

# Duty to Report Interpretive Document

March 2022



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE



Approved by the Board of CLPNNL March 2022 (replacing the archived Duty to Report 2018, revised August 2019)  
Revised February 2024

## ABOUT CLPNNL

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) has the legislated responsibility, in accordance with the Licensed Practical Nurses Act (2005), to regulate the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador. The mission of CLPNNL is to regulate Licensed Practical Nurses in the public interest.

## ABOUT THIS DOCUMENT

CLPNNL develops interpretive documents to provide direction, promote clarity, and give further explanation for LPNs in relation to the expectations identified within the Standards of Practice and Code of Ethics. This interpretative document provides direction for LPNs related to their duty to identify and report unsafe, unethical, or unprofessional behaviours, situations, or issues<sup>1</sup>.

## DUTY TO REPORT

[The Licensed Practical Nurses Act 2005](#), and the [Standards of Practice for Licensed Practical Nurses in Canada](#) articulate the LPN's responsibility and accountability in relation to the duty to report:

- The Licensed Practical Nurses Act, 14.1 (1) *A licensed practical nurse who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another licensed practical nurse shall report the known facts to the registrar.*
- The Standards of Practice for Licensed Practical Nurses in Canada, Standard 1.5 ... *to report any circumstances that potentially and/or actually impede professional, ethical, or legal practice.*

When addressing the diverse and often complex issues that may arise it is important for LPNs to differentiate between issues that can and should be addressed within the practice environment<sup>2</sup>, and issues that require reporting. LPNs have a professional and ethical duty, and at times a legal duty, to report<sup>3</sup> issues that:

- involve conduct deserving of sanction of an LPN<sup>4</sup> or another health care provider;
- are defined under federal or provincial law and that contain a reporting requirement (e.g. *Adult Protection Act, Children, Youth and Families Protection Act*); and,
- are required to be self-reported to the regulatory body (e.g., criminal convictions or regulatory investigations).

<sup>1</sup> For simplicity, 'behaviours, situations and issues' will be referred to as issues, unless otherwise noted.

<sup>2</sup> For strategies to assist with addressing non-reportable issues see the CLPNNL [Resolving Professional Practice Issues](#) Interpretive Document..

<sup>3</sup> In the context of this document 'report' means addressing the issue or behaviour verbally or in writing to the appropriate person or agency.

<sup>4</sup> Definitions of conduct deserving of sanction are provided in Appendix A of the [Standards of for Licensed Practical Nurses in Canada \(2020\)](#) and Appendix D of the [Code of Ethics for Licensed Practical Nurses, 2023](#).



Reporting issues that place, or are likely to place, clients<sup>5</sup> at risk is a legitimate regulatory process necessary for public protection. LPNs who fail to report such issues may be considered to have breached the CLPNNL Standards of Practice and Code of Ethics or to have contravened the Licensed Practical Nurses Act. This failure to report could result in an allegation of conduct deserving of sanction. LPNs, when enacting their duty to report, approach the process in a factual, objective, honest, confidential, and reasonable manner.

## IDENTIFYING ISSUES RELATED TO CONDUCT DESERVING OF SANCTION

LPNs are responsible and accountable to report the conduct or behaviour of an LPN or another individual<sup>6</sup> if they reasonably believe the practice or actions (including inactions) of that individual are unsafe, unethical, unprofessional or constitute a danger to the public. The following examples are provided to assist identification of issues, but **is not** an all-inclusive list:

- abuse of a client (sexual, physical, verbal, psychological, financial or otherwise);
- delegating components of care to another caregiver without due concern regarding the competence of that other caregiver to provide that care;
- inability 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;
- failing to appropriately collaborate or consult others when necessary;
- practicing outside the scope of practice or scope of employment;
- conduct exhibited, inside or outside the actual practice of the profession, that would be reasonably regarded by members of the profession as dishonorable, disgraceful or unprofessional;
- incapacity or unfitness to practice<sup>7</sup>;
- breaching client privacy and/or confidentiality;
- falsifying information;
- theft from employer, client or others;
- misappropriating medication;
- non-adherence to the expectations of the therapeutic nurse-client relationship;
- bullying or horizontal violence; and/or,
- using professional status for personal gain.

<sup>5</sup> In this document 'client' means individuals, family, substitute decision maker and in a broad context, the public.

<sup>6</sup> Regulated or not.

<sup>7</sup> For definition or description of an LPNs Incapacity or Unfitness to Practice consult the [Standards of Practice for Licensed Practical Nurses in Canada, 2020](#) and the [Code of Ethics for Licensed Practical Nurses, 2023](#).



## CONSIDERATIONS

The timing of actions taken depends on the level of risk to the client. If there is an immediate risk, action should be taken in a timely<sup>8</sup> manner to ensure the safety of those at risk of harm. Once client safety is assured, consideration must be given to the process to report the issue. Each circumstance is different and may warrant a different reporting action.

## DIFFERENT TYPES OF REPORTING PROCESSES

### Reporting to the Employer<sup>9 10</sup>

Employers authorize workplace activities and entrust employees with specifically assigned roles. In addition to working with employers to address workplace issues, LPNs inform their employers when they identify issues that constitute conduct deserving of sanction, or that require reporting by law (See section on reporting to external agencies). The initial report to an employer may be verbal but should be followed up with a signed, written report<sup>11</sup>. Employers, for reasons of privacy, might not be able to discuss the details of their actions taken but might disclose when action was taken. It is reasonable to follow up with the employer to validate the issue has been addressed. If the matter is not addressed at the initial managerial level, it may be necessary to advance the report through the chain of authority of the agency. This process may be outlined in employer policy.

### Reporting to CLPNNL or Another Regulatory Body

A report directly to CLPNNL or another regulatory body is warranted when the practice and/or conduct of a licensed practical nurse:

- is conduct deserving of sanction<sup>12</sup>;
- affects the safety of the public;
- damages the public's trust in the profession; and/or,
- negatively impacts the integrity of the profession.

Employers might proceed with a report to a regulatory body when a regulated health professional fails to respond to the employer's performance improvement plan.

<sup>8</sup> It is a professional expectation that LPNs will discern what is reasonably "timely". Where a time period is not specified, timeliness may be determined on the basis of the facts and may be compared against the actions of another prudent LPN in the same set of circumstances, in the best interest of the client.

<sup>9</sup> Broad term meaning manager, supervisor or person in the line of authority.

<sup>10</sup> See CLPNNL's [Resolving Professional Practice Issues Interpretive Document](#)

<sup>11</sup> Follow agency policy.

<sup>12</sup> Definitions of conduct deserving of sanction are found in Appendix A of the [Standards of Practice for Licensed Practical Nurses in Canada, 2020](#) and Appendix D of the [Code of Ethics for Licensed Practical Nurses, 2023](#).



The employer should be notified if an LPN is making a report to CLPNNL or another regulatory body. For information on how to submit an allegation to CLPNNL of an LPN's conduct deserving of sanction, please visit <https://www.clpnnl.ca/professionalconduct>.

### Reporting to External Agencies

Some federal and provincial laws (e.g., the Newfoundland and Labrador (NL) *Adult Protection Act*, NL *Children, Youth and Families Protection Act*, NL *Gunshot and Stab Wound Reporting Act*, NL *Fatalities Investigations Act*) have mandatory reporting requirements. The duty to report, when it appears in law, is required even when a report has been made to an employer or regulatory body. It is important to know the laws that relate to one's practice area as well as what specifically must be reported, and by whom. In some situations, employers may have identified certain individuals responsible for making a required report. It is important to seek direction in the employment setting and to refer to employer policies in relation to reporting to an external agency.

### MANDATORY SELF-REPORTING TO CLPNNL

Self-reporting is a *mandatory* part of the registration and licensure<sup>13</sup> process. Each LPN is responsible and accountable to self-report the following:

- conviction of an offence under the provisions of the Criminal Code of Canada or a similar penal statute of another country, immediately following notice of conviction (CLPNNL By-Laws, 31(b)).
- discipline by a registration/licensing authority for an occupation/profession in any province, state or country; and,
- are currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority.

### CONCLUSION

LPNs have a professional regulatory, ethical, and sometimes legal responsibility to identify and report issues that place clients at risk or that jeopardize the integrity of the practical nursing profession and the self-regulatory process. Although a decision to report may cause angst, necessary reporting is an act of professional self-regulation. It demonstrates adherence to the Licensed Practical Nurses Act, the Standards of Practice, and the Code of Ethics in the interest of safe, competent, and ethical client care.

<sup>13</sup> Upon initial registration, annual license renewal and at the time of occurrence.



## RESOURCES

- Association of New Brunswick Licensed Practical Nurses. (2016). *Duty of Care: Professional Practice Series*. Fredericton, NB: Author.
- Association of Registered Nurses of Newfoundland and Labrador. (2008). *Registered Nurses' Professional Duty to Address Unsafe and Unethical Situations*. St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador. (2018). *A Toolkit for Resolving Professional Practice Issues*. St. John's: Author.
- Canadian Council for Practical Nurse Regulators. (2020). *Standards of Practice for Licensed Practical Nurses in Canada*. Retrieved from <https://www.clpnnl.ca/sites/default/files/2021-07/Standards%20of%20Practice%202020%20NEW.pdf>
- Canadian Council for Practical Nurse Regulators. (2023). *Code of Ethics for Licensed Practical Nurses*. Retrieved from <https://www.clpnnl.ca/sites/default/files/2024-01/Code%20of%20Ethics%20Amended%20Dec%2014%2C%202023.pdf>
- Canadian Nurses Protective Society. (2013). The nurse as an advocate. *InfoLAW*, 20(2); Ottawa: Author.
- College of Licensed Practical Nurses of Alberta. (2015). *Interpretive Document: Duty to Report*. Edmonton: Author.
- College of Licensed Practical Nurses of British Columbia. (2016). *Practice Statement: Duty to Report*. Vancouver: Author.
- College of Licensed Practical Nurses of Manitoba. (2016). *Interpretive Document: The Duty to Report*. Winnipeg: Author.
- College of Licensed Practical Nurses of Newfoundland and Labrador. (2016). *Accountability Interpretive Document*. St. John's: Author.
- College of Licensed Practical Nurses of Newfoundland and Labrador. (2022). *By-Laws*. Retrieved from [https://www.clpnnl.ca/sites/default/files/inline-files/Approved%20%20Bylaws%20November%202023\\_0.pdf](https://www.clpnnl.ca/sites/default/files/inline-files/Approved%20%20Bylaws%20November%202023_0.pdf)
- College of Registered Nurses of British Columbia. (2011). *Duty to Report*: Retrieved from <https://www.bccnm.ca/NP/PracticeStandards/Pages/dutyreport.aspx>
- College of Registered Nurses of Manitoba. (2017). *Duty to Report: Interpretive Document*. Winnipeg: Author.
- College of Registered Nurses of Nova Scotia. (2017). *Registered Nurses' Duty to Report: Practice Guidelines*. Halifax: Author.
- Government of Newfoundland and Labrador. (2005). *Licensed Practical Nurses Act, L-12.1*. St. John's: Author.
- Stone, D., Patton, B., & Heen, S. (1999). *Difficult Conversations: How to Discuss What Matters Most*. New York: Penguin.





COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

[www.clpnnl.ca](http://www.clpnnl.ca)

209 Blackmarsh Road, St. John's, NL A1E 1T1  
709.579.3843 • Toll Free 1.888.579.2576 • [info@clpnnl.ca](mailto:info@clpnnl.ca)