

# PRACTICE

**STRONG**  
**INDEPENDENT**  
**MOTIVATED** **HARD**  
**WORKING**  
**RELIABLE** **LOYAL**  
**DETERMINED**  
**SELFLESS** **DEDICATED**  
**KNOWLEDGEABLE**  
**COMPASSIONATE**  
**I AM A NURSE**

**I AM A LICENSED PRACTICAL NURSE**



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

Volume 2, Issue 3 – September 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](mailto:wsquires@clpnnl.ca).

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**PRACTICE, presented by CLPNNL**

**Design & Layout: Kimberly Puddester**

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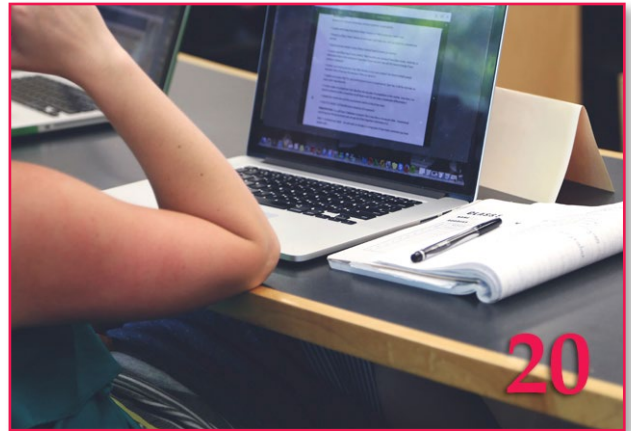


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## MISSION

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.



## CLPNNL AGM Update

The CLPNNL's Annual General Meeting (AGM) was held on June 15, 2017, at the CLPNNL building, 209 Blackmarsh Road, St. John's, NL. The Board of the CLPNNL remains committed to the vision, mission, mandate and values of the organization. It works in collaboration with government, educational facilities, employers, LPNs and other key stakeholders focusing on initiatives to advance the profession and strive for excellence in the regulation of LPNs in Newfoundland and Labrador. Chairperson Jane Pardy highlighted the following data from the 2016/17 licensure year which help the CLPNNL progress towards achieving its mission:



- CLPNNL works closely with the Centre for Nursing Studies (CNS), as the parent institution for the Practical Nursing (PN) program, as well as the College of the North Atlantic (CNA), which delivers the program through a brokering agreement with the CNS. We continue to graduate high-caliber PNs at each educational institution in NL. This past year the passing rate for the Canadian Practical Nurses Registration Exam (CPNRE) was 96% in the province of Newfoundland and Labrador;
- CLPNNL supports Internationally Educated Nurses (IENs) to obtain licensure in this province. CLPNNL has seen an increase in the number of IENs applying for licensure this year compared to other years;
- The Centre for Nursing Studies and College of the North Atlantic have seen an increased interest in the number of applications for Practical Nursing in the last year;
- CLPNNL has introduced the Continuing Competency Program (CCP) for its members;
- CLPNNL will soon launch online registration. LPNs will be able to renew their annual license online for the upcoming year;
- CLPNNL has been working hard to develop new documents and guidelines to help promote safety in nursing care. The latest to be approved is the *Policies, Processes and Standards for the Approval of Practical Nurse Education Programs in Newfoundland and Labrador*.

The full report is provided in the 2016/17 CLPNNL Annual Report which can be found at [www.clpnnl.ca](http://www.clpnnl.ca).



# Election of LPNs to the CLPNNL Board - Zones I and IV



The CLPNNL is seeking nominations for one LPN to be elected to the Board of the CLPNNL for each of Zones I (St. John's and area) and IV (Western region). Each position is for a three-year term (January 1, 2018 – December 31, 2020). For more information about the election process, please contact the CLPNNL Liaison person for your facility, the CLPNNL office, or visit [www.clpnnl.ca](http://www.clpnnl.ca). A copy of the By-laws that outlines the catchment areas for Zones I and IV is available on the website.

## SCHEDULE OF THE ELECTION PROCESS FOR ZONES I AND IV

1. Nomination forms will be mailed to Liaison LPNs for distribution prior to September 1st, 2017.
2. Deadline for receipt of completed nomination forms at the CLPNNL office is October 27th, 2017, at 1630 hrs.
3. Election ballots will be mailed to each LPN in Zones I and IV on November 14th, 2017.
4. Deadline for receipt of completed election ballots at the CLPNNL office is December 8th, 2017, at 1630 hrs.
5. Notification of election results to candidates takes place on December 15th, 2017.
6. Notification of election results to membership occurs on December 18th, 2017.



For more information on Zoning please visit the By-laws link:

[https://www.clpnnl.ca/sites/default/files/inline-files/CLPNNL\\_By-laws\\_%28June\\_2014%29.pdf](https://www.clpnnl.ca/sites/default/files/inline-files/CLPNNL_By-laws_%28June_2014%29.pdf)

# CLPNNL's Excellence Awards

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) would like to congratulate the 2017 Excellence award winners. The presentations were held at the CLPNNL Annual General Meeting on June 15, 2017.



*The Excellence in Practice Award was presented to Shawna Haley-Sharpe, LPN, from Pleasant View Towers, St. John's.*



*The Anne Keough Excellence in Leadership Award was presented to Vicki Laing, LPN, from the Carbonear General Hospital.*

Both of these Licensed Practical Nurses show exceptional knowledge, skill, judgment, and compassion for their work and the clients they care for. Congratulations!





## Let's Talk Scope of Practice

Can a LPN give this medication? Can a LPN provide this care? Can a LPN care for this client?

These are questions that the CLPNNL's Practice Consultant is asked every day.

Responding to the questions above is not always black and white. Most answers start with *"It depends."*

It depends on many things. When we think about LPN scope of practice we must always consider the following:

1. **Education** – Is the LPN educated to provide this care? Does the LPN understand how to provide the care? The education may have been learned in the PN program, post basic education (modules) or employer training. Before providing care, LPNs must have the knowledge, skill and judgement to do so.
2. **Authorization** – Is the LPN authorized by CLPNNL to provide this care? Is it part of nursing and LPN scope of practice? Does

the employer support (authorize) the LPN to provide this care in this facility? LPNs must ensure that employers support them in practice to provide the care.

3. **Competency** – Is the LPN competent to provide this care? Even though you may have learned a skill ten years ago and your employer may support you to do so, you must ask yourself if you are competent to provide the care. LPNs must always provide the best possible care to their clients and strive for the best possible outcome. Best practice is always changing and LPNs must be mindful that practice and policies change with that. LPNs must seek additional education (practice and theory) to become competent again. It may be that the LPN reviews the policy, reviews the Mosby's video series, observes another competent nurse (LPN/RN) provide the care and then have that nurse observe the LPN provide the care. This should be done until the LPN is competent to provide the care independently.



Another very important factor in Scope of Practice is Assignment of Care. Who is the right nurse with the right skill set in the right setting? The Client, Setting and Nurse play a huge role in determining assignment of care.

## THE CLIENT

The client's predictability will determine which nurse (RN or LPN) will be caring for them. LPNs can care independently for clients with predictable outcomes. LPNs work collaboratively with RNs for clients who are somewhat predictable and may experience fluctuations in their predictability. For example, a client may experience a change in their normal and the LPN consults the RN. LPNs also care for clients who are less predictable/unpredictable; however, an increased amount of collaboration, communication and consulting is required between the LPN and RN. If the client's complexity increases so much that both the RN and LPN are caring for this client, if appropriate, the LPN should transfer care to the RN. The LPN may continue to assist with care; however, the client would now be assigned to the RN due to the complexity.

## THE SETTING

The care setting also plays a role in determining the LPN Scope of Employment. For example, a client who requires a nurse to remove their NG tube in the hospital setting may have that care provided by a LPN as long as the LPN is educated, authorized and competent to do so. If



this client was in the home/community setting, the LPN may not be the most appropriate nurse to provide this care. When a client is in hospital, there are many supports in place in the event of an unexpected outcome. In the community setting, the supports are not as readily available.

## THE NURSE

The Nurse assigned to the client must be competent to provide the necessary care. If the client is required to have IV meds throughout the shift and the LPN assigned to the client has not been educated to provide that care, the LPN must notify the charge nurse/manager so that the assignment can be changed or arrangements can be made for another nurse to complete that component of care. The LPN must never provide care that they have not been educated, authorized and competent to do.

Remembering the following six components will always help to answer questions on Scope of Practice.

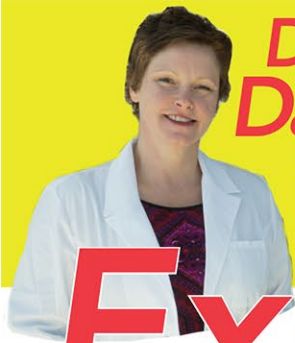
- educated
- authorized
- competent
- the client
- the setting
- the nurse

If you are unsure of your own scope of practice or any LPN's scope of practice, please contact Wanda Squires, LPN Practice Consultant, at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca) or 709-579-3843, ext. 206.

Wanda Squires LPN  
Practice Consultant CLPNNL







**Dr. Lesa Dawson**

**MD, FRCSC**

Specialist: Ovarian Cancer and Cancer Genetics

COME HEAR OUR **EXPERTS**

**Dr. Jane Green**

**PhD, CSMG**

Geneticist with 45 years of experience developing screening programs for families with cancer



# Exposium

## TOPICS INCLUDE:

### GENETICS & OVARIAN CANCER

*A Newfoundland perspective...*

Learn about the role of inheritance in ovarian cancer. Hear recommendations about how ovarian cancer can be prevented. Get an update about ovarian cancer genetics research in Newfoundland and Labrador.

### OVARIAN CANCER SCREENING

*An update...*

The current status of worldwide clinical studies in ovarian cancer screening.

### STRATEGIES FOR COPING WITH OVARIAN CANCER

*A focused session...*

A patient focused session to outline the course of ovarian cancer and how patients can manage symptoms of disease and treatment.

### ADVANCES IN RESEARCH AND HOPE FOR THE FUTURE

*A Summary of good news...*

Recent breakthroughs and future promise in the treatment and prevention of ovarian cancer.

OVARIAN CANCER

# EXPOSED!

HIDDEN SYMPTOMS: bloating, abdominal pain, fatigue

**BIGGEST SYMPTOM?**  
The possibility of  
**NO SYMPTOMS!**

JOIN US ON

**SEPT 23, 2017**

at the Faculty of Medicine,  
Memorial University

To register visit:

[www.med.mun.ca/exposium2017/](http://www.med.mun.ca/exposium2017/)

# Buying and Care Instructions for a Hip Protector:

## New Tools Support What Consumers and Health Care Providers Need to Know

One in three adults over the age of 65 living at home, and almost two in three adults in long-term care, fall at least once per year. In Canada, there are more than 28,000 hip fractures every year. Hip protectors do not reduce the risk of falling, but they do help reduce the risk of a hip fracture during a fall. Hip protectors can be worn by anyone to enhance safe mobility.

There is a wide range of hip protectors on the market. Some hip protectors are designed to withstand one impact and then be replaced. Other hip protectors are designed to withstand several impacts. What does a consumer looking to buy a hip protector need to know before they buy? How should they properly maintain their hip protector to maximize protection in case of a fall?

For guidance on breakthroughs in health technologies, governments, health care organizations, clinicians, and patients turn to CADTH – an independent, not-for-profit agency that delivers unbiased evidence on drugs and medical devices. CADTH led two new knowledge mobilization tools, building on their long-standing national partnership with the Canadian Standards Association (CSA). The tools add to past CADTH research on hip protectors, which is available at [cadth.ca/hip-protectors](http://cadth.ca/hip-protectors).

The two new hip protector tools created in partnership with the CSA were released in July 2017 in English and French. [Buying and Care Instructions for a Hip Protector: What You Need to Know](#) is a guidance card for consumers looking to buy and maintain a hip protector. [Hip Protectors: A Summary](#) overviews the labelling and testing of hip protectors and is a summary of the *CSA Express Document (EXP) 08 Hip Protectors, first edition, 2017*. The Express Document was prepared by the CSA Development Committee on Hip Protectors and CADTH staff participated on this committee. An Express Document provides a quicker solution in response to an identified market need and is an alternative to standardization.

*When buying a hip protector, what information should I look for?* The tools will help consumers understand that labelling should include how to position the protector correctly over the hip, cleaning and disinfecting instructions, and whether the hip protector is for a single individual or can be used by other individuals after cleaning and disinfecting. *Is my hip protector reusable?* Labelling should also indicate whether the hip protector is to be replaced by a new device after a single impact, how to check for damage to the device after the hip protector has absorbed an impact, and cleaning and disinfecting instructions. *How should my hip protector fit?* Keeping the hip protector in position is very important for the hip protector to function properly. Hip protectors should be comfortable, easy to put on and take off, and should stay in place during walking, sitting, bending, and during a fall.

Further information and the two hip protector tools are available for download at [cadth.ca/hip-protectors](http://cadth.ca/hip-protectors). To learn more about CADTH and the evidence we offer to help guide health care decisions in Canada, visit [www.cadth.ca](http://www.cadth.ca), follow us on Twitter @CADTH\_ACMTS, or connect with Sheila Tucker, CADTH's Liaison for Newfoundland and Labrador by email at: [Sheilat@cadth.ca](mailto:Sheilat@cadth.ca).

By Jonathan Mitchell, M.Sc., CHE, FISQua  
Knowledge Mobilization and Liaison Program, CADTH

**CADTH** Evidence  
Driven.  
**ACMTS** Preuves  
à l'appui.





## DISTANCE EDUCATION PROGRAM/COURSE OFFERINGS Licensed Practical Nurses

2017

The Centre for Nursing Studies is pleased to offer the following distance education courses. Start dates vary and courses will be offered **pending sufficient registration numbers**. Send your registration form to the undersigned. You will be contacted once sufficient applications are received. Payment must be received prior to the start of a course/program.

### **Licensed Practical Nurses:**

Re-Entry Program	\$4,000
Post Basic Gerontology Program	\$1,000
Post Basic Perioperative Program	\$4,000
Post Basic Mental Health Program	\$1,000
Advanced Foot Care Management Course	\$500

### **LPN Post Basic Competency Modules** \$100 (each)

Intradermal Injection Module  
Intramuscular Injection Module  
Intravenous Initiation Module  
Intravenous Therapy Administration Module  
Intravenous Medication Administration Module – Prerequisite: IV Therapy Administration Module  
Blood and Blood Products Administration Module – Prerequisite: IV Therapy Administration Module  
Central Venous Access Device (CVAD) Module – Prerequisite: IV Therapy Administration Module  
Hypodermoclysis Module – Prerequisite: IV Therapy Administration Module  
Immunizations Module – Prerequisite: IM and ID Modules  
Wound Care

***To register or for more information contact:***

barbara.peters@mun.ca  
Registrar, Non-Degree Programs  
Tel: (709) 777-8174  
[www.centrefornursingstudies.ca](http://www.centrefornursingstudies.ca)

# Benefits of HEALTHe NL to Licensed Practical Nurses

The Newfoundland and Labrador Centre for Health Information (NLCHI) works to improve the health of all Newfoundlanders and Labradorians by providing quality health information to health professionals, the public, researchers and health system decision-makers.

NLCHI is responsible for developing and implementing the province's confidential and secure electronic health record (EHR) called *HEALTHe NL*.

*HEALTHe NL* is a private record of an individual's health care information, available electronically to authorized health care professionals. It integrates information from many sources into a single, lifetime record of an individual's key health history and care. Information is available in one place when and where it is needed.

*"As a LPN in a dermatology clinic, I use HEALTHe NL regularly for getting lab results, consults from other doctors/specialists, pathology results, and patient medication lists."*

*- Michelle Earle, LPN  
Skin Care Studio Inc.*

LPN's throughout the province are also users of *HEALTHe NL*. As of mid-July, 155 LPNs have signed up to use *HEALTHe NL*, to help support their patient care activities.

*HEALTHe NL* currently includes the following types of information, which is updated daily, and helps support real-time health care decision-making:

- Patient medication profiles from all community pharmacies province wide;
- Known allergies and medical alerts from community pharmacies only;
- Provincial immunization data for anyone born after 2003;
- Eastern Health Meditech data, including dictated reports, laboratory results, diagnostic imaging and encounters;
- Central Health and Western Health laboratory data and encounters;
- Information about where health services have occurred, by whom and other key clinical events such as inpatient admission;
- Additional data is expected to be added by the end of 2017.

*"I use HEALTHe NL to obtain medication information for prescription refills, as well as diagnostic imaging reports from other institutions within NL."*

*- Deon Noseworthy, LPN  
Fast Track Outpatients Department,  
Western Health*

The key to all of NLCHI's work is that it is provincial in scope – it's available to all clinicians in the province, regardless of their location. The opportunities to improve patient safety and quality of care, and create work flow efficiencies are boundless.

LPNs who would like to learn more about *HEALTHe NL* or to sign up to be a user can contact NLCHI's Service Desk at [service@nlchi.nl.ca](mailto:service@nlchi.nl.ca) or call **1-877-752-6006**. To learn more about NLCHI visit us at [www.nlchi.nl.ca](http://www.nlchi.nl.ca).



## What is the *PHIA* and Why is it Necessary?

The *PHIA*, which came into force in 2011, addresses the handling of personal health information. While the concept of patient confidentiality is not new, the responsibilities and obligations set out in the *PHIA* are specific and extensive. Simply put, the *PHIA* creates rules for the protection of personal health information in both public and private settings while supporting transparency and accountability practices. The *PHIA* strikes a balance between the protection of individuals' privacy, and the need to use personal health information for legitimate health-related, quality control and research purposes.

The *PHIA* applies to custodians involved in the delivery of health care services in both the public and the private sectors and, therefore, prevails over provincial public-sector privacy law (the *ATIPPA*, 2015) and federal private-sector privacy law (*PIPEDA*).

The *PHIA* is necessary due to the extreme sensitivity of personal health information, the increasing use of technology to create and exchange personal health information and the often large number of health care providers involved in providing care to a single individual. The need and ability to share personal health information without delay benefits patients; however, parameters must be in place to ensure that the collection, use and disclosure of personal health information respects and ensures privacy.

A complete copy of the *PHIA* can be found at:

<http://www.assembly.nl.ca/legislation/sr/statutes/p07-01.htm>.

## What is Personal Health Information (“PHI”)?

Personal health information is defined in section 5 of the *PHIA*. Generally, it is identifying information in oral or recorded form or about an individual that relates to:

- their physical and mental health including their status, history and family history;
- the identity of the health care provider;
- blood and organ donation;
- registration information (including MCP number or other identifier);
- payments or eligibility for insurance coverage;
- entitlement to health care benefits;
- information collected incidental to health care or payment;
- prescriptions, a health care aid, device, product, equipment or other item provided to an individual under a prescription or other authorization issued by a health care professional; or
- the identity of a representative authorized to act on the individual's behalf.



## To Whom Does *PHIA* Apply?

The *PHIA* applies to custodians involved in the delivery of health care services in both the public and the private sectors in Newfoundland and Labrador.

A custodian is a person who has custody or control of PHI as a result of providing health care services. Examples include:

- Regional Health Authorities;
- Department of Health and Community Services;
- a Health Care Professional, when providing health care to an individual or performing a function necessarily related to the provision of health care to an individual (e.g. chiropractor, massage therapist, etc.); or
- a Health Care Provider. This person is different from a Health Care Professional. A Provider is paid, directly or indirectly, by MCP or another insurer or person, in whole or in part, to provide health care services to an individual.

The *PHIA* specifically excludes “an employee of a custodian when acting in the course of his or her employment” from the definition of custodian. However, all employees of a custodian must be aware of the custodian’s responsibilities as employees are agents for the custodian – the custodian will be held accountable for the actions of its employees.

A custodian does not cease to be a custodian with respect to PHI until complete custody and control of the record, passes to another person who is legally authorized to hold the record (usually another custodian).

### Custodianship in clinics of Health Care Professionals?

Clinics with multiple Health Care Professionals should have agreements in place to address the ownership of patient’s PHI. This will assist in instances where a clinician decides to leave the practice. Under the *PHIA* each Professional is responsible for the PHI of their patients but the *PHIA* does not speak to ownership.

## Role of the OIPC

The *PHIA* identifies the powers, responsibilities and accountabilities of the Office of the Information and Privacy Commissioner (OIPC). These powers include oversight of the proper interpretation and application of the *Act*. Furthermore, the OIPC can investigate any alleged breach of the *Act*, inform the public about the *Act* and make recommendations to ensure compliance. Additionally, the OIPC also offers free education and resources for custodians and individuals and is available to provide training on request.

The Commissioner’s *PHIA* Reports can be found in full at:

<http://www.oipc.nl.ca/reports/commissioner>.



**NLGNA PROVINCIAL  
EDUCATION CONFERENCE**  
*Caring for Older Adults in  
Long Term Care, Acute Care and  
Community Care*



**SAVE THE DATE!**

**OCTOBER 20, 2017**

**0800-1630**

REGISTRATION DEADLINE: OCTOBER 13, 2017

**PLEASANT VIEW TOWERS**  
East Multipurpose Room  
65 Newfoundland Drive  
St. John's, Newfoundland



**OUR SPEAKERS**

**Keynote Address**

Elizabeth M. Davis, RSM

"Shaping an Age Friendly  
Society & an Age Friendly  
Health System -  
Gerontological Nursing  
Accepts the Leadership  
Challenge"

**Gerontological  
Considerations for  
Mental Health  
& Addictions**

Trena Snook  
BN, NP  
Mental Health & Addictions

**Palliative Care**

Debbie Squires  
Clinical Nurse Specialist  
RN, MN, CHPNC (c)  
Long Term Care

**Responsive  
Behaviours &  
Caregiver Stress**

Adam O'Rourke  
& Kerrie Cochrane  
Behaviour Management  
Specialists  
Long Term Care

**Foot Care**

Kathleen Stevens  
BN, MN, PhD (c)  
Faculty  
MUN School of Nursing

**Dementia Experience**

15-30 minutes experiencing life with dementia!  
Recreational Specialist

Available in the afternoon to a limited number of participants on a first-come first-serve basis.

**Who Are We?**

NLGNA is a Special Interest  
Group of the Association of  
Registered Nurses of  
Newfoundland & Labrador  
(ARNNL) and a conjoint  
member of the Canadian  
Gerontological Nurses  
Association (CGNA).



Find us on  
**Facebook**

**Target Audience: RNs, LPNs, PCAs, Physicians,  
Allied Health Professionals, Nursing Students**

For more information or to register please contact:

**Valery Goulding, NLGNA**

**Phone:** (709) 752-8897

**E-mail:** [Valery.goulding@easternhealth.ca](mailto:Valery.goulding@easternhealth.ca)

**Website:** [www.nlgna.ca](http://www.nlgna.ca)

**Registration Costs:**

NLGNA Members	\$35	Non-NLGNA Members	\$100
Full-time Nursing Students	\$30	PCAs	\$50



LPNs can become a member by calling the above number or visiting the Canadian Gerontology Nurses Association at <http://www.cgna.net/>





**Inviting RNs, LPNs, PCAs,  
Allied Health Professionals,  
Physicians, & Nursing  
Students to the**

## **NLGNA Provincial Education Conference**

***“Caring for Older Adults in  
Long Term Care, Acute Care  
and Community Care”***

**When: October 20th, 2017**  
**Where: Pleasant View Towers**  
East Multipurpose Room  
65 Newfoundland Drive  
St. John's NL

**Registration Deadline**  
October 13, 2017

## **Who Are We?**

NLGNA's vision is to promote excellence in gerontological nursing through leadership, knowledge and scholarship.

NLGNA's mission is to address the health concerns of older individuals of Newfoundland and Labrador and the nurses who participate with them in health care across all sectors of care.

NLGNA is a:

- Special Interest Group of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL).
- Conjoint member of the Canadian Gerontological Nurses Association (CGNA).

Grateful acknowledgement to the CGNA for an educational grant for this conference.

**We Want YOU to become  
an NLGNA Member!**

RNs and LPNs can join CGNA and save on their Non-NLGNA registration fee.

Go to [www.cgna.net](http://www.cgna.net) and join today!



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## AGENDA

### October 20, 2017

- 0800-0820** Registration
- 0820-0830** Welcome & Conference Opening
- 0830-0930** **Keynote Address**  
“ Shaping an Age Friendly Society & an Age Friendly Health System—Gerontological Nursing Accepts the Challenge”.  
Elizabeth M. Davis, RSM
- 0930-1000** Break (Provided) 
- 1000-1200** Gerontological Considerations for Mental Health & Addictions  
Trina Snook, RN, BN, NP GNC(c)
- 1200-1300** Lunch (Provided)   
AGM Meeting
- 1300-1400** Palliative Care  
Debbie Squires, RN, BN, MN CHPN(C)  
**OR**  
Dementia Experience
- 1400-1445** Foot Care  
Kathleen Stevens, BN, MN, PhD(c)  
**OR**  
Dementia Experience
- 1445-1500** Break (Provided) 
- 1500-1600** Responsive Behaviours and Caregiver Stress  
Adam O'Rourke BMS & Kerrie Cochrane, BMS  
**OR**  
Dementia Experience
- 1600-1615** Wrap-up and Evaluation



## Dementia Experience Coming to You!

Spend 15-30 minutes experiencing life with dementia!

This session will challenge your current perspectives on those who are experiencing memory loss.

Dementia sessions will be available in the afternoon to a limited number of participants on a first-come first-serve basis.

Register early and indicate in the space provided if you would like to attend a session.

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## IMPORTANT NOTICE

- This education conference is a “No-Scent” event.
- Certificate of Attendance to this conference will be provided.

### Hotel Information



A special rate of \$141.00 (plus taxes) has been negotiated at the Holiday Inn, St. John's.

If contacting the Holiday Inn to receive the special rate, please call:

1-709-722-0506 and quote **NLGNA 2017**.

Reservations must be made prior to September 19, 2017.

### NLGNA Executive Members

Sue Ann Mandville– Anstey (President)

Carla Wells (Past President)

Mary Beresford Osborne (President Elect)

Valery Goulding (Treasurer)

Amelia Reddick (Secretary)

**Please complete registration form below and send via email or regular mail to:**

Valery Goulding, NLGNA  
Agnes Pratt Nursing Home  
239 Topsail Road  
St. John's, NL A1E 2B4  
Email: Valery.goulding@easternhealth.ca  
Phone: 709-752-8897

Please make cheque payable to NLGNA or send payment via interac transfer to above email address.

### **Registration Form**

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a CGNA member? Yes\_\_ No\_\_

Would you like to do the Dementia Experience? Yes\_\_ No\_\_

Do you have any special dietary restrictions that we should be aware of for your breaks and lunch? Please provide details.

\_\_\_\_\_

\_\_\_\_\_

### **Registration Costs**

NLGNA Members: \$35.00

Full Time Nursing Students: \$30.00

Non-NLGNA Members: \$100.00

Personal Care Attendants: \$50.00



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# The 5 Things We Wish All Nurses Knew About Suicide

**Tammy Bogdane, Centre for Suicide Prevention**

More than 4000 Canadians die by suicide each year; this is more than twice the number of Canadians who die in traffic fatalities (Statistics Canada, 2017; Transport Canada, 2017). Approximately 10% of Canadians are plagued with thoughts of suicide, or, suicide ideation. These thoughts grow into plans when people's deep psychological pain of living is too much to bear: they do not actually want to die. To this end, when they are offered help, they take it. We need to learn how to identify people at risk of suicide and connect them to the help they need

## Here are the 5 things we wish all nurses knew about suicide:

1. Anyone can be at risk of suicide... but some groups are more adversely affected than others.

Suicide is complex, and anyone can be affected by it. It does not discriminate based on economic status, race, religion, age or any other demographic. While anyone can be at risk, some groups are at higher risk.

Perhaps surprisingly, men between the ages of 40-60 years have the highest number of suicides in Canada. Middle-aged men generally do not seek help, and they access more lethal means. Men may seek medical attention for other health reasons, however, which could be linked to suicidal behaviours.

Other high-risk groups include:

- Seniors,
- LGBTQ youth, and
- Indigenous youth.



## 2. People at risk of suicide show warning signs.

People at risk of suicide typically display behaviours indicating such. They may express hopelessness or being a burden on others. They may isolate themselves or openly speak of death. They may show a marked change in behaviour. Most people at risk of suicide are also experiencing depression so it is important to rule out suicide risk when a person is depressed.

## 3. Treat every attempt as the first.

The number one factor in people dying by suicide is a previous attempt. Whether the patient is there for their first suicide attempt or their fifth suicide attempt, each attempt must be treated thoroughly. The patient is seeking help because they are afraid for their life. Attention-seeking is a good thing!

## 4. Ask Directly! “Are you thinking of suicide?”

If you are concerned about someone being at risk for suicide, ask them directly; they will be grateful you did! Asking someone if they are considering suicide will not put the idea in their head. Asking them will give them an opportunity to talk to you. Stay calm, listen non-judgmentally, assure them help is available. Instead of trying to solve their problem, actively listen by trying to hear their perspective and validating their feelings. Finally, connect them to help.

## 5. Anyone can help someone at risk of suicide.

The good news is that anyone can be the person who helps someone at risk of suicide. Take the time to engage with someone at risk. Suicide is preventable. We need to be aware of the signs that someone may be experiencing suicide ideation, and have the confidence to ask them.

To learn about suicide prevention workshops, and suicide prevention information visit us at [www.suicideinfo.ca](http://www.suicideinfo.ca)

### Reference

Statistics Canada. (2017). *Suicides and suicide rate, by sex and by age group (Both sexes rate)*.

Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66d-eng.htm>

Transport Canada. (2017). *Canadian motor vehicle traffic collision statistics 2015 collected in cooperation with the Canadian Council of Motor Transport Administrators*. Retrieved from [https://www.tc.gc.ca/media/documents/roadsafety/Canadian\\_Motor\\_Vehicle\\_Traffic\\_Collision\\_Statistics\\_2015-EN.pdf](https://www.tc.gc.ca/media/documents/roadsafety/Canadian_Motor_Vehicle_Traffic_Collision_Statistics_2015-EN.pdf)



# CONTINUING COMPETENCY PROGRAM (CCP) Update

The CCP came into effect for LPNs who hold an active license to practice in NL on April 1st, 2017. In addition to working the required number of practice hours, all LPNs in NL are 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 and responsible for their practice and actions at all times. LPNs have a professional obligation to attain and maintain competence relevant to their area(s) of practice.



As nursing professionals, LPNs have always learned new things in the workplace. Obtaining education is not something new to LPNs; it has and will always be ongoing as nursing is a profession of lifelong learning. CCP is a formal process wherein the LPN identifies learning needs, keeps a record of their learning and later evaluates their learning.

LPNs are required to obtain 14 hours of learning each year, 7 of which must be formal learning. LPNs must keep in mind that some of the learning must relate to their learning plan.

To obtain more information on CCP, please visit the CCP Booklet using this link:  
[https://www.clpnnl.ca/sites/default/files/2017-07/CCP-Booklet\\_web%20site.pdf](https://www.clpnnl.ca/sites/default/files/2017-07/CCP-Booklet_web%20site.pdf).

If you have questions, comments or concerns, please call or email Wanda Squires, LPN Practice Consultant, at [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca) or 709-579-3843, ext. 206.







## SEEKING ADDITIONAL EDUCATION FOR CCP CREDIT?

The following list provides a sample of professional resources and learning opportunities for LPNs.

1. Practice NL Continuing Nursing Education Portal <https://www.med.mun.ca/nursingportal/>
  - Jurisprudence: The legislation and regulations governing the practice of licensed practical nursing in NL – LPN
  - Scope of Practice - LPN
  - Communications in Nursing
2. Learning Nurse <http://www.learningnurse.org/>
3. LPN Code of Ethics Learning Module <http://www.learninglpn.ca/index.php/courses>
4. Study with CLPNA <http://www.clpna.com/members/continuing-education/study-with-clpna/>
5. Scope of Practice RNs and LPNs 2016 <https://www.youtube.com/watch?v=Lefe13cxKKA>
6. The Institute for Safe Medication Practices Canada <https://www.ismp-canada.org/>
7. National Council of State Boards of Nursing (NCSBN) <https://www.ncsbn.org/index.htm>
  - Nurses' Guide to Social Media [https://www.ncsbn.org/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCSBN_SocialMedia.pdf)
  - Substance Abuse Disorder: Information for Staff Nurses [https://www.ncsbn.org/SUD\\_Brochure\\_2014.pdf](https://www.ncsbn.org/SUD_Brochure_2014.pdf)
  - Understanding Substance Abuse Disorder: Online Learning Module [https://learningext.com/nurses/p/substance\\_use\\_disorder](https://learningext.com/nurses/p/substance_use_disorder)
  - Substance Abuse Disorder in Nursing: Video <https://vimeo.com/74874802>
8. CADTH (Canadian Agency for Drugs and Technology in Health) <https://www.cadth.ca/>
9. Canadian Association of Footcare Nurses (CAFN) <https://cafcn.ca/>
10. CLPNA <http://www.clpna.com/2017/04/webinar-trauma-informed-care-may-9/>
11. Nursing Leadership:
  - <https://www.rpnao.org/practice-education/e-learning>



12. Documentation 101 :

- <http://www.clpna.com/2014/12/free-online-course-nursing-documentation-101/>

13. CLPNNL's Interpretive Documents and Practice Guidelines, including:

- Accountability - <https://www.clpnnl.ca/sites/default/files/2016-09/Accountability2016.pdf>
- Therapeutic Nurse-Client relationship - [https://www.clpnnl.ca/sites/default/files/2017-04/Therapeutic\\_Nurse-Client\\_Relationship\\_Interpretive\\_Document\\_2017.pdf](https://www.clpnnl.ca/sites/default/files/2017-04/Therapeutic_Nurse-Client_Relationship_Interpretive_Document_2017.pdf)
- Documentation - [https://www.clpnnl.ca/sites/default/files/2017-04/Practice\\_Guideline\\_Documentation\\_Jan2017.pdf](https://www.clpnnl.ca/sites/default/files/2017-04/Practice_Guideline_Documentation_Jan2017.pdf)
- Medical Assistance in Dying - [https://www.clpnnl.ca/sites/default/files/2017-04/MAiD\\_Practice\\_Guideline\\_Approved\\_December\\_2016.pdf](https://www.clpnnl.ca/sites/default/files/2017-04/MAiD_Practice_Guideline_Approved_December_2016.pdf)

14. ARNNL's webinar with CADTH - Pressure Ulcers: Reviewing the Evidence on a Pressing Health Care Concern - <https://arnnl.ca/pressure-ulcers-reviewing-evidence-pressing-health-care-concern-0>



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## 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.

**CLPNNL will have online registration for the 2018-19 licensure year. It is essential that every LPN have a valid email address on file by December 1, 2017. CLPNNL will be sending email notification to LPNs in December 2017 regarding Licensure Renewal. For more information, please contact the CLPNNL office at 709-579-3843.**

# CANADIAN NURSE REGULATORS' FORUM / FORUM DES ORGANISMES DE RÉGLEMENTATION DE LA PROFESSION INFIRMIÈRE



## *Key Messages (July 12, 2017)*

The inaugural Forum of Canadian Nurse Regulators was held July 6 in historic Montreal, Quebec.

Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs) regulators met for the first ever gathering of nurse regulators in Canada to learn more about the Canadian Council for Practical Nurse Regulators (CCPNR), Canadian Council for Registered Nurse Regulators (CCRNR) and the Registered Psychiatric Nurses of Canada (RPNRC) and to exchange knowledge and information.

Common priorities and issues were explored as potential opportunities for nurse regulators to work together in the public's interest.

## *Messages clé (le 12 juillet 2017)*

Le Forum inaugural des organismes de réglementation de la profession infirmière s'est tenu le 6 juillet dans la ville historique de Montréal, Québec.

Les organismes de réglementation des infirmier(ère)s auxiliaires, infirmier(ère)s et infirmier(ère)s psychiatriques autorisé(e)s se sont réunis à l'occasion de leur toute première rencontre pour approfondir la connaissance des activités du Conseil canadien des organismes de réglementation de la profession infirmière (CCORPI), du Conseil canadien de réglementation des soins infirmiers auxiliaires (CCRSIA) et des infirmier(ère)s psychiatriques autorisé(e)s (RPNRC) et pour échanger des connaissances et des informations.

Les priorités et les enjeux communs ont été envisagés par les organismes de réglementation comme autant des perspectives et des possibilités futures d'une plus grande collaboration dans l'intérêt du public.



# Health Canada's Cannabis Public Education Campaign



Health  
Canada

Santé  
Canada

*vosre santé et  
sécurité...notre priorité.*

*Your health and  
safety...our priority.*

As part of a Cannabis Public Education Campaign, Health Canada partnered with Drug Free Kids Canada to support the Cannabis Talk Kit, a tool designed to provide parents with information to talk with their teens about cannabis.

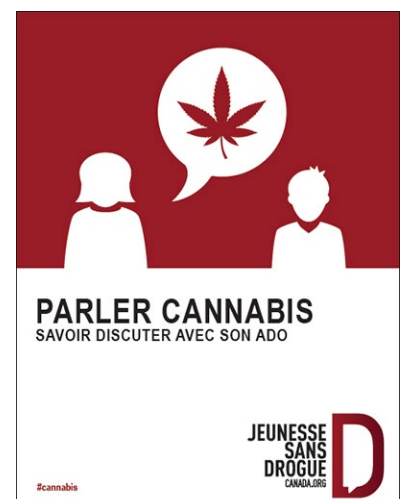
As you may already be aware, Canada's youth have some of the world's highest rates of cannabis consumption. In 2015, 21% of youth and 30% of young adults reported using cannabis within the last year. We also know that all mind-altering substances — including cannabis — are harmful to the still-developing teen brain.

Parents can play an important role in influencing their teens' lifestyle choices, including decisions about substance use. That's why it is important that parents have up-to-date information about cannabis and to engage in ongoing conversations with their kids. The Cannabis Talk Kit presents some of the questions teens might pose or arguments they might make about cannabis and provides guidance to parents on how they might respond.

For more information and to download the Cannabis Talk Kit, please visit [Canada.ca](http://Canada.ca) or the [Drug Free Kids Canada website](http://Drug Free Kids Canada website). Printed copies can also be ordered online from [Health Canada](http://Health Canada).

Thank you for helping to keep Canadians safe and healthy!

Health Canada Atlantic Region





# OPIOID OVERDOSE AND NALOXONE

In Newfoundland and Labrador, there has been a rise in opioid related deaths.

Drug use affects all sectors of society and all ages; from those using daily to those who casually experiment

## Opioids

Taken for pain relief or euphoria, including:

- Fentanyl
- OxyContin
- OxyNEO
- Hydrocodone
- Morphine
- Heroin
- Methadone
- Percocet

## Fentanyl

- Illicit fentanyl is 50 – 100X more toxic than other opioids;
- Can be hidden in other drugs;
- Small doses can be lethal or cause brain damage.
- **Caution!** Do not touch unknown powders; Avoid contact with eyes, nose and mouth.

## Overdose Signs

- Can't be woken up
- Snoring or gurgling
- Not breathing
- Lips or nails are blue
- Cold, clammy skin

Do not let the person sleep;  
**Call 911.**

## Naloxone Can Save a Life

**Naloxone** (trade name Narcan) can restore breathing in the event of a fentanyl or other opioid overdose.

**Naloxone** is temporary and emergency medical care is still required.

**Naloxone** has no harmful side effects; it cannot get a person high and is not addictive.

**Naloxone** is the medication that is administered by Emergency Department staff, RCMP and paramedics if someone is having an opioid overdose.

## 'TAKE HOME' Naloxone Kits

**Free** Take Home Naloxone Kits are now available to the public in communities across the Province.



Kits are for individuals at high risk of overdose (current or previous opioid users) and their friends/family, to administer if overdose occurs.

**HealthLine** (811) has a list of Take Home Naloxone Kit distribution sites.

**Kit Contacts** can provide a Kit and instruction on how to use it.

**Kits include:** Overdose information, overdose response instructions, a breathing mask, gloves, safety syringes and 2 ampoules of Naloxone.

## As healthcare staff, you can help

Provide a welcoming environment to receive and respond to inquiries.

Know the *Kit Contact* and distribution site in your area. To find out more, ask your Mental Health and Addictions team or call 811.

### For more information on opioid overdose:

[www.overdoseday.com](http://www.overdoseday.com) | [www.towardtheheart.com](http://www.towardtheheart.com) | [www.fentanyl-safety.com](http://www.fentanyl-safety.com)

The Provincial Take Home Naloxone Program is a partnership of:



# NALOXONE Video and Information Links

1. “Naloxone Made Easy” and “Naloxone Facts” (only 1 – 2 minutes!). The link is here: The Canadian Pharmacists Association has developed a [short video](#) that demonstrates how to administer naloxone.
2. An injection demonstration by one of our own lead instructors, Karen Singleton. [How to use naloxone in case of an overdose](#) - Video courtesy of CBC Here and Now
3. “LIVE! Using Injectable Naloxone to Reverse Opiate Overdose” (from Chicago Recovery Alliance [www.anypositivechange.org](http://www.anypositivechange.org))
4. “Naloxone Saves Lives” is a 13 minute video near the bottom of the page at [www.towardtheheart.com/naloxone](http://www.towardtheheart.com/naloxone)
5. New [Quick-Learn Lesson - Naloxone Administration](#) is a 15-20 minute online lesson from BC. It was created for people at risk of or likely to witness or respond to an opioid overdose. [www.towardtheheart.com](http://www.towardtheheart.com)
6. [www.canada.ca/en/services/health/campaigns/drug-prevention.html](http://www.canada.ca/en/services/health/campaigns/drug-prevention.html)

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## Labrador Grenfell Health Expands Role of LPNs in MDS

### LICENSED PRACTICAL NURSES COMPLETING ALL ASPECTS OF RAI-MDS

Resident Assessment Instrument-Mini Data Set (RAI-MDS) is a standardized assessment and care planning system for residents in Long Term Care (LTC), focusing on a resident’s physical, behavioral, and cognitive function. The main goal of MDS is to assist in planning for resident care based on strengths, abilities, preferences, and needs. It is a holistic approach that contributes to improved care and quality of life, as evidenced by improved resident outcomes, staff communication, and family/resident involvement.

In the past, Licensed Practical Nurses (LPNs) were focused on specific aspects of the MDS assessment, with the Registered Nurse responsible for all areas. However, with the scope of the LPN expanding, all areas can be completed by the LPN. This is a significant accomplishment as we are the first in the province to move forward with this, and it reinforces the evolution and strength of the LPN practice.

Throughout the week of April 24th to 28th, LPNs at the John M. Gray Centre were the first in the region to complete education and achieve competency on the remaining sections and care plans. Bravo!



*Submitted by: Gina Woodard, Clinical Nurse Educator  
Wayne Alyward (LPN), Tracy Pittman (LPN), and  
Gina Woodard after a training session.*



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

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