequities in care faced by clients who are racialized, marginalized, or under-served.
2.8	Seek out and exchange knowledge with First Nations, Métis, and Inuit peoples.
2.9	Recognize one's roles in responding to the Calls to Action of the Truth and Reconciliation Commission of Canada and the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls and 2SLGBTQQIA+ People.
2.10	Apply new knowledge, technologies, and scientific advances to promote safety, client satisfaction and well-being.

Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on protected grounds in human rights legislation, experiences of clients from racialized and equity-deserving groups, Calls to Action of the TRC, social determinants of health, and cultural safety.

3. LPNs PROVIDE AND ADVOCATE FOR CLIENT DIGNITY, AUTONOMY, AND SELF-DETERMINATION

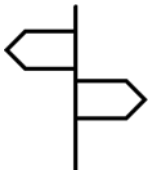
3.1	Respect a client's rights, recognizing their diverse backgrounds, values, and beliefs.
3.2	Recognize how multiple aspects of an individual's social identity may result in discrimination or privilege.
3.3	Assist, support, and respect a client's informed decision-making, including when factors reduce the client's capacity to make decisions.
3.4	Adhere to applicable laws and regulatory requirements on capacity-assessment and substitute decision-making when the client is incapable of providing consent.
3.5	Seek assent from those who are unable to provide consent.
3.6	Recognize a client's right to take reasonable risks, which is essential to their dignity and overall quality of life.
3.7	In the case of conscientious objection to the provision of care, inform employer and respect assignment and client needs until a replacement is found.



Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on informed consent and decision-making, privacy and confidentiality.

4. LPNs DEVELOP THERAPEUTIC RELATIONSHIPS WHILE MAINTAINING PROFESSIONAL BOUNDARIES

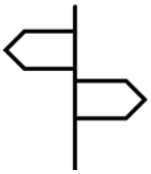
4.1	Understand that the nurse-client relationship requires honesty, trust, integrity, respect, professional intimacy, and empathy.
4.2	Accept that maintaining professional boundaries is the LPN's responsibility.
4.3	Consider the potential impact of self-disclosure on the therapeutic relationship.
4.4	Be informed and understand the consequences of social media communications on one's relationship with clients, employers, and the nursing profession.
4.5	Develop an understanding of one's own social identity and act to minimize negative impact of personal values and assumptions on interactions and decisions.
4.6	Challenge one's own biases, privilege, and power within the practice environment.
4.7	Reflect on the clinical, practical, and ethical factors that form the basis of the termination of the therapeutic nurse-client relationship.



Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on issues of conflict of interest, privacy, confidentiality, sexual misconduct.

5. LPNs MAINTAIN PERSONAL WELL-BEING

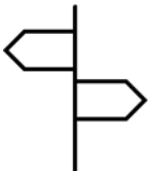
5.1	**Establish goals and mechanisms to address anticipated or unexpected gaps in well-being.**
5.2	**Self-reflect and seek opportunities for ongoing personal and professional improvement.**
5.3	**Engage in self-care, including caring for one's psychological well-being.**
5.4	**Reflect and take action when one's ability to practice safely, competently, or ethically is at risk.**
5.5	**Report aspects of the practice environment that may affect one's well-being and one's ability to practice safely.**



Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on fitness to practice.

6. LPNs CONTRIBUTE TO A HEALTHY PRACTICE ENVIRONMENT

6.1	Collaborate with clients, their families, and colleagues to promote health and well-being.
6.2	Contribute to an equitable practice environment that is free of discrimination, harassment, oppression, and bullying.
6.3	Engage in opportunities to discuss roles, responsibilities, and expertise of various health professions, including one's own.
6.4	Advocate for and manage time or human resources that will improve outcomes for clients and the health care team.
6.5	Respond to unsafe conditions and harmful behaviours in a timely manner.



Related content and links: For additional information, we suggest you consult related standards of practice, entry level competencies or educational tools approved by your regulatory body or professional association. For example, refer to regulatory standards and guidelines on discrimination, collaboration, harassment, oppression, and bullying, and psychological safety.

APPENDICES

A. ETHICAL DECISION-MAKING AND QUESTIONS FOR REFLECTION

Differences of opinion on the relative weight of values and beliefs are common in ethical decision-making. This sample process and questions support LPNs in their fact-finding, critical reflection, and discussions.

1. **Assess the ethics of the situation – the facts, relationships, goals, beliefs, and values**	a) What information needs to be gathered to make an ethical decision? (e.g., relevant facts, goals of care, sequence of events, available resources) b) Who is significant in the situation? - *What are important goals, beliefs, and values of those involved?* - *How do my values influence my approach?* c) What are the applicable ethical principles, policies, regulations, and legislation? d) Is unethical conduct by a peer or professional colleague suspected?
2. **Recognize available choices and how these are valued**	a) What expectations does the client have? - *Have I supported the client to become clear about their values?* - *What is the central conflict in values of those involved?* b) What actions do I think will do the 'most good', 'the least harm', 'cause the least moral distress'? - *How will significant persons be affected?* c) What factors play a role in a client's care? d) Are there implications for different actions (e.g., from policy, regulation, and legislation)?
3. **Select the action to maximize the good**	a) Can I support the client's choice or that of other health care providers? - *If not, what actions do I need to take?* b) Do I have the moral courage, skills, knowledge for ethical action? c) Are there constraints that prevent me from taking ethical action? - *Will I be supported in my decision?* d) What are the risks of harm if I do/don't take action?
4. **Implement the action**	a) Am I practising the way a reasonable and prudent LPN would practice in this situation? b) Am I acting with humility, care, and compassion in my relationships with others? c) Am I meeting professional and employer expectations in this situation? d) What should I communicate to all involved?
5. **Reflect on the action**	a) Were the outcomes acceptable? b) Did all involved feel safe, respected, and valued? c) Did I report the action through the appropriate channels? d) What was done well and what could have been done differently?

*(*Adapted for brevity: *Questions for Ethical* Reflection (Oberle, K., & Raffin Bouchal, S., 2009)*, the Ethical Decision-Making Framework for Individuals* (McDonald, 2009) and other frameworks and tools based on them.)

B. GLOSSARY

These explanations of terms will assist the reader in understanding certain terms used in this Code of Ethics. The definitions may differ from those used by regulatory bodies, professional associations, employers, and individual care providers. Clarifications are provided to provide context on new or complex concepts. Note that this is not an exhaustive list.

1. **Assent** (Definition): An agreement, often to medical procedures, in circumstances where an individual is not legally authorized or lacks sufficient understanding for giving consent competently (e.g., children or persons with diminished capacity). Assent is generally sought as an ethical rather than legal obligation in Canada, once informed consent from a legal guardian or substitute decision maker has been obtained.

   Reference: Adapted from Segen's Medical Dictionary, 2012.

2. **Calls to Action** (Clarification): In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission made 94 calls to action in the areas of child welfare, language and culture, health, justice, reconciliatory actions by government related to UNDRIP, the legal system, developing a national council for reconciliation, training for public servants, church apologies, education, youth programs, museums and archives, missing children and burial information, commemoration, media, sports, business, and newcomers to Canada.

   Reference: Truth and Reconciliation Commission of Canada, 2015 - https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf)

3. **Calls for Justice** (Clarification): Arising from international and domestic human and Indigenous rights laws, including the Charter, the Constitution, and the Honour of the Crown, the calls for justice are a legal obligation to ensure Indigenous women, girls, and 2SLGBTQQIA people live in dignity.

   Reference: MMIWG2SLGBTQQIA+ Calls for Justice, 2019 - https://www.mmiwg-ffada.ca/

4. **Client** (Definition): An individual (or designated representative), family, group, or community.

   Reference: Canadian Practical Nurse Registration Examination (2017). Examination Blueprint. Available at http://cpnre.ca/wp-content/ uploads/2019/02/YAS-CPNREBlueprint-Eng.pdf

5. **Conscientious objection** (Definition): A situation in which a nurse informs their employer about a conflict of conscience and the need to refrain from providing care because a practice or procedure

conflicts with the nurse's moral beliefs.

Reference: Canadian Nurses Association Code of Ethics for Registered Nurses, 2017 - https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Code_of_Ethics_2017_Edition_Secure_Interactive.pdf

6. **Colonial thinking and practices** (Definition)**:** Based on European ideas of "terra nullius" (empty land) and the Catholic Church's "Doctrine of Discovery", the practices of settlement, displacement, and forced assimilation of Indigenous people on Turtle Island caused existing knowledge and legal systems, spirituality, hunting and harvesting practices to be hidden or lost for many generations. (Adapted from: Pulling Together: Foundations Guide, Chapter 2: Colonization). Colonial thinking and practices dominate many aspects of contemporary life in Canada, including healthcare. For example, the biomedical model excludes many psychological, social, and spiritual factors when attempting to understand a person's illness or disorder. Recognizing this, LPNs can adapt the way they provide care to be more inclusive of Indigenous knowledge and healing practices.

   Reference: Medical Dictionary for the Health Professions and Nursing, 2012 - https://medical-dictionary.thefreedictionary.com/biomedical+model.

7. **Cultural humility** (Definition): Having traits of respect, empathy, and critical self-reflection at both intrapersonal and interpersonal levels. The intrapersonal component involves an awareness of the limited ability to understand the worldview and culture of the patient. The interpersonal component incorporates a stance towards the patient that is marked by respect and an openness to the patient's world view.

   Reference: Hughes, et al, (2020) Not missing the opportunity: Strategies to promote cultural humility among future nursing faculty. *Journal of Professional Nursing* 36 (2020): 28-33. https://doi.org/10.1016/j.profnurs.2019.06.005

8. **Culturally safe care** (Definition): An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe. Indigenous cultural safety is the process of making spaces, services, and organizations safer and more equitable for Indigenous people by considering current and historical colonial impact and seeking to eliminate structural racism and discrimination.

   Reference: BC Centre for Disease Control (2022) - http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/education-and-training/culturally-safe-care.

9. **Evidence** (Definition): Knowledge from a variety of sources including qualitative and quantitative research, program evaluations, client values and preferences, and professional experience (Health Evidence, 2022 - https://healthevidence.org/glossary.aspx).

10. **Harm reduction** (Definition): An evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Included in the harm reduction approach to substance use is a series of programs, services, and practices. Essential to a harm reduction approach is that it provides people who use substances a choice of how they will minimize harms through non-judgmental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives. (CMHA, 2022 - https://ontario.cmha.ca/harm-reduction/)

11. **Harmful behaviours** (Definition): Negative behaviours that range from less active, less intentional forms, such as incivility, to more active, more intentional forms, such as bullying or physical violence. Examples include workplace bullying, violence, aggression, abuse, hostility, sabotage, and incivility.
References: Layne et al. (2019). Negative Behaviors among Healthcare Professionals: Relationship with Patient Safety Culture. Healthcare 7(1): 23 doi:10.3390/healthcare7010023; Trepanier, et al. (2021) When workload predicts exposure to bullying behaviours in nurses: The protective role of social support and job recognition. Journal of Advanced Nursing 77(7): 3093-3103 https://doi-org.login.ezproxy.library.ualberta.ca/10.1111/jan.14849

12. **Healthy practice environment** (Adapted): Elements of a healthy practice environment include a culture of collaboration, communication, accountability, leadership, adequate resourcing, shared decision-making, continuing development, and recognition of nursing's contribution.
Reference: Nursing Organizations Alliance, endorsed by American Organization for Nursing Leadership, 2019 - https://www.aonl.org/system/files/media/file/2020/02/elements-healthy-practice-environment_1.pdf ; A healthy practice environment promotes psychological safety, where staff are feel able to show and employ oneself without fear of negative consequences to self-image, status, or career.
Reference: Ito, et al. (2022) A concept analysis of psychological safety: Further understanding for application to health care. *Nursing Open* 9(1): https://doi.org/10.1002/nop2.1086

13. **Optimal health** (Definition): Optimal health is a state of complete physical, mental, and social well-being.

    Reference: American Occupational Therapy Association, 2022 - https://www.aota.org/career/career-center/wellness-for-life-and-career/maintain-your-optimal-health

14. **Reasonable risk** (Definition): Risks are considered reasonable when they are offset or outweighed by the anticipated benefits of the action or activity, and are carefully assessed, planned, and align with organizational policies.

    Reference: Croft, J. (2017) Enabling positive risk-taking for older people in the care home. Nursing and Residential Care 19(9): https://doi.org/10.12968/nrec.2017.19.9.515

15. **Self-care** (Definition): Any deliberate activity that provides for our physical, mental, and spiritual well-being. It is important for workers in every field, but especially for nurses, who spend their working hours caring for others. Self-care reduces stress, replenishes a nurse's capacity to provide compassion and empathy, and improves the quality of care.

    Reference: Purdue University Global, 2021 - https://www.purdueglobal.edu/blog/nursing/self-care-for-nurses/

16. **Social determinants of health** (Definition): A specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians. (Government of Canada, 2022 - https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html)

    Social determinants of health in an Indigenous context also include unique structural determinants such as history, political climate, economics and social contexts. Relationships, interconnectivity, and community are fundamental to these determinants.

    Reference: Lines, LA., Yellowknives Dene First Nation Wellness Division. & Jardine, C.G. Connection to the land as a youth-identified social determinant of Indigenous Peoples' health. BMC Public Health 19, 176 (2019). https://doi.org/10.1186/s12889-018-6383-8

17. **Social identity** (Definition): An individual's social identity indicates who they are in terms of the groups to which they belong. Social identity groups are usually defined by some physical, social, and mental characteristics of individuals. Examples of social identities are race/ethnicity, gender, social class/socioeconomic status, sexual orientation, (dis)abilities, and religion/religious beliefs.

    Reference: Northwestern University Searle Center for Advancing Learning and Teaching, 2022 - https://www.northwestern.edu/searle/initiatives/diversity-equity-inclusion/social-identities.html

18. **Trauma-informed approach** (Definition): Trauma (and violence)-informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.

    Reference: Public Health Agency of Canada, 2018 https://www.canada.ca/en/publichealth/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

C. Methodology and Process

Between January – December 2022, the update of the CCPNR Code of Ethics heard from 1000 participants in 15 key informant interviews, 10 focus groups, and a pan-Canadian validation survey. The project would not have been possible without the direction and dedication of the Code of Ethics Working Group, comprised of regulatory staff/leaders from Alberta, Saskatchewan, Manitoba, New Brunswick, Newfoundland and Labrador, Prince Edward Island and Nova Scotia.

LPNs in all areas of practice, including education and leadership roles, were consulted, and had opportunities to reflect individually and in small groups on ethical decision-making in everyday practice in communities across Canada. Participating LPNs were diverse themselves, including but not limited to First Nation, Métis, Inuit, Black, East Asian, and South Asian, LPNs who identify as members of the 2SLGBTQ+ community, and LPNs who identify as persons with a visible or invisible disability, LPNs who had practiced less than one year to those with 30+ years of experience.

Representatives of some associations specific to LPN practice areas also participated in consultations. These included associations focusing on foot care, long-term care, and palliative care.

Subject matter experts participated in individual or group interviews. Their expertise ranged from harm reduction ℹ, dignity, ethics, LPN and nursing practice to professional regulation. Each contributed their views and perspectives on aspects of ethical practice in LPN practice or health care in particular.

D. DEFINITIONS - CONDUCT DESERVING OF SANCTION

In accordance with the *Licensed Practical Nurses Act (2005)* section 11(1) (f) the following definitions apply to the College of Licensed Practical Nurses of Newfoundland and Labrador for the purposes of sections 13 – 27 of the Act.

"Professional Misconduct" includes

(a) abuse of a client (sexually, physically, verbally, psychologically, financially or otherwise), or
(b) practising in a manner that constitutes a risk to the health or welfare of clients, or
(c) delegating components of care to another caregiver without due concern regarding the competence of that other caregiver to provide that care, or
(d) practising in contravention of the Standards of Practice or a Position Statement made and/or adopted by the College, or
(e) has been found guilty of an offence, by a court of law that is relevant to the member's suitability to practice.

[Note: (a), (b), (c) and (d) adapted from CLPNBC "duty to report"]

"Professional Incompetence" includes

The exhibition of a gross deficit, or of repeated deficits, in the ability of the practitioner to integrate and apply, in a manner consistent with the standards and scope of practice of the profession, the knowledge, skill, attitudes and judgment required to practice safely.
[Note: adapted from CLPNBC definition of "competence"]

"Conduct Unbecoming" includes

Conduct exhibited, inside or outside the actual practice of the profession that would be reasonably regarded by members of the profession as dishonourable, disgraceful or unprofessional.

"Incapacity or Unfitness to Practice" includes

Exhibiting physical or mental deficits, or conduct or behaviour, inside or outside the actual practice of the profession, which stems from a physical or mental condition, emotional disturbance, or impairment due to substance use or substance abuse, and that impairs the practitioner's ability to practice to the degree that it constitutes a risk to the health or welfare of clients.

[Note: adapted from CLPNBC "duty to report"]

COLLEGE OF
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www.clpnnl.ca
209 Blackmarsh Road, St. John's, NL A1E 1T1
709.579.3843 • Toll Free 1.888.579.2576 • info@clpnnl.ca