PRACTICE

LPNs: Providing *Knowledge, Skills,* and *Judgement* Every Day

COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNs - A Practical Approach to Quality Care

Volume 2, Issue 1 – January 2017

PRACTICE

The College of Licensed Practical Nurses of Newfoundland and Labrador PRACTICE magazine includes a wide array of information on nursing regulation, nursing licensure, nursing practice and many other health related topics. PRACTICE is published electronically three times a year. CLPNNL welcomes feedback, suggestions and submissions from readers on this publication at wsquires@clpnnl.ca.

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PRACTICE, presented by CLPNNL

Design & Layout: Kimberly Puddester

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MISSION

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) protects the public through the promotion of efficient, ethical nursing care, regulation of licensed practical nursing practice, the licensure of Practical Nurses and setting the strategic direction for the organization.

COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNs - A Practical Approach to Quality Care

VISION

To foster a professional environment where Licensed Practical Nurses (LPNs) are respected, valued as integral members of the nursing team and provide quality health care services in Newfoundland and Labrador.

VALUES

We Believe:

- Licensed Practical Nursing practice is founded on professionalism, compassion and caring;
- Licensed Practical Nurses are accountable for their actions;
- Licensed Practical Nurses take responsibility for lifelong learning aimed at building and maintaining professional competency; and
- Partnerships with key stakeholders are essential to enhancing the profession.

The CLPNNL has the legislative responsibility for regulating the practice of LPNs in Newfoundland and Labrador. In doing so, it serves to protect the public. It supports the Vision and promotes the Values of LPNs by providing leadership and supporting the integrity of the profession.

Practical Nursing Program Class of 2016

The College of Licensed Practical Nurses of Newfoundland and Labrador would like to take this opportunity to congratulate the 2016 graduating classes of the Practical Nursing Program.

We wish you success in your nursing career!

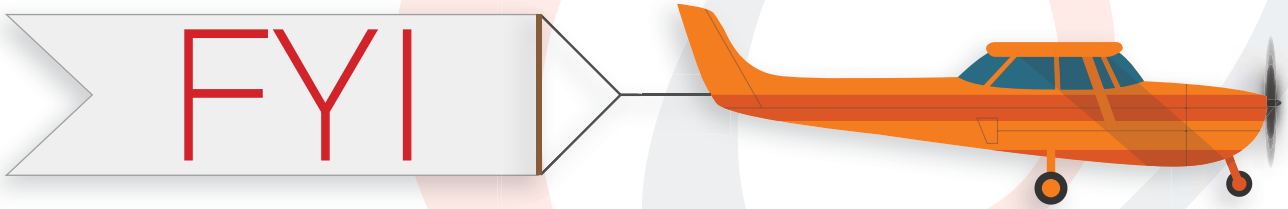
The College of Licensed Practical Nurses of Newfoundland and Labrador Election Results

The following LPN has been elected to the Board of the College of Licensed Practical Nurses of Newfoundland and Labrador for a three year term (January 1, 2017 – December 31, 2019):

ZONE 2 – Buffy Maloney

Welcome, Buffy, and congratulations!

Important Information Regarding the 2017-18 Licensing Fee for Licensed Practical Nurses in Newfoundland and Labrador



On July 1, 2016, the Government of Newfoundland and Labrador increased the HST from 13% to 15%. Licensed Practical Nurses in Newfoundland and Labrador who are renewing their license for the 2017-18 licensing year will notice this increase in their renewal fee. With the HST increase, the renewal fee is $330.75.

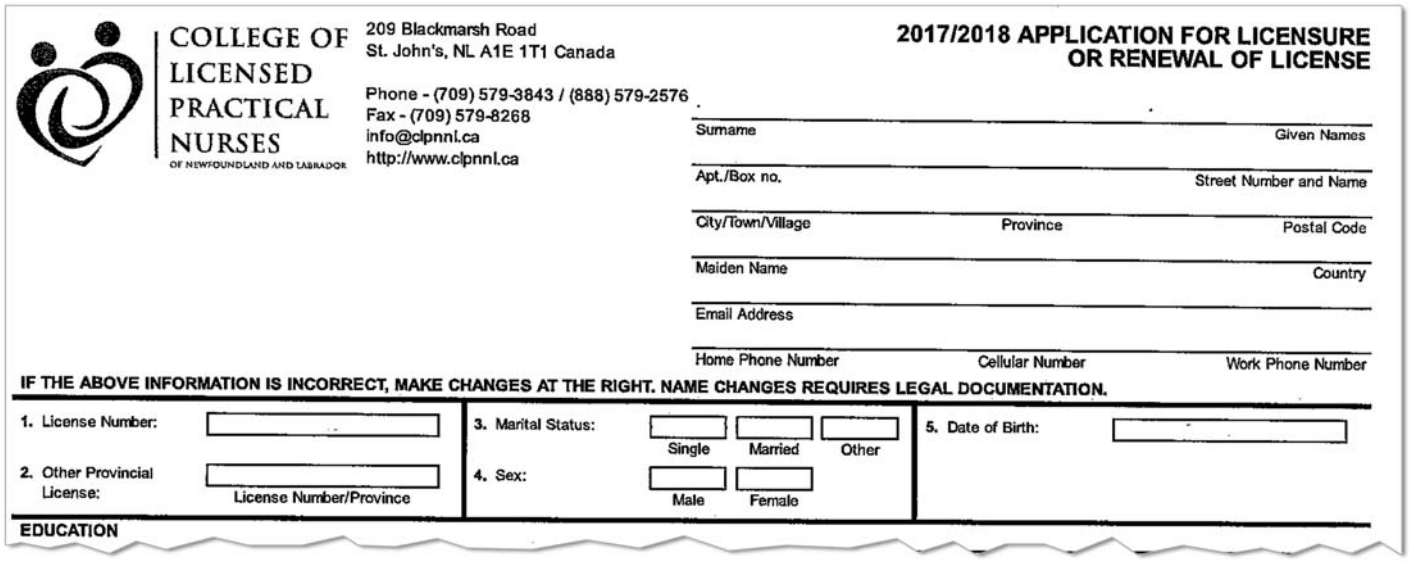
Administrative Deadline
for Annual Licensure Renewal 2017-18

A new administrative deadline for annual licensure renewal applications came into effect last licensing year. This policy requires all LPNs seeking to renew their license to submit licensure applications and fees prior to March 1st each licensure year. While license renewals must be received by March 1st, the existing license will not expire until March 31st, as always.

LPNs who do not renew their license by March 1st will be required to pay a late fee of $57.50 (HST included) in addition to the annual licensure renewal fee due March 1st of each licensure year. In addition, the regular reinstatement fee of $76.33 (HST included) will also apply for those LPNs who fail to renew their license prior to the license expiry date of April 1st.

The LPN Act (2005) and the LPN Regulations (2011) have established criteria and requirements for licensure renewal. To meet the requirements, a LPN may require documentation from a third party (for example, verification from another regulatory body or practice hours from an employer) or direct follow-up by CLPNNL staff to clarify information provided. A March 1st administrative deadline provides 30 days in advance of the license expiry date for staff to review and complete the application process. The administrative deadline supports the CLPNNL's public protection mandate by reducing potential health service delivery interruptions that may occur if a LPN is prevented from working on April 1st as he/she does not meet licensure renewal requirements.

In 2014, approximately 60% of the LPN membership submitted their licensure renewal applications after March 1st. Approximately 40% of the LPN membership submitted their renewal applications after March 15th and approximately 10% of the LPN membership submitted their renewal applications on March 31st.



COLLEGE OF LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR

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http://www.clpnnl.ca

2017/2018 APPLICATION FOR LICENSURE OR RENEWAL OF LICENSE

Surname — Given Names
Apt./Box no. — Street Number and Name
City/Town/Village — Province — Postal Code
Maiden Name — Country
Email Address
Home Phone Number — Cellular Number — Work Phone Number

IF THE ABOVE INFORMATION IS INCORRECT, MAKE CHANGES AT THE RIGHT. NAME CHANGES REQUIRES LEGAL DOCUMENTATION.

1. License Number:
2. Other Provincial License: License Number/Province
3. Marital Status: Single Married Other
4. Sex: Male Female
5. Date of Birth:

EDUCATION

For LPNs who participate in payroll deduction for the payment of their annual licensure fees through their employer, please ensure that the appropriate payroll staff are aware of this deadline so that licensure fees can be collected and submitted to the CLPNNL prior to the March 1st deadline.

In the general Canadian population, about five percent of people are experiencing major #depression at any given time, and a typical Canadian has about a ten percent risk of depression during his or her lifetime. For older adults who may be coping with physical illness, lack of social supports, or the death of friends and family members, the risk is much higher. Up to twenty percent of community-dwelling seniors have symptoms of depression, and in #elderly hospital patients and residents of long-term care, that number goes up to forty percent.

For such a common condition, we would expect to find plenty of evidence on the best treatments. But when #CADTH – an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, tests, and procedures – conducted a series of four evidence reviews on antidepressant use in older adults, the results were surprising.

The reviews cast quite a wide net, looking for studies of anyone 65 years or older. Of course, a relatively healthy 65-year-old living at home with a partner and an active social life is quite different from a frail 85-year-old living in a long-term care facility. However, limited evidence was found to guide the treatment of either of these patients, and no studies could be found that looked only at specific groups clinicians may be concerned about, such as hospital inpatients or the frail elderly.

The first step to treatment is screening and diagnosis. This can be difficult as people may be reluctant to seek help, and their main symptom may not be sadness but rather lack of satisfaction or interest in life. Untreated depression can worsen other medical conditions such as heart disease, and can increase the risk of prolonged disability, early death, or death by suicide. So while experts agree that older adults should be screened for depression, there is limited evidence on how often to screen and which tool to use. The Geriatric Depression Scale (GDS) is the most well-studied tool and is recommended by evidence based guidelines; but even so, there isn't universal agreement on cut-off points — in other words, how high the GDS score needs to be to diagnose a person with depression.

In terms of treatment, older adults may be included in some antidepressant drug trials, but few trials focus specifically on elderly patients. A CADTH search found 36 studies that could be included in a review on antidepressants in the elderly. Compared to some of the more obscure topics that CADTH is asked to review, this is a reasonable number of studies – but not when you consider the large amount of research on depression in the general population.

Almost all of the studies had some limitations. Some trials didn't have a comparison group, or didn't look at safety outcomes, or only looked at scores on a depression rating scale rather than long-term outcomes like remission. Duloxetine and desvenlafaxine seem to be the most studied antidepressants in the elderly, but even these studies are limited.

Most studies aim to show that a particular drug works better than a placebo (in other words, better than nothing). What we need are "head-to-head" trials that compare one drug to another to show which one works best. The CADTH review found one such study that showed no difference between several commonly used drugs. Most other head-to-head trials used fluoxetine as a comparator, an older antidepressant that is often avoided in elderly patients today.

Many antidepressants are used cautiously in the elderly as these patients may be more sensitive to side effects such as drowsiness, changes in blood pressure, or especially anticholinergic effects. Anticholinergic drugs block a substance called acetylcholine, which has effects throughout the body, from dry mouth and urinary retention to worsening of glaucoma or dementia.

One study followed more than 60,000 patients over 12 years, observing the side effects of antidepressants in the elderly. These researchers found that people taking some of the most common antidepressants, selective serotonin reuptake inhibitors or SSRIs, had an increased risk of hyponatremia (low sodium), seizures, falls, fracture, stroke, and death. There are limitations in this kind of observational study as there may be some confounding factor that explains both the antidepressant use and the poor outcome (for example, these patients may have more complex medical conditions).

For patients with dementia, the evidence is even slimmer. Depression occurs in at least 20% of patients with dementia, but when CADTH reviewed the evidence on antidepressants for elderly patients with both conditions, the search turned up only 10 trials with just 787 unique patients. Most studies showed no benefit from using antidepressants, and two studies showed a significant increase in adverse events.

In addition to depression, patients with dementia often develop anxiety, agitation, aggression, or other inappropriate social behaviours, collectively called behavioural and psychological symptoms of dementia (BPSD). Antidepressants are often used to help manage BPSD, but a CADTH review found no studies at all on the use of antidepressants in these patients.

In the absence of more and better evidence, guidelines generally discuss the possibility of increased side effects and the need for clinicians to start with low doses, adjust doses carefully, monitor frequently, and consider other health conditions. Until there is more research into the screening and treatment for depression in the elderly population, this is the best guidance we have to go on.

If you would like to learn more about CADTH's evidence reviews on mental health or long-term care topics, visit www.cadth.ca/mentalhealth or www.cadth.ca/longtermcare. And if you would like to learn more about CADTH and the evidence it has to offer to help guide health care decisions in Canada, please visit www.cadth.ca, follow us on Twitter: @CADTH_ACMTS, or talk to Sheila Tucker, CADTH's Liaison Officer for Newfoundland and Labrador by email at Sheilat@cadth.ca or phone (709) 691-3055.

Permission to print granted by CADTH.

Nursing Education and Research Council
Nursing Grand Rounds
2017

Date	Topic	Presenter	Location
Jan. 26	**College of Licensed Practical Nurses Continuing Competence Program** https://attendee.gotowebinar.com/register/4507578035693090050	**Wanda Squires** LPN Practice Consultant, CLPNNL	**Harbor Room** (New Cafeteria Conference Room) **LAMC**
Feb. 23	**Trans Positive Health Care: What You Need to Know When Working with Gender Diverse Clients** https://attendee.gotowebinar.com/register/1574902347972717826	**Krista Benson** B.Sc. BN RN MS (Sexology)	**Harbor Room** (New Cafeteria Conference Room) **LAMC**
Mar. 30	**Wound Care** https://attendee.gotowebinar.com/register/8733745590608353794	**Margo Cashin** BN RN IIWCC Wound Care Consultant	**Harbor Room** (New Cafeteria Conference Room) **LAMC**
Apr. 27	**Palliative Care: It's All About the Living** https://attendee.gotowebinar.com/register/6953734121773928450	**Carmel Collins** RN BN NP(F/AA) CHPCN (C) Nurse Practitioner	**Harbor Room** (New Cafeteria Conference Room) **LAMC**
May 25	**Reporting Communicable Disease: What is your responsibility?** https://attendee.gotowebinar.com/register/1501649584795788802	**Suzette Spurrell** MN RN CCHN(C) Communicable Disease Control Nurse Coordinator	**Signal Room Conference Room LAMC**
Jun. 29	**Nursing in the Age of Social Media** https://attendee.gotowebinar.com/register/8937942492582906883	**Raelene Lee** B.Comm (Co-op) LL.B. Legal Counsel	**Harbor Room** (New Cafeteria Conference Room) **LAMC**

- Please note that all rounds will occur from 1400-1500 hours on the last Thursday of the month
- Nursing Grand Rounds will not be held during December, July & August due to the holiday seasons

Remember:

Attendance at Nursing Grand Rounds can be used as a credit towards the ARNNL and CLPNNL's Continuing Competency Program.

For additional information please contact Professional Practice - Nursing 777-7792

Medical Malpractice - Explained

April 2016

Malpractice issues are of great concern today. There was a time when health practitioners were not lawsuit targets; clients would never consider bringing forth an action against people who helped them. Times have changed. Today the public and legal system have high expectations and are more inclined to initiate a lawsuit.

Organizations, employees and services are being scrutinized by the public like never before. When adjudicating cases, the courts base their judgments on increasingly higher standards of care and responsibility.

Licensed practical nurses (LPN) have daily contact with people and patients in their work. These people are dependent upon your skillful care and extensive knowledge. Medical Malpractice Liability Insurance helps protect you from allegations of errors, omissions and negligent acts whether or not they have merit.

As an LPN, the legal system views you as a professional, meaning you are expected to have extensive technical knowledge and training in your area of expertise. You are also expected to perform the services for which you were hired according to a professional code of conduct and within the scope of practice. If an LPN fails to use the degree of skill expected of them, they can be held personally responsible in a court of law for any harm they cause to another person. Not only can your professional reputation be damaged in a lawsuit, but your personal assets may be at risk.

As a member of the College or Association, you are automatically provided with Medical Malpractice Liability coverage. Included in your annual membership, your association or college provides a Medical Malpractice Liability policy with a $2,000,000 per claim limit and an annual program aggregate of $50,000,000. The program covers the LPN for faults, errors, omissions and negligence for services rendered while acting within their scope and duties. The basis of the policy is to provide protection for:

- Defense costs associated with defending an allegation, even if the allegation is false
- Settlement costs if the LPN is found negligent
- Additional limits over employer limits
- Helping shield the personal assets of members

Your insurance company is equipped with a team of analysts, adjusters and legal professionals to ensure claims are adequately handled and proactively managed. Their expertise is critical in guiding you through the claims process, while respecting your privacy and the organizations confidentiality.

The policy includes coverage for all active members of the college or association and retired members. Graduates waiting licensing are also provided coverage as long as they are working under the guidance of another health professional. Since the policy is intended to only cover errors and omissions resulting from your professional practice, it is important to note there are exclusions. Some of the notable exclusions include:

- Deliberate, Dishonest and Fraudulent Acts
- Fines and Penalties
- Libel and Slander
- Abuse and Sexual Misconduct
- Issues outside of your scope of practice
- Disciplinary allegations

In a hospital or other care facility, your employer will likely maintain a Medical Malpractice Liability policy on behalf of the facility and its employees. In this circumstance, the program provides excess coverage in the event the facility coverage is insufficient. If the LPN does not work in a facility which provides Medical Malpractice Liability coverage, this program becomes primary to protect the individual. For LPN's who are self-employed or who do contract work, this liability insurance is critical protection. Providing your work in these roles falls within your scope of practice, you are covered.

This program has been developed with the College or Associations for the benefit of the members and the public. It is important to understand your coverage and know you have protection against accidental errors in your day-to-day work.

Medical Malpractice – Frequently Asked Questions

April 2016

What is Medical Malpractice Insurance?

Medical Malpractice, also known as Errors and Omissions liability or Professional Liability responds to allegations arising from your work as a Licensed Practical Nurse in Canada. It responds to third-party claims against you, arising from actual or alleged "negligence caused by rendering or the failure to render professional services". It includes coverage for legal expenses and potential indemnification payments.

Is there need for me to carry my own coverage if my employer provides coverage?

Your employer may or may not purchase Medical Malpractice Liability, and their policy may not include you as insured or have enough limit even if they do purchase it. This policy for Licensed Practical Nurses provides reassurance that coverage, subject to the policy conditions, is in place for incidents should they arise. In addition, if you contract your services or are self-employed, individual coverage is required.

I have left the profession permanently and am no longer licensed; will the policy still provide coverage?

The program contains a broad definition of who is insured and includes former members. This means once you leave the profession, the policy will respond to allegations against you resulting from instances while you were active in your role.

I am working outside of the country for a short period, will the policy respond?

The intent of the policy is to provide coverage for Licensed Practical Nurses working and living in Canada. If you engage in work outside of Canada, for example a Humanitarian Project, coverage can be extended on a short term basis only. It is critical that you contact your College or Association and/or Lloyd Sadd Insurance Brokers Ltd. and advise the duration and location of your work.

What is the Difference between Medical Malpractice Liability and Commercial General Liability?

Medical Malpractice Liability responds to allegations stemming from negligence in the course of providing professional services within the Scope of Practice.

Commercial General Liability provides insurance for injuries or property damage sustained by members of the public, not resulting from professional services. It covers accidents at your premises or away from your premises as a result of business operations. For example, a patient slips and falls on your sidewalk due to ice build-up.

LloydSadd INSURANCE BROKERS

LLOYDSADD.COM

Medical Malpractice – CLAIM REPORTING

August 2016

There are numerous scenarios where a Licensed Practical Nurse can be alleged of malpractice, and these allegations may have merit or be groundless or unfounded. Medical Malpractice liability, subject to the policy wordings, responds to those allegations regardless whether they are groundless or not. It provides legal representation and expenses and potential indemnity payments. Examples of complaints are professional misconduct, malpractice, neglect, humiliation, among others.

What steps should be taken in the event of a complaint or claim?

Allegations and claims should be reported immediately. Please report any of the following situations:

- If you are served with a Statement of Claim, summons or other legal process
- Any written allegations of professional malpractice or negligence
- Any verbal complaints or oral threats
- Any circumstance you become aware of where a third party may hold you responsible for your actions

When should you report?

The policy requires you report "as soon as practicable after being made aware of a claim". Prompt notification is required and essential in order to provide early advice and to ensure that their rights and interests are properly protected. Delay in notification could prejudice the insurer's position and impair their ability to defend you.

How to Report

Please contact your insurance broker, Lloyd Sadd Insurance Brokers Ltd. directly.

Your report should contain copies of all written documents as well as names of potential claimants and date the incident occurred. Details of the incident are also needed. Information and documentation is critical in helping resolve disputes and claims.

For any further information or if you are unsure if something needs to be

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WE LISTEN. WE THINK. WE DELIVER.

carrot rewards

Live Well. Earn Points.

Carrot Rewards will reward you for making healthier choices.

Carrot Rewards is a wellness rewards program. Through this initiative, Newfoundlanders and Labradorians are offered the opportunity to download an application on their mobile device and collect select reward points of the user's choice from participating points providers for completing various wellness related activities (e.g. quizzes, video viewing, step tracking).

Download the app here:

http://linktrack.info/carrotnl

Improve your knowledge and earn points by completing quizzes on healthy living topics like:

- Nutrition, meal planning and grocery shopping
- Physical activity
- Mental wellbeing
- Tobacco control
- Injury prevention

Also earn points by tracking your physical activity level using "Steps."

Participating loyalty programs:

- Aeroplan
- Scene

Carrot Rewards is a partnership between the Public Health Agency of Canada, the British Columbia Ministry of Health, the Government of Newfoundland and Labrador, and Social Change Rewards, along with charity partners: YMCA Canada; Heart and Stroke Foundation; and the Canadian Diabetes Association. The goal of the program is to influence Newfoundlanders and Labradorians to make healthier choices.

If you have any additional questions or need support, visit the Carrot Rewards website at https://www.carrotrewards.ca/ or email help@carrotrewards.ca

For additional information on healthy living visit http://www.cssd.gov.nl.ca/healthyliving/index.html

Medical Assistance in Dying (MAiD)

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL), in accordance with the *Licensed Practical Nurses Act (2005)*, has the legislated responsibility for regulating the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador.

The mandate of the CLPNNL is to protect the public by ensuring the provision of safe, competent, ethical, and compassionate nursing care.

Using this Document

Practice guidelines are documents that outline the LPN's accountability in specific practice contexts. These guidelines reflect relevant legislation and are designed to assist LPNs to understand their responsibilities and legal obligations. This practice guideline will describe the CLPNNL's expectations for LPNs in relation to Medical Assistance in Dying (MAiD).

Introduction

Legislation regulating the provision of Medical Assistance in Dying (MAiD) (Bill C-14) was passed by the federal government on June 17, 2016. Bill C-14 allows for eligible individuals to receive medical assistance in dying. In addition, it establishes safeguards to protect clients and provides protection for health care providers who participate in MAiD within the parameters of the legislation.

What is MAiD?

MAiD refers to the process (Section 241.1 of the *Criminal Code*[1]) where an eligible healthcare provider:

- prescribes and administers a medication to a client, at their request, that causes their death; or
- prescribes or provides a medication to a client, at their request, so that they may self-administer the substance and in doing so cause their own death.

The Nursing Role in MAiD

Nurses have a significant role in providing end of life care to clients and their families, whether the process is medically assisted or not. Nurses must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care. According to Section 241.7 of the *Criminal Code*[1], MAiD must be provided with knowledge, care and skill and in accordance with applicable laws, rules and standards.

The CLPNNL provides the following guidelines for LPNs:

1. LPNs can aid in MAiD under the direction of a physician.
2. The current scope of practice for Nurse Practitioners in NL does not authorize Nurse Practitioners to provide MAiD[2].
3. If requested, LPNs may support access to accurate and objective information about MAiD to clients so that they may make informed decisions about their care.

4. LPNs should not initiate a discussion on MAiD with clients.
5. LPNs must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care.
6. If the LPN has reason to believe that the client does not meet the eligibility criteria or all mandatory safeguards are not in place, the LPN must immediately discuss this with the client's health care team.
7. LPNs can insert an intravenous line that will be used for the administration of the medication that will cause death.
8. LPNs are **NOT** authorized under any circumstances to administer the substance that causes the death.
9. LPNs can be present to provide end of life nursing care during the administration of the medication that will cause death.
10. LPNs must document their involvement in MAiD in accordance with the standards of practice and employer policy.

Client Eligibility for MAiD

Determining eligibility for MAiD is the responsibility of the physician. LPNs should be aware of the criteria but are not permitted to determine the client's eligibility for MAiD.

As outlined in Section 241.2 of the *Criminal Code*[1], a person may receive medical assistance in dying only if they meet all the following criteria:

- They are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;
- They are at least 18 years of age and capable of making decisions with respect to their health;
- They have a grievous and irremediable medical condition;
- They have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- They give informed consent to receive medical assistance in dying.

Safeguards

Section 241.3 of the *Criminal Code*[1] identifies the following safeguards that must be met before an eligible person can receive medical assistance in dying.

- The request for MAiD must be signed and dated by the client before two independent witnesses (see independent witnesses section, page 3);
- A second physician must provide a written opinion confirming that the client meets the eligibility criteria;

- There must be 10 days between the day on which the request was signed and the day on which MAiD is provided, or – if both physicians assessing the eligibility criteria are of the opinion that the client's death, or the loss of capacity to provide informed consent, is imminent – any shorter period that the first physician considers appropriate in the circumstances;
- Immediately before the provision of MAiD, the physician must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAiD.

Independent Witnesses

Section 241.2(5) of the *Criminal Code*[1] outlines that the two independent witnesses must not:

- know or believe that they are a beneficiary under the client's will;
- know or believe that they are a recipient, in any other way, of a financial or other material benefit resulting from the client's death;
- be an owner or operator of a health care facility where the client is being treated, or any facility in which the client resides; or
- be directly involved in providing health care services or personal care to the client.

Conscientious Objection

The LPN may decline to participate in MAiD if it conflicts with their moral beliefs and values. If the LPN chooses not to participate in MAiD, the LPN must notify the manager immediately so that alternate arrangements for nursing care can be made. The LPN's personal beliefs about MAiD should not be expressed to the client and/or family. The LPN must also continue to provide safe, competent, ethical and compassionate care in a professional, nonjudgmental, and non-discriminatory manner until alternative care arrangements can be made to meet the client's needs or wishes.

Summary

LPNs have a significant role in providing end of life care to clients and their families, whether the process is medically assisted or not. LPNs must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care. In the provision of nursing care, LPNs must practice according to applicable legislation, standards of practice and the code of ethics.

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1 An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), ASSENTED TO June 17, 2016, Bill C – 14.

2 Registered Nurses and Nurse Practitioners – Aiding in Medical Assistance in Dying (2016). Association of Registered Nurses of Newfoundland and Labrador.

ATTENTION Health Care Providers

Educational Opportunities for Nurses and Other Caregivers

Facilitated by
Alison Petten RN BScN, Educator / Health Consultant

Health Care Documentation Workshop: Do you dislike charting or take a long time to do it? Do you know that we are each required to do our own? Would you like to help others improve theirs? Learn how to clearly state the facts for progress notes, incident reports and other documents.

- June 8, 2017, 0900-1300 hours
- Southlands Community Centre, St. John's

Assessment After a Fall: Even with the best prevention plans, falls do happen and team members need to assess promptly, accurately and with confidence. Learn to assess after a fall as simply as A-B-C.

- June 8, 2017, 1400-1700 hours
- Southlands Community Centre, St. John's

Participants leave with knowledge, skills and the confidence to use them. All caregivers are welcome.

Registration is limited to 10 participants to promote an informal, interactive learning environment.

Contact Emily at (902) 719-6159 or emilycaringeducation@gmail.com for more information, posters, to register, request workshops for your area or to be added to the email notification list.

Master Classes for Foot Care Nurses

Facilitated by
Alison Petten RN BScN, Educator / Health Consultant

These workshops are for foot care nurses who are interested in adding some new techniques to their nursing foot care practice. All five workshops include concise theory prior to the demonstration and hands-on practice. Nurses can register for any or all of the workshops.

Monday, June 5, 2017
(1000-1600hr) **Nursing Assessment of the Diabetic Foot**: Review the process to complete and document a comprehensive lower limb nursing assessment. Sample forms are provided.

Tuesday, June 6, 2017
(0900-1100hr) **La Lam Gouge**: Learn how to safely and effectively use a blade for noninvasive nursing foot care. The 'gouge' can be used to reduce/remove calluses and corns very efficiently.

(1130-1400hr) **Use of Nail Braces for Involuted and Ingrown Nails**: This workshop will allow each participant the opportunity to work with two different nail bracing systems to help gently reduce the curvature of nails.

(1430-1700hr) **Customized Silicon Devices**: Learn how to make toe separators and toe crests that are individualized for your client's foot. This hands-on workshop is for nurses who understand the benefits of reducing pressure safely.

Wednesday, June 7, 2017
(1000-1600hr) **Policy Development Workshop**: Regulations require that foot care nurses have policies and procedures documented that accurately describe their practice. This is an opportunity to work with other foot care nurses to revise current polices and to develop needed ones.

Registration is limited to 10 participants to promote an informal, interactive learning environment.

Contact Emily at (902) 719-6159 or emilycaringeducation@gmail.com for more information, posters, to register, request workshops for your area or to be added to the email notification list.

MEDICAL ASSISTANCE IN DYING (MAID)

Ethical, Legal, and Practice Considerations

- *What is Medical Assistance in Dying?*
- *As a health care professional what do I need to know?*
- *What are some of the ethical, professional and legal considerations?*
- *How are systems, organizations responding to the legislation?*
- *What resources exist to assist health care professionals with respect to MAID?*

TUESDAY, FEBRUARY 7, 2017

2 p.m. - 4 p.m. (Island Time)

In-person: *Health Sciences Centre, Main Auditorium OR*
Webcast: *http://www.arnnl.ca or https://www.nlasw.ca*

No registration required. This event is offered free-of-charge.
RNs requiring CCP Certificates can register at www.arnnl.ca.

Panel Presenters:
Trudy Button BSW, LLB, *Legal Counsel, Association of Registered Nurses of Newfoundland and Labrador*,
Judy Davidson MSc, SLP (C), *Regional Director, Rehabilitation, Continuing Care and Palliative Care Program with Eastern Health,*
Michael Harvey BA (Hons), MA, *Assistant Deputy Minister, Policy, Planning and Performance Monitoring, Department of Health and Community Services, Government of Newfoundland and Labrador,* and
Daryl Pullman MA, PhD, BEd, *Professor of Medical Ethics, Director, Health Research Unit, Division of Community Health and Humanities, Faculty of Medicine.*

Moderators:
Annette Johns MSW, RSW, *Associate Director of Policy and Practice, Newfoundland and Labrador Association of Social Workers*
Pam King-Jesso RN, BN, MN, *Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador*

Association of Registered Nurses of Newfoundland and Labrador
Newfoundland & Labrador Association of Social Workers
COLLEGE OF LICENSED PRACTICAL NURSES OF NEWFOUNDLAND AND LABRADOR
MEMORIAL UNIVERSITY of NEWFOUNDLAND SCHOOL of NURSING

REMINDER: Keep Your Information Up-To-Date!

Under the College of Licensed Practical Nurses of Newfoundland and Labrador By-Laws (2014) Section 34 - Accuracy of Personal Information - all LPNs are required to keep their information on file with CLPNNL up-to-date. This includes:

- Name change
  (copy of legal documentation required)
- Mailing address
- Email address
- Employment information
- Phone numbers

If you have recently changed any of the above information, please contact CLPNNL by phone or email to update your file.

Pressure Injury: Update in Staging and Terminology and Review of Prevention Strategies: Part II of II

Authors:
Mary Beresford RN, BN, MN, IIWCC (08) — Eastern Health Long Term Care
Valery Goulding RN, BN, GNC (C) — Eastern Health Long Term Care
Alicia Hennebury BN, RN, IIWCC (13) — Eastern Health Long Term Care

In the September 2016 edition of Practice, Part I of this article reviewed pressure injury staging and the National Pressure Ulcer Advisory Panel (NPUAP) terminology changes from "Pressure Ulcer" to "Pressure Injury." Pressure injuries are one of the most common, often preventable, and extremely costly types of wounds encountered within our healthcare settings.

The prevention of pressure injuries is the most important component of a pressure injury program. Maintaining the client's skin integrity requires implementation of planned and consistent preventative nursing interventions. The Registered Nurses Association of Ontario (2011), through a systematic review of the literature and in consultation with experts, developed the best practice guidelines Risk Assessment & Prevention of Pressure Ulcers. Nurses assess clients, use their specialized clinical knowledge, and develop individualized care plans based on best practice recommendations and sound clinical judgment. This article will summarize the latest pressure injury prevention interventions to assist nurses to remain current on best practices.

Along with clinical judgment, the first component of an individualized pressure injury prevention plan is to complete a valid and reliable risk assessment tool (i.e., the Braden Scale for Predicting Pressure Ulcer Risk is used in NL) on admission, according to agency policy, and when there is a change in the client's health status. The risk assessment tool helps healthcare providers

identify clients at greatest risk of developing pressure injuries and implement preventative interventions (e.g., managing moisture).

Protecting the skin of those at risk for developing pressure injury involves a comprehensive approach beginning with a head to toe skin assessment on admission, then daily and when there is a change in the client's health status. Paying attention to vulnerable areas, especially the heels and coccyx/ sacrum, for pressure injury development is critical. Skin assessment findings need to be communicated and documented and include changes in color, persistent redness /non-blanching erythema, presence of moisture, localized heat or coolness, blisters, abrasions, open areas, swelling, induration/hardness and pain (locally and generally).

There are multiple suggested strategies to minimize pressure and shear forces, beginning with a repositioning schedule for clients. The repositioning schedule is essential because pressure and shear forces are relieved from pressure points at regular intervals with each turn and/or reposition. The recommended repositioning frequency when a client is in bed is at least every two hours or sooner if the client is high risk. Therapeutic support surfaces assist with distributing a client's weight over a greater surface area that can help minimize pressure over bony prominences. These surfaces may need to be considered for high-risk clients. Clients that are resting on a powered, active therapeutic support surface still need to be turned and positioned. Occupational therapists can assist with selecting the most appropriate surface for the client. The higher a client's risk for pressure injury development the more frequently the person needs to be turned and positioned. It is the health care provider's responsibility to work with clients and their caregivers to determine a reasonable and effective turning and positioning schedule and help prevent pressure injury development. To help maintain desired position, including 30-degree lateral positioning, pillow and foam wedges can be used. Health care providers often overlook the need to reposition a chair bound client. A dependent chair bound client should be repositioned at least every hour. Independent chair bound clients need to be

taught and reminded to reposition themselves at least every 15 minutes. Refer to Occupational Therapy/ Physiotherapy for seating assessment and adaptations for special needs.

To minimize pressure and shear forces, the head of the bed (HOB) should be positioned to less than 30 degrees except for mealtime and if clinically inappropriate (e.g., client with congestive heart failure, chronic obstructive pulmonary disease, pneumonia). Having the HOB below 30 degrees can prevent the client from sliding down in bed and minimize trauma from shear forces.

To minimize pressure, friction, and shear forces the heels must be elevated off the bed with pillows placed lengthways under the calf of the leg. If this is not possible, consider using heel suspension boots (e.g., Prevlon or Roho Boot). There is no therapeutic support surface to prevent development of pressure injury to a client's heels.

To prevent pressure injury development and practice healthcare provider back injury prevention strategies, healthcare providers need to use assistive or protective devices/maneuvers when moving clients. The use of low friction sheets, safe handling maneuvers, and appropriate equipment (e.g., bed assist functions and trapezes) can directly benefit clients and health care providers. It is also essential that health care providers do not massage over bony prominences or reddened area and do not use donut-like devices,

IV bags or similar devices to remove pressure. These devices relocate pressure to other vulnerable areas.

Questions or concerns related to minimizing pressure and shear forces can be addressed by collaborating with an Occupational Therapist and/or Physiotherapist.

Maintaining good nutrition and hydration is essential to prevent development of pressure injury. Nutrition is the process of ingesting protein, fats, carbohydrates, minerals, vitamins, and fluids in sufficient amounts to meet nutritional requirements. Healthcare providers can help maintain good nutrition and hydration by offering support with eating, and monitoring and documenting weight and diet. Consulting a dietitian may be required if it is determined that a client is having issues with nutrition and hydration. A dietitian will complete a comprehensive and thorough nutrition assessment and screening, which will help develop an individualized client meal plan.

Lack of activity and mobility increases a client's risk of developing pressure injuries. Healthcare providers must ensure that care-planning initiatives prioritize mobility and activity for each client. To support maximum remobilization implementation of devices (e.g., trapeze, bed rails, lift sheets, canes, and walkers) can help the client independently reposition and mobilize.

Pain decreases mobility and tissue perfusion through vasoconstriction thus increasing pressure injury risk. Ensuring the use of a valid pain assessment scale will help assess, monitor and document client's pain level. Non-pharmacological methods of pain management, and medications to control pain can help decrease the client's risk of pressure injury formation.

Skin that is too moist or too dry is at a higher risk of developing pressure injuries. To protect and promote skin integrity and manage moisture, it is recommended to start a continence program to minimize the client's contact with moisture. Using a protective barrier ointment on incontinent clients, absorbent pads that wick and hold moisture, and changing bed linen when damp is critical to a pressure injury prevention program. Using pH balanced non-sensitizing skin cleansers and moisturizers, avoiding hot water when bathing, and individualizing the bathing schedule can help prevent skin from becoming too dry or remaining too moist. Utilizing gentle bathing techniques that minimizes frictional forces when bathing will help maintain skin integrity.

For clients that are moving between care settings, ensure that the appropriate information is shared. Such information should include:

- Client's identified risk factors;
- Condition of the skin;
- Type of mattress and/or seating required;
- History of any healed pressure injury;
- Details concerning any existing pressure injuries along with the type of dressing protocol;
- History of adverse reactions to skin and wound care products; and
- Nutritional requirements and support.

Pressure injury prevention is everyone's responsibility, including the client's and their significant others. Ensuring those in the circle of care are educated and informed in pressure injury prevention best practices is critical to a successful program. Education should include etiology of pressure injuries, risk assessment tools, skin assessments, staging of injuries, support surfaces/maneuvers/devices, best practice prevention interventions, and the roles and responsibilities of team members.

Licenced Practical Nurses have an integral role in both preventing and managing pressure injuries. Being knowledgeable and informed of pressure injury prevention best practice interventions is essential to prevent the development of pressure injuries within our healthcare settings. This foundation prepares nurses with the knowledge to educate and communicate effectively with team members, clients and families, incorporate appropriate interventions in the plan of care and complete thorough and consistent documentation.

Practice NL is one of the many services provided by the Government of Newfoundland and Labrador to support Health Authorities within the province.

Continuing Nursing Education Portal

Practice NL has a web portal for Continuing Nursing Education. This portal is one component of a broader provincial initiative facilitated by the Department of Health and Community Services to support the workplace and community integration of Internationally Educated Nurses (IENs).

This portal houses resources for both nurses and Regional Health Authorities including online courses (modules) and downloadable guides.

These modules constitute continuous learning activities. Following completion of each module you will select the amount of continuous learning time (one clock hour = 1 continuous learning hour) spent completing the module, to a maximum of 2 hours. You will then be able to print a certificate of completion, indicating your selected continuous learning hours for your continuous learning portfolio.

Listed below are some of the current modules that are offered through Practice NL:

- Communications in Nursing
- Medication Administration
- Mentorship – Nurses mentoring Nurses
- Scope of Practice
- IEN – internationally educated nurses
- Jurisprudence

Jurisprudence is a module that informs LPNs about the regulations within our nursing practice. The module informs LPNs about their professional roles and responsibilities. Learning objectives also include increasing awareness of current practice issues and personal and professional confidence while adapting and integrating into a health care setting.

LPNs may choose to do any of these modules as part of their continuous learning. This will become a great source for learning when the Continuing Competency Program is initiated. For more information please visit www.practicenl.ca (click on the Continuing Nursing Education Portal) to select courses or call 1-888-299-0676 (toll free in NL) for more information.

LPN/ORT Sheila Toms Contributes her Skills to Team Broken Earth

In January 2010, an earthquake changed the lives of all those living in Haiti. 200,000 people were killed, millions more injured, displaced, made homeless and eventually marginalized as the world's attention moved on to the next international disaster.

Team Broken Earth was created as an immediate response to the dire need for medical services just after the immense damage and its toll was made known on news channels around the world. Today, the needs of the people of Haiti go beyond the devastation of the earthquake. The state of healthcare is poor and requires tremendous amounts of help.

Team Broken Earth was founded by a Newfoundland physician, Andrew Furey, and is a non-profit group of Canadian healthcare professionals providing medical assistance to Haiti's earthquake victims. Since 2010, the volunteer medical staff of Team Broken Earth has grown to include teams from across Canada, totaling nearly 200 volunteers on the ground during regular missions to Haiti. Team Broken Earth is committed to a sustained medical relief effort in Haiti to help rebuild and reinforce the healthcare system in one of the poorest countries in the western world.

Team Broken Earth's vision is:

> ***"We're not trying to change the world.***
> ***We're trying to change someone's world."***
>
> **— Dr. Jeremy Pridham**

Team Broken Earth provides and operates a not-for-profit clinic and hospital, and also supplies medical equipment that will provide medical care to any disaster or poverty-stricken area. Team Broken Earth advances education and public health in developing nations by providing training and education to health care professionals.

A Life Changing Experience

Sheila Toms graduated from the Nursing Assistant program at the Central Newfoundland Regional Hospital in 1973. She went on to further her nursing education to become an operating room technician in 1978. Sheila never dreamed she would someday be part of a team of health professionals travelling to countries in need of health care.

Sheila worked in the Janeway Operating Room and the Health Sciences Centre Day Surgery OR for most of her nursing career. She has a great passion for nursing and continues to work with Eastern Health. It is in the OR where Sheila heard of Team Broken Earth. A physician colleague of hers was heading up a team of health care professionals for the next mission to Haiti with Team Broken Earth. The physician encouraged her to apply, she did so, and was subsequently selected to go. Sheila had heard other nurses who had gone before discuss how great the experience was and how rewarding it felt to go and help people who had little or nothing. She was excited to be part of such a great organization helping those in need.

The original trip was booked for April, 2016, but was postponed until June due to political unrest. On June 4th, 2016, Sheila and the team boarded the plane with supplies headed for Haiti. This mission included 30 health professionals (doctors, registered nurses, OR technician, physiotherapist, logistics, etc.).

It was Saturday evening when they arrived in Haiti for a one-week stay. A shuttle service had already been arranged to escort them to their residence. Once they reached their accommodations, they were debriefed and then unpacked their supplies and prepared for the days ahead.

Sheila was given a tour of the hospital (OR, ICU, Medical, Surgical and Pediatric units).

As the OR technician, Sheila participated in several surgeries throughout the week, including plastics, orthopedic and general surgeries. With only two operating rooms in the hospital, surgical patients ranged in age from children to elderly. Once surgery was complete, Sheila assisted in other areas, such as wound care, medicine units and assisting physicians with casts.

Sheila and the team spent most of Friday evening gathering and organizing equipment for the return to Newfoundland on Saturday morning.

Sheila stated that "it takes a lot of fundraising to go on such a mission; however, it was a privilege to be there helping those in need. When you're there, you only have one mindset and that is to provide the best possible care with the limited materials that we had. It was so rewarding to be able to help and I would do it all over again. It was a life changing experience!"

Written by: Wanda Squires, Practice Consultant, CLPNNL; and Sheila Toms LPN/ORT Reference: http://www.brokenearth.ca.

For more information on Team Broken Earth, please visit their website at http://www.brokenearth.ca.

CONTINUING COMPETENCY PROGRAM (CCP)

A Requirement for LPN Licensure

TIME TO PREPARE

On April 15th, 2016, the Board of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) approved a Continuing Competency Program (CCP) for LPNs in Newfoundland and Labrador. Beginning in April 2017, in addition to working the required number of practice hours, all LPNs in NL will be required to participate in CCP every year to maintain their license.

CLPNNL has the legislated responsibility to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing care by LPNs. LPNs are accountable for their own practice and actions at all times and have a professional obligation to attain and maintain competence relevant to their specific area(s) of practice.

In keeping with this responsibility, the CLPNNL is implementing the mandatory CCP. The goal is to protect the public by ensuring that LPNs are competent in their practice. The CCP was developed in consultation with LPNs across the province. LPNs in most provinces of Canada are required to complete a CCP every year to be eligible for a license to practice.

A CCP is a formal system of assessing the knowledge, skills and judgment of a professional practitioner. The CCP promotes safe, ethical and competent life-long nursing practice. It requires LPNs to identify opportunities to broaden their knowledge base, increase their skill capacity and enhance their individual scope of practice, ultimately achieving professional growth and continually improving competence throughout their nursing career.

Each year, LPNs will complete a self-assessment by reflecting on their practice and comparing their *current practice* to the Standards of Practice. Based on this self-assessment, LPNs will develop a learning plan to identify the learning activities that they will participate in to meet their learning need. LPNs will be required to complete 14 hours of continuing education each year, 7 of which should be formal learning hours. The CLPNNL will provide examples of formal and informal learning activities to guide LPNs in their planning.

CLPNNL will provide informational webinars on the following dates during January-March, 2017. The College encourages all LPNs to participate in this information session as CCP will begin on April 1st, 2017.

January 12, 2017	1030-1200
January 19, 2017	1030-1200
January 25, 2017	1900-2030 * Wednesday
February 2, 2017	1030-1200
February 9, 2017	1030-1200
February 16, 2017	1030-1200
February 22, 2017	1900-2030 * Wednesday
March 2, 2017	1030-1200
March 8, 2017	1900-2030 * Wednesday
March 16, 2017	1030-1200
March 22, 2017	1900-2030 * Wednesday
March 30, 2017	1030-1200

If you require further assistance please contact Wanda Squires, Practice Consultant, at 709-579-3843, Extension 206, or email wsquires@clpnnl.ca.

10 Nutrition Tips for Shift Workers

Dietitians of Canada
Les diététistes du Canada

Shift work means working outside the usual 7 am to 6 pm time period. Three out of every ten Canadians works shifts. You may work straight nights, straight afternoons, or rotate these different shifts.

Working shifts can upset your body's "internal clock." Your "internal clock" tells your body to be awake during the day and to sleep at night.

When you work shifts, you may find it hard to know when and what to eat. It may also be hard to find enough time to exercise regularly. Maybe you have already experienced some of these common problems:

- a change in your appetite;
- trouble falling asleep or getting a good night's sleep;
- weight loss or weight gain;
- constipation, diarrhea, gas;
- indigestion, heartburn or stomach ulcers; and
- high blood pressure.

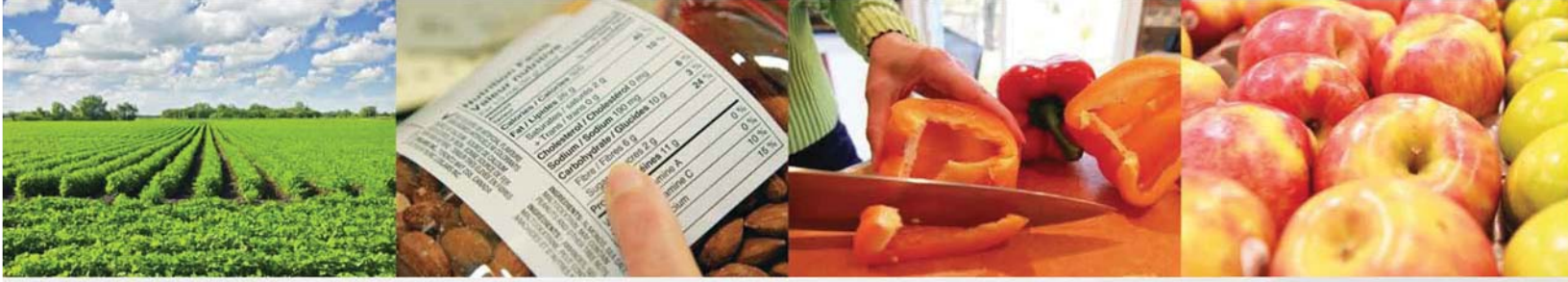
The good news is that by eating well and keeping active you can avoid some of these problems. Follow these nutrition tips to stay healthy, alert and feel your best at work and when you are at home.

Steps you can take

Here are 10 tips for shift workers.

1. Eat your "main meal" before going to work. If you are on the afternoon shift have your main meal at mid-day around noon. If you are on the evening shift, eat your main meal at about 6 pm before you go to work. Have a small meal and healthy snacks during your shift. Eating large meals during the night can cause heartburn, gas, or constipation. It can also make you feel sleepy and sluggish. Be careful not to overeat on the job.

2. Pack your own healthy snacks. It can be difficult to find healthy snacks during the afternoon and night shifts. The cafeteria may be closed. Vending machines may only carry salty or high fat snacks, and high calorie sugary drinks.



Plan ahead and pick a variety of snacks from the four food groups in Eating Well with Canada's Food Guide www.healthcanada.gc.ca/foodguide.

Examples of good snacks are an apple with a small piece of low fat cheese or a handful of nuts with low fat yogurt. See more snack ideas in the Healthy Snacks for Adults factsheet in the Additional Resources section below.

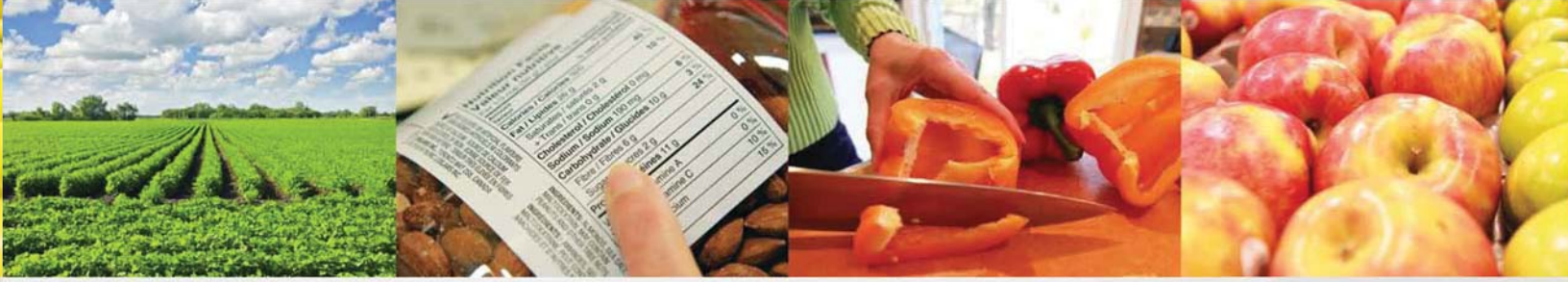
3. Avoid fatty, fried or spicy foods. Foods such as hamburgers, fried chicken and spicy chili may lead to heartburn and indigestion. Eating too much fat can also increase your risk of heart disease and type 2 diabetes.

4. Avoid sugary foods and drinks. You may feel a quick boost of energy after having a chocolate bar or sugary soft drink. This feeling doesn't last long and you may experience low energy levels later on. Enjoy nutritious snacks and beverages instead to stay alert and keep your energy up.

5. Take your time eating. Don't rush when you eat. You deserve your break, so enjoy every single bite of your meals and snack! If possible, eat with your co-workers for some company.

6. Stay well hydrated. Drink plenty of water to prevent dehydration. It may help you to stay alert and not feel so tired during your shift. Keep a water bottle nearby and take sips even before you feel thirsty. Low fat milk, tea, unsweetened herbal tea, and lower sodium 100% vegetable juices are other nutritious beverages that you can drink. Watch the amount of 100% fruit juice you drink because the calories can add up quickly.

7. Watch the caffeine. Drinking coffee, tea and other caffeinated beverages can help you stay alert. But don't consume more than 400 mg of caffeine a day. That is about the amount of caffeine found in 4 small cups of regular coffee. Caffeine can stay in your system for up to eight hours. This can affect your sleep. Switch to decaffeinated drinks, unsweetened herbal tea or water about four hours before bedtime.



Caffeine Content (per 250 mL cup)	
Coffee	125-146 mg
Decaf Coffee	3-5 mg
Tea	33 mg
Herbal Tea	0 mg
Cola (1 can)	38-64 mg
Energy Drink (1 can)	80 mg

8. Avoid alcohol. Avoid drinking alcohol after work and when you get home. A drink may make you feel more relaxed, but alcohol can disturb your sleep.

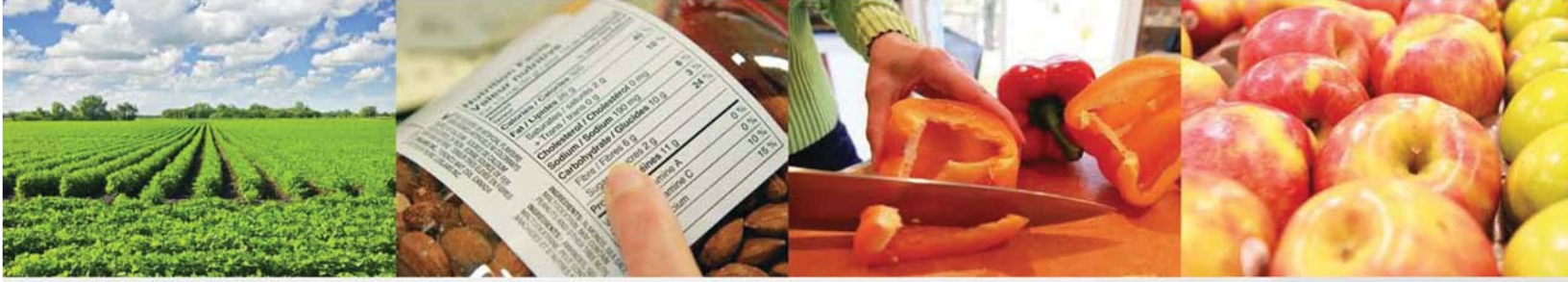
9. Have a light snack before bedtime. It's hard to fall asleep when you're too hungry or too full. If you're still hungry after work eat a small healthy snack before bedtime. Try a bowl of whole grain cereal with milk or a piece of whole grain toast with jam. If you're too full at bedtime try cutting out a snack during your shift.

10. Stay at a healthy body weight. Healthy eating and active living play a big role in helping you reach and maintain a healthy weight. When you have a healthy body weight, you'll lower your chances of getting heart disease, diabetes and some types of cancer.

Special Considerations

Stick to your routine. On your days off try to eat and sleep around the same times that you would if you were working your shift. That way your "internal clock" stays on schedule. Talk to the company's occupational health nurse about the best sleeping schedule for you.

Eat together. Whenever possible, try to eat at least one meal a day with your family. Families who eat together actually eat healthier and more well balanced meals. Mealtimes are a great time to connect with each other too!



Keep active. Good nutrition and fitness go hand in hand. Keep active to:

- improve your mood;
- stay fit;
- manage stress;
- sleep better; and
- re-energize yourself while at work.

Take a stretch break. Walk up a few flights of stairs. Or go for a brisk walk. Keep fit with ideas from Canada's Physical Activity Guide to Healthy Active Living www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/04paap-eng.php.

Stay in touch. Working shifts can be stressful on your social and family lives. Keep in touch with your spouse and kids every day. Plan your vacation days in advance to attend family activities and events.

Additional Resources

- EatRight Ontario, Nutrition Tips for Shift Workers
  www.eatrightontario.ca/en/Articles/Workplace-wellness/Nutrition-Tips-for-Shift-Workers.aspx#.UmfkE5RASb8
- EatRight Ontario, Healthy Snacks for Adults
  www.eatrightontario.ca/en/Articles/Weight-Management/Healthy-snack-ideas-for-adults.aspx#.Umfj2JRASb8==
- Canadian Centre for Occupational Health and Safety – for good information and advice about shift work
  www.ccohs.ca/oshanswers/ergonomics/shiftwrk.html

Participate in CLPNNL Committees, Working Groups and Liaison Programs

The CLPNNL is continually seeking LPNs to provide valuable input into committees and working groups. If you would like to contribute to your profession by participating in the work of the CLPNNL, please send your name confidentially to Wanda Wadman at wwadman@clpnnl.ca.

The CLPNNL Liaison Program was developed to provide Liaison LPNs the opportunity to work with the CLPNNL Board and staff by supporting the sharing of information. Liaisons are volunteer LPNs who have agreed to provide information to their workplace colleagues and to provide the CLPNNL with communication from these colleagues. The Liaison LPNs provide a valuable service to the CLPNNL by posting important information in the workplace regarding elections, new documents, policies, position statements, education sessions, national nursing week, practice awards and CLPNNL services. These are just a few of the means by which Liaison LPNs assist the CLPNNL and its members. The CLPNNL would like to extend a warm thank you to all Liaisons for their commitment to the LPN profession.

If you have any practice concerns, please forward them to your workplace Liaison LPN or contact Wanda Squires LPN, CLPNNL Practice Consultant, at wsquires@clpnnl.ca.

The CLPNNL is currently seeking Liaison LPNs for the following sites:

- Dr. Leonard A. Miller Centre
- Presentation Convent
- Kenny's Pond Retirement Home

If you would like to become the Liaison LPN for one of these sites please contact Wanda Squires at wsquires@clpnnl.ca.

COLLEGE OF
LICENSED PRACTICAL NURSES
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