

PRACTICE



CLPNNL 2018 Awards of Excellence



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

Volume 3, Issue 3 – September 2018

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

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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.

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.



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

CLPNNL Welcomes New Policy Consultant

The CLPNNL is pleased to welcome Ms. Siobhainn Lewis to the position of Policy Consultant. In this role Ms. Lewis will provide support and direction for policy development and participate in initiatives to assist CLPNNL in achieving its strategic direction. A graduate of the General Hospital School of Nursing, Ms. Lewis received a Bachelor of Nursing degree from Memorial University of Newfoundland and a Master of Nursing degree from Athabasca University. Ms. Lewis brings over 20 years experience in nursing and has held varied and progressive positions within Eastern Health and its legacy organizations, including staff RN, site coordinator and division manager. Prior to commencing employment with CLPNNL Ms. Lewis worked as a nursing consultant for policy and practice with the Association of Registered Nurses of Newfoundland and Labrador. Welcome aboard, Siobhainn!



Email: slewis@clpnnl.ca

CLPNNL Welcomes New Regulatory Officer

The CLPNNL is pleased to announce the appointment of Ms. Dena Lake to the position of Regulatory Officer. In this role Ms. Lake will support the Registrar in matters concerning regulation, including the disciplinary process, licensure, education program approval, the Continuing Competency Program auditing process, as well as the credential assessment and validation processes.

Ms. Lake has 20 years' experience in the nursing profession, with a practice background in areas such as surgery, pediatrics, medical cardiology, rehabilitation and long-term care. Ms. Lake obtained a Bachelor of Arts degree from Memorial University of Newfoundland and later graduated from the Practical Nursing Program at the Western Regional School of Nursing in Corner Brook, NL.

While employed with Western Health, Ms. Lake became a clinical information specialist when the electronic documentation method was implemented, and she worked with a local physician to implement a geriatric capacity assessment. Ms. Lake also worked in Family Practice where she held a lead position in the development of a chronic disease management program for the practice clinic.

Ms. Lake's wealth of clinical experience and knowledge of nursing practice will be great assets in her new role. CLPNNL warmly welcomes Ms. Lake as the Regulatory Officer.

Email: dlake@clpnnl.ca



CLPNNL 2018 AWARDS OF EXCELLENCE

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) would like to congratulate the 2018 Award of Excellence recipients. The awards were presented at the CLPNNL Annual General Meeting on June 15th, 2018. Both award recipients demonstrate exceptional knowledge, skill, judgment, and compassion for their work and the clients they care for.

The Anne Keough Excellence in Leadership Award acknowledges a Licensed Practical Nurse who consistently demonstrates excellence in leadership and commitment to the practical nursing profession - someone who leads by example, demonstrating professionalism, respect, and integrity, and someone who advocates for quality nursing care.

The 2018 Anne Keough Excellence in Leadership Award was presented to Cynthia MacIsaac LPN, who is employed at the G.B. Memorial Cross Hospital in Clarenville.

Cynthia has worked in the nursing profession as a LPN for over 33 years. Most recently, she has been working in the Emergency Department and the cast clinic as the orthopedics technician at G.B. Cross Memorial Hospital.

Her nominators report that Cynthia always comes to work with a smile on her face and a positive attitude and is willing to help in every way she can. She is a very reliable and professional LPN and the physicians, nurses and patients rely heavily on Cynthia's skills and knowledge in casting. They trust and seek her opinion and suggestions for care.

Cynthia is a highly competent nurse/cast technician and is passionate about her job and profession. She practices to her full scope of practice and cares for patients of all ages who may have a variety of medical conditions. She is a CPR instructor and also provides the fit testing training for staff at the hospital. Cynthia is a mentor to nursing staff and often orientates LPNs and RNs to the Emergency Department. She carries with her a wealth of knowledge and has always put the best interest of the patient first.



Cynthia MacIsaac

Cynthia is always seeking to further her education and applies for all courses that will increase her knowledge and subsequently benefit her patients. She constantly seeks ways to improve her practice.

Cynthia is a true leader and a role model for the LPN profession.

Congratulations, Cynthia!

The *Excellence in Practice Award* recognizes a Licensed Practical Nurse who sets high standards for practical nursing and consistently demonstrates excellence as his/her personal standard.

The 2018 Excellence in Practice Award was presented to Krista Abbott LPN, employed with Eastern Health in the Public Health setting in Mount Pearl.

Krista began working in the Public Health setting in 2014. This was a new practice setting for LPNs and Krista embraced the new role and excelled in her practice.

Always willing and capable of taking on new tasks that are asked of her, Krista helps nurses in other zones, is a CPR instructor, a fit tester within her zone, helps with vision and hearing screens, provides breast feeding support to moms and babies, and is on the school immunization team.

Her nominators report that Krista has a way of calming children and provides a safe and secure atmosphere for them when they require immunizations. She is always well prepared for the school immunization clinics. She contacts the parents and ensures that necessary appointments are made with the school and/or parents.

Krista also acts as a preceptor and mentor for PN students and she collaborates well with the health care team in providing the best possible care. She keeps current in her practice as can be identified by the extra courses that she takes to further her knowledge, skill, and judgement in the nursing profession.

A kind, caring, positive and compassionate professional, Krista always has a smile on her face. She is a team player who strives for excellence and provides high-quality compassionate care to every client she encounters.

Congratulations, Krista!



Krista Abbott

POLICY AND PRACTICE NEWS



CLPNNL is pleased to announce the publication of its newest interpretive document, *Duty to Report*. This interpretative document provides direction for LPNs related to their duty to identify and report unsafe, unethical, or unprofessional behaviours, situations or issues.

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

To learn more about this document, click the following link:

https://www.clpnnl.ca/sites/default/files/2018-07/Duty_to_Report_Approved_June_2018.pdf

UPCOMING CLPNNL WEBINARS

CLPNNL posts educational opportunities to our website www.clpnnl.ca, our Facebook page <https://www.facebook.com/CollegeLPNNL/> and in PRACTICE magazine. CLPNNL encourages LPNs to visit these sites frequently to seek educational opportunities. For more information on how to participate in any of the following webinars please visit <https://www.clpnnl.ca/ccp>.

October 17, 2018	1400 -1500	Falls in Personal Care Homes. Robert Wilson, PhD Research Associate, Translational and Personalized Medicine Initiative Operational Lead, Choosing Wisely NL
November 7, 2018	1330 - 1430	MAiD – Dr. Aaron McKim Provincial coordinator for Medical assistance in Dying Newfoundland and Labrador
December 5, 2018	1400 - 1500	Documentation – What is my responsibility?
December 12, 2018	1400 -1500	Let's Talk Transgender – Dr. Amy Pieroway

If you have questions on CCP, contact Wanda Squires LPN Practice Consultant at 709-579-3843 or email at wsquires@clpnnl.ca.



Your first step to living well with Alzheimer's disease or a related dementia

A diagnosis of dementia can be overwhelming. Too often families struggle to cope with these challenges alone, only reaching out for help when a crisis occurs, such as an emergency room visit or when the caregiver *just can't do it anymore*. Our First Link program is designed to reach out to people before these stressful situations occur so we can provide them with the support and education they need to live better with all levels of dementia.

First Link connects people to:

- A learning series offering information about diagnosis, day-to-day living, positive approaches to care, how to manage challenges and how to prepare for the future
- Support groups and opportunities for one-on-one support
- Additional community programs and services

Everyday, our 200+ referring partners help us create the First Link between those impacted by dementia and a wealth of education and support. Whether you are interested in becoming a referring partner, or a First Link client, take the first step...contact us today!

Sharon Brown, First Link Coordinator

Alzheimer Society of Newfoundland & Labrador Inc
835 Topsail Road, Unit 107, Mount Pearl, NL
(709) 576-0608 (p) (709) 576-0798 (f)
Email: firstlink@alzheimernl.ca

Alzheimer Society NEWFOUNDLAND & LABRADOR



WHY FIRST LINK MATTERS

8,666 living with Alzheimer's Disease in Newfoundland and Labrador.

214 new cases of Alzheimer's Disease or a related dementia diagnosed each year in Newfoundland.

In 2016, **221** individuals availed of our 15-week Learning Series.

130 of the 214 individuals diagnosed last year availed of the Alzheimer Society's First Link Program and accessed our services.

“Caregiver support and education is vital. There is very little provided through our health care system other than via physicians which is costly and difficult to access. This program provides an environment for caregivers to learn and support each other allowing them to provide care for those affected by dementia.”

- A Referring Partner

Understanding Influenza

	Seasonal Flu	Common Cold
What is it?	<p>Influenza, or the flu, is a common and highly contagious, infectious respiratory disease that affects the nose, throat and lungs.</p> <p>Influenza viruses can change rapidly. That's why there is a new flu shot made every year to protect against the circulating virus strains.</p>	<p>A cold is a mild infection of the nose and throat caused by a variety of viruses.</p> <p>Although a cold might linger, the symptoms remain mild.</p>
Symptoms	<p>Almost always</p> <ul style="list-style-type: none"> • Sudden onset of cough and fever <p>Common</p> <ul style="list-style-type: none"> • Fatigue • Muscle aches • Sore throat • Headache • Decreased appetite • Runny nose <p>Sometimes</p> <ul style="list-style-type: none"> • Nausea • Vomiting • Diarrhea 	<ul style="list-style-type: none"> • Runny nose • Sneezing • Cough • Sore throat

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Severity Indicators

If you develop the following symptoms, you need to see a health care provider right away:

- Shortness of breath, rapid or difficulty breathing
- Chest pain
- Bluish or grey skin color
- Bloody or coloured mucus/spit
- Sudden dizziness or confusion
- Severe or persistent vomiting
- High fever lasting more than three days
- Low blood pressure

Additional symptoms to watch for in children:

- Not drinking enough fluids or eating
- Not waking up or interacting
- Irritability; not wanting to play or be held

People at Risk of Complications

The following groups are not more likely to get the flu. However, they are more at risk of developing complications if they do get sick:

1. Children under five years of age (especially those less than two years old)
2. Women who are pregnant
3. People with chronic conditions such as:
 - Heart disease
 - Liver disease
 - Kidney disease
 - Blood disorders
 - Diabetes
 - Severe obesity
 - Asthma and chronic lung disease
 - Immunosuppressed (people taking cancer drugs or people with HIV/AIDS)
 - Neurological disorders
4. Aboriginal people

IMPORTANT If you have flu symptoms and you have one of these risk factors, contact a health care provider as soon as possible — antiviral medications may be needed.

To find out more, visit www.fightflu.ca or call 1 800 O-Canada (1-800-622-6232) (TTY 1-800-926-9105)



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Flu Prevention Checklist

You can play an active role in staying healthy and preventing the spread of the flu virus. Follow these simple steps:

 **Get your flu shot**

Getting the flu shot every year is one of the most effective ways to prevent catching and spreading the flu virus.

 **Wash your hands frequently**

Wash your hands often with soap and warm water for at least 20 seconds to help remove bacteria and viruses. Wash before and after eating, after you have been in a public place, after using the washroom, after coughing and sneezing and after touching surfaces that may have been contaminated. An alcohol-based hand sanitizer is also effective in killing viruses.

 **Keep your hands away from your face**

In most cases, the flu virus enters the body through the eyes, nose or mouth.

 **Cough and sneeze into your arm, not your hand**

If you use a tissue, dispose of it as soon as possible and wash your hands.

 **Keep common surface areas clean and disinfected**

Doorknobs, light switches, telephones, keyboards and other surfaces can become contaminated with all kinds of bacteria and viruses. Regular cleaning and disinfecting of these surfaces with normal household disinfectants can help. Viruses can live on hard surfaces for up to 48 hours.

 **If you get sick, stay home**

If you think you have the flu, you should stay home from school or work until your symptoms are gone. If your symptoms get worse, call your health care provider.



Talk about staying healthy.

Encourage others to follow these simple steps. If you have children, be a good role model. Teach them to count to 20 while washing their hands and show them how to cover up when they cough or sneeze.



Notes

To find out more, visit www.fightflu.ca or call | 800 0-Canada (1-800-622-6232) (TTY 1-800-926-9105)



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada 

IT'S A FACT: INFLUENZA IS MUCH MORE THAN A BAD COLD

Commonly known as “the flu”, influenza is an infection that can be caused by several types of influenza viruses. These viruses spread easily during the winter months and infect the nose, throat and lungs. The symptoms have sudden onset, are far more serious than the common cold and include headache, chills and a dry cough followed by body aches and fever. The fever may decrease on the second or third day but full recovery from influenza may take a few weeks. Some people may carry the virus without getting sick themselves but they can still pass it on to others who can get seriously ill.

INFLUENZA CAN LEAD TO SEVERE COMPLICATIONS EACH YEAR

While most people recover fully, influenza may lead to more severe and life-threatening illnesses, such as pneumonia and even death.

IMMUNIZATION IS THE BEST PREVENTION

Good nutrition and exercise contribute to your general health; these alone will not protect you from the influenza virus. Immunization every fall is the only prevention measure that has been proven to prevent influenza and reduce complications caused by influenza. The vaccine provides protection for the current season only; therefore it is recommended to have a ‘flu’ vaccination annually.

HAND WASHING MAKES A DIFFERENCE

Clean, Cover, and Contain is always a good message to help prevent disease. Clean your hands, cover your coughs and sneezes and contain your illness by staying home to rest.

WHO SHOULD GET THE INFLUENZA VACCINE?

While the Newfoundland and Labrador immunization program recommends and provides influenza vaccine for all persons 6 months of age and older, influenza vaccine is especially important for people who are at risk of developing complications from influenza. It is also important to immunize people who are able to spread influenza to those who are at higher risk of influenza-related complications, such as health care providers and other caregivers. Some of the high risk groups include people with chronic conditions requiring doctor's care, persons who are morbidly obese, those in residential care, children age 6 to 59 months, persons age 60 years and over, pregnant women, Aboriginal people, health care workers, household contacts of people at high risk of influenza complications, essential services workers and poultry and swine workers. Immunization should not be delayed because of minor acute illness, with or without fever.

WHO SHOULD NOT GET THE INFLUENZA VACCINE?

- People with moderate or severe acute illness
- People with a known allergy to any component of the vaccine
- People who have had a serious allergic reaction to a previous dose in the past
- Infants less than 6 months of age

ARE THERE SIDE EFFECTS FROM INFLUENZA VACCINE?

All influenza vaccines are very safe. People who receive an injection may get a sore arm (redness, swelling and tenderness), others may have a fever, headache or muscle aches but these are mild and only last a day or two. Persons receiving the intranasal spray vaccine in addition to headache and fever may have reduced appetite, runny /stuffy nose and fatigue. Severe side effects and allergic reactions are rare. If you have other side effects, let your community/public health nurse know. You will be asked to stay in the clinic for 15 minutes after you receive the influenza vaccine for observation.

DC-70-14

**For additional information and services contact your
Regional Health Authority**

**CDC-22
Oct 14, 2015**



LPNs Administering Immunizations

As the health system prepares for the flu season, it is important that Licensed Practical Nurses are prepared and knowledgeable regarding their role in the administration of immunizations.

In any practice setting, LPNs must ensure they have the necessary knowledge, skill and judgement to practice safely, competently and ethically.

According to the LPN Standards of Practice and Code of Ethics, LPNs:

- are accountable for their practice and responsible for ensuring that their practice and conduct meet both the standards of the profession and legislative requirements;
- as self-regulating professionals, commit to provide safe, effective, compassionate and ethical care to members of the public.
- provide only those functions for which they are qualified by education or experience.

Click the following link to learn more on the LPN Standards of Practice and Code of Ethics:

https://www.clpnnl.ca/sites/default/files/2016-10/StandandsofPracticeandCodeofEthicsforLPNs_0.pdf

Immunization education was first introduced to the Practical Nursing Program in Newfoundland and Labrador in 2008. LPNs who graduated prior to this date would be required to obtain additional education (practice and theory) before providing immunization care. LPNs that graduated after this date, but have not maintained competence in immunization care, would be required to seek up-to-date education, including a practice component, so that they can become competent to provide the care. LPNs must also ensure that employer policy supports them to provide this care.

Before providing care, LPNs should ask themselves:

- *Am I Educated?* (Do I have the knowledge - theory and practice?)
- *Am I Authorized?* (Does the CLPNNL, Legislation and employer support me to do this?)
- *Am I Competent?* (Have I maintained competence to provide the care?)



Through self assessment and self reflection of their education and experience, LPNs determine if they have the knowledge, skill, and judgement to safely and competently provide immunization care. LPNs who determine they require additional learning must obtain this education prior to providing care.

LPNs may use the following links to obtain additional knowledge on Immunization.

http://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization

https://www.health.gov.nl.ca/health/publichealth/cdc/pdf/Self-Directed_Learning_Module_Immunizations.pdf

If you have questions regarding immunizations, or would like to know more, contact Wanda Squires, LPN Practice Consultant, at wsquires@clpnnl.ca or 709-579-3843, ext. 206.

Wanda Squires LPN
Practice Consultant

CLPNNL GOES ON THE ROAD WITH EDUCATION

CLPNNL will be holding a series of day-long workshops for LPNs in the Western Health and Eastern Health regions this fall. Space is limited, and registration, including employer approval for attendance, is required.

Topics include:

- Self-regulation
- Professional responsibility and accountability
- Scope of practice
- Assignment of care
- Practice supports
- Leadership

Dates:

October 24 – Corner Brook

November 2 – Carbonear

November 21 – St. John's



For further information and to obtain a registration form:

At Western Health - a poster and the registration form has been circulated to managers.

At Eastern Health - a poster and the registration form are available on the intranet.

Still have questions? Connect with *Siobhainn Lewis* at slewis@clpnnl.ca.

CCPNR HIGH-STAKES EXAMINATION VENDOR

August 10, 2018

The Canadian Council for Practical Nurse Regulators (CCPNR) is pleased to announce that Yardstick Assessment Strategies Inc. (YAS) has been selected as the vendor to develop, implement and deliver a new generation of the entry-to-practice high stakes examination for licensed practical nurses (LPNs) in eight jurisdictions in Canada. CCPNR undertook a robust and extensive process that included exploring current best practices in exam development and delivery and engaging subject matter experts to develop the necessary and objective evaluation tools.

YAS is a Canadian corporation with extensive expertise in both examination development and administration. YAS has developed a thorough understanding of the entry-to-practice competencies of Canadian LPNs and has demonstrated a track record of developing and implementing reliable and valid examinations using fair, objective and transparent measures and processes having worked with Canadian LPN regulators, educators and practitioners for the past 20 years. It currently provides the Canadian Practical Nurse Registration Examination.

Over the next two years, the following jurisdictions will work closely with YAS to develop a new generation of the exam leveraging innovation and technology to provide an exam that is adaptive to future trends in examination delivery:

- Government of Yukon, Professional Licensing & Regulatory Affairs
- College of Licensed Practical Nurses of Alberta
- Saskatchewan Association of Licensed Practical Nurses
- College of Licensed Practical Nurses of Manitoba
- Association of New Brunswick Licensed Practical Nurses
- College of Licensed Practical Nurses of Nova Scotia
- College of Licensed Practical Nurses of Prince Edward Island
- College of Licensed Practical Nurses of Newfoundland and Labrador

Practical nurse regulatory bodies will continue to exchange knowledge and communication updates with its stakeholders throughout the development process. The target date for launching the new generation exam is 2022.

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

Read more about YAS at <http://yas.getyardstick.com/>

Read more about CCPNR at: <http://www.ccpnr.ca/>





**Nursing Education & Research Council
Nursing Grand Rounds**

Home First

Presenters

Carmen Boland BN RN CCHN(C)

Barbara Wells BN RN CCHN(C)

Jennifer Williams RN BN BA NP

Date: Thursday, September 27, 2018

Time: 1400-1500 hrs.

Room: Harbor Room, 1st Floor LAMC

Register now for Webinar!

<https://attendee.gotowebinar.com/register/6467018825093316611>

After registering, you will receive a confirmation email containing information about joining the webinar.

Update on Medical Assistance in Dying (MAiD)

Due to changes in Regulations, CLPNNL has recently updated its Practice Guideline on Medical Assistance in Dying. For more information on this, visit the website at www.clpnnl.ca or click the following link: https://www.clpnnl.ca/sites/default/files/2018-07/MAiD_Practice_Guideline_Revised_July_2018.pdf



ARE YOU INTERESTED IN BECOMING A LPN LIAISON?

CLPNNL is currently seeking LPN Liaisons for the following areas:

- Janeway Children's Health and Rehabilitation Centre
- Kenny's Pond Retirement Living
- The Agnes Pratt Home
- Presentation Convent
- Saint Luke's Homes
- Waterford Hospital
- Caregivers
- Pte. Josiah Squibb Memorial Pavilion (1 of 2 positions currently filled)

CHOOSING WISELY NL - QUALITY OF CARE NL

Since you last heard from us in [January](#), the [Quality of Care NL/Choosing Wisely NL](#) (QCNL) partnership has been busy with over two dozen projects aimed at ensuring that the right treatments get to the right patients at the right time. Aside from providing physicians and other practitioners with feedback on trends in test ordering and prescribing in the province, we've also begun assisting our partners in the healthcare system with the implementation of best-practice guidelines.

You can find updates below about what we've been up to, including campaigns we've sent, current and upcoming campaigns, and QCNL events happening this fall. For a detailed look at our 2017-18 projects, please check out Practice Points Volume 3 [online](#).



WHAT WE'VE SENT:

With CLPNNL, we've shared our public-facing campaigns on:

- **Antibiotics Overuse:** The dangers of antibiotics overuse are obvious: we expose ourselves to more risk of harmful side effects and they encourage the growth of resistant bacteria which become more and more difficult to treat. It's how we end up with outbreaks of [MRSA](#) and resistant strains of [c.difficile](#) and even [gonorrhoea](#). As you know, late last year we created a series of animations to share this information with the public and practitioners as well as other campaign materials, which you can see [here](#).
- **CT Scanning:** In Newfoundland and Labrador, we do CT scans at a higher rate than anywhere else in the country, 47% higher than the national average. A single chest CT scan exposes patients to 70 times the radiation of a chest x-ray, substantially increasing the risk of developing cancer. In February, we released this information and more to practitioners across the province; you can view it [here](#).

CURRENT AND UPCOMING CAMPAIGNS:

- **Proton Pump Inhibitors (PPI):** [Did you know](#) long-term PPI use makes it more likely that patients will develop gastric cancer, enteric infection, fractures, pneumonia, acute interstitial nephritis, hypomagnesemia, and vitamin B12 deficiency? This fall, we're working with pharmacists and our colleagues at the Medication Therapy Services (MTS) Clinic to inform the public of the dangers of overuse and providing them with resources to help patients choose wisely when it comes to PPIs.

- **Stroke:** One of our [very first campaigns](#) raised awareness about the importance of getting to a hospital following the onset of stroke symptoms. We partnered with the Heart and Stroke Foundation to develop public-facing videos and tools for practitioners that emphasized the FAST acronym:
 - › Face: Is it drooping?
 - › Arms: Can you raise both?
 - › Speech: Is it slurred?
 - › Time: To get to the hospital.

This fall, we'll be releasing an updated campaign that focuses on the drug tissue plasminogen activator (tPA), which prevents permanent complications after a stroke if administered within four hours. Keep an eye out for our updated materials.

- **Antibiotics Overuse (update):** Every year, we release updated materials to coincide with the World Health Organization's World Antibiotics Awareness Week (Nov. 12 -18, 2018). QCNL will develop a new animation based on new data that has been collected and analyzed in the previous year. You will be able to view the animations through our [social media channels](#).

Save the Dates!

We hope to meet you at:

1. **The SHARE Summit:** A free one-day event for researchers, practitioners, and healthcare administrators to learn about our ongoing projects. The SHARE Summit will be held at Memorial University's Faculty of Medicine on Thursday, October 11th, 2018. You'll be able to sign up at the Eventbrite page [here](#) when it goes live in mid-September.
2. **The Health for All (H4A) Festival:** You're invited to a day of healthy hands-on fun at the 2018 festival. Held at the St. John's Farmer's Market on Sunday, November 4th, 2018, H4A is a family-oriented event for kids of all ages to learn about the ways we're working to make healthcare better for everyone through interactive exhibits, crafts, games, and more! Follow us on [Facebook](#) to find out more.

Getting the right treatment to the right patient at the right time sounds simple, but it's not. QCNL is working hard to untangle the problems that prevent you from making sure your patients are getting the best care possible; you'll be hearing from us soon, whether that's on YouTube, in a poster on a clinic wall, in our twice-yearly Practice Points roundup, or straight to your email. But if you can't wait, all of our publicly-available information for patient and practitioners is easy to access straight from our website: www.qualityofcarenl.ca.



Safe Storage and Disposal of Medications

- Engage in conversation with patients about the safe storage of medications in the home and about the safe disposal of unnecessary or expired medications.
- Share online and written resources about safe medication storage and disposal.
- Determine whether practices, such as removal of unnecessary medications by a home-visiting pharmacist or return of medications to a pharmacy, are available in your area, and advise patients accordingly.

Improper storage and disposal of medications in the home have resulted in medication errors, accidental poisonings, inappropriate use, and diversion.¹⁻³ Children in Canada continue to experience harm through accidental ingestion of improperly stored or discarded medications and poisons, despite the implementation of child-resistant packaging.⁴

ISMP Canada, with the support of the Canadian Patient Safety Institute (CPSI) and partners, has developed key messages to guide both clinicians and patients on the safe storage and disposal of medications in the community.

Safe Storage

Medications, including those in compliance packaging, should be stored out of sight and out of reach of children. The ideal medication storage location provides easy accessibility for the intended user while preventing or discouraging inappropriate access and accidental ingestion by anyone else, especially children. Most unintentional pediatric ingestion occurs at home and involves medications stored at a height within easy reach of a toddler or child. A locking device is strongly suggested, either for the medication container or for the cabinet in which medications are stored.^{4,5}

Safe Disposal

Patients and their caregivers may need to dispose of prescription and nonprescription medications for various reasons, such as failure to complete a course of therapy; change in treatment, dose, or clinical condition; or product expiry. The ideal method of medication disposal should be easy to perform, should minimize risk for diversion, should not impose a financial burden, and should be environmentally sound. Taking unused medications to a community pharmacy for proper disposal meets all of these criteria and is therefore recommended.

Disposing of medications in the trash is not acceptable, because home garbage containers are

often vulnerable to access by children and pets, as well as to drug diversion. Although flushing medications down the toilet has often been used as a disposal alternative, there are compelling arguments against widespread use of this practice, given that the potential environmental and health impact of most products is unknown.^{6,7} The US Food and Drug Administration has published a [list of medicines](#), notably potent opioids, for which disposal by flushing may be acceptable when more responsible, take-back options are not readily available.⁶

Topical patches containing opioids, such as fentanyl and buprenorphine, pose unique disposal risks. The [Patch-for-Patch Fentanyl Return Policy](#) is an Ontario legislative initiative^{8,9} that aims to reduce the risk of harm; evaluation of this program will be of interest.

The website of the [Health Products Stewardship Association \(HPSA\)](#) provides information about locations and processes for safe medication disposal in every Canadian province. The HPSA also administers medication return programs for participating pharmacies in British Columbia, Manitoba, Ontario, and Prince Edward Island; through these programs, patients can take unneeded medications to participating pharmacies (Box 1). In addition, HPSA, its partners, and participating pharmacies conduct an annual campaign encouraging families to declutter their medicine cabinets and to return unneeded and expired medicines to the pharmacy.

Box 1. Examples of items that can be returned to participating pharmacies in British Columbia, Manitoba, Ontario, and Prince Edward Island:

- Prescription medications
- Over-the-counter drugs
- Natural health products
- Opioid patches

Special Circumstances

Upon the death of a person who has been receiving palliative or end-of-life care in the home, the family is often left to dispose of the patient's unused medications. A "situation assessment" was conducted at an Ontario hospital by a multidisciplinary team to evaluate methods for disposal of unused medications in these circumstances.¹⁰ The study objectives were to identify preferred practices and to provide educational materials for families and healthcare providers with the ultimate goal of improving medication storage and disposal in these cases. A suitable action identified by the team was to have a pharmacist conduct an in-home medication review and remove unused medications. Another good practice is to have the home care service provider pick-up symptom relief kits* when they are no longer needed.¹⁰ These practices can facilitate the appropriate return and disposal of unused medications.

Resources for Patients and Families

ISMP Canada is working with several partners, including the CPSI and Patients for Patient Safety Canada, to integrate key messaging about safe storage and disposal of medications into various patient resources. "Prevent Medication Accidents" (Figure 1) is an information card developed to provide key information for patients and families about proper storage and disposal of unnecessary medications in the home.¹¹

Another resource handout was developed to address the proper use, secure storage, and disposal of opioids prescribed to treat pain after surgery (Figure 2).¹² This information card was built on the "5 Questions to Ask about Your Medications" movement and was launched by Choosing Wisely Canada as part of the Opioid Wisely campaign.

Healthcare providers can order complimentary resources from HPSA to promote safe disposal of medications to the public. The resources and order

* A symptom relief kit is a "standardized package of medications and related medical supplies provided to a patient who is approaching end-of-life for the purpose of relieving unanticipated or rapidly escalating symptoms" (Hospice Palliative Care Teams for Central LHIN, Toronto, ON; http://www.centralhealthline.ca/healthlibrary_docs/SymptomManagementKit.pdf).

Figure 1. Safe storage and disposal information card.

PREVENT MEDICATION ACCIDENTS

1. Store medications out of sight and reach of:

Children and teens Visitors Pets

2. Place unused medications in a bag and bring to a pharmacy.

3. For locations that accept returns:

1-844-535-8889 healthsteward.ca

Ask a healthcare provider if you have questions.

Logos: cpsr/isp, Health Canada, Ontario, Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador, IJMP

Download from <http://www.ismp-canada.org/resources/2017/05/29/storage-disposal-information.pdf>

Download: English | French

Figure 2. Opioids for pain after surgery: your questions answered.

**Opioids for pain after surgery:
Your questions answered**

1. Changes?
You have been prescribed an opioid. Opioids reduce pain but will not take away all your pain. Ask your provider about other methods of reducing pain including using ice, stretching, physiotherapy, or non-opioid drugs like acetaminophen or ibuprofen. Know your pain control plan and work closely with your provider if your pain does not improve.

2. Continue?
Opioids are usually required for less than 1 week after surgery. As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioids. Consult your healthcare provider about how and when to reduce your dose.

3. Proper Use?
Use the lowest possible dose for the shortest possible time. Overdose and addiction can occur with opioids. Avoid alcohol and driving while taking opioids. Do not drive while taking opioids.

4. Monitor?
Side effects include: sedation, constipation, nausea and dizziness. Contact your healthcare provider if you have severe dizziness or inability to stay awake.

5. Follow-Up?
Ask your provider when your pain should get better. If your pain is not improving as expected, talk to your healthcare provider.

To find out more, visit: OpioidStewardship.ca and DeprescribingNetwork.ca

It is important to:

- Never share your opioid medication with anyone else.
- Store your opioid medication in a secure place, out of reach and out of sight of children, teens and pets.
- Ask about other options available to treat pain.

Take unused medications back to a pharmacy for safe disposal. Talk with your pharmacist if you have questions. For to return (that accept returns): 1-844-535-8889 | HealthSteward.ca

Did you know?

About 16 Canadians are hospitalized each day with opioid poisoning. (Canadian Institute for Health Information, 2017)

Examples of opioids used for pain after surgery:

hydrocodone morphine codeine oxycodone tramadol

Notes:

Logos: IJMP, Health Canada, Ontario, Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador, CADTH, Canadian Institutes of Health Research, Canadian Council on Social Development, Canadian Council on Learning, Canadian Council on the Status of Women, Canadian Council on the Arts, Canadian Council on Labour Relations, Canadian Council on Refugees, Canadian Council on Social Services, Canadian Council on the Status of Women, Canadian Council on the Status of Women, Canadian Council on the Status of Women

Download: English | French

form are available from:

https://www.ismp-canada.org/opioid_stewardship/
(see Storage and Disposal tab).

Conclusion

To prevent medication-related harm, patients and family members should receive clear guidance about the appropriate storage of all medications, as well as the disposal of unnecessary ones. Patient and

consumer organizations, hospitals, pharmacies, community care providers, and provincial and national organizations are all well positioned to integrate key messages into resources for and conversations with patients and their families. Contact info@ismpcanada.ca for additional information about knowledge dissemination and translation initiatives for these important patient safety messages.

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Safety Concerns Resulting from a Concentrated Potassium Chloride Shortage in the United States

NAN ALERT

NATIONAL ALERT NETWORK (NAN)
May 24, 2018

Safe handling of concentrated electrolyte products from outsourcing facilities during critical drug shortages

Given the near total lack of availability of potassium chloride for injection concentrate in vials (2 mEq/mL), along with problems accessing the 250 mL pharmacy bulk package (2 mEq/mL), some healthcare providers have benefited from outsourcing facilities that have compounded this product starting with the active pharmaceutical ingredient (API). However, outsourcing facilities are not subject to all of the same labeling requirements that are mandated for commercial manufacturers for potassium chloride injection concentrate or any pharmaceutical product. Occasionally, this has led to labeling or packaging that is unusual or unfamiliar to certain healthcare providers, which increases the risk of a serious medication error.

Recently, two examples have come to our attention. An outsourcing division of Nephron Pharmaceuticals provides compounded potassium chloride for injection concentrate in a syringe. The syringe is intended for pharmacy use only to further dilute for central or peripheral intravenous (IV) administration. However, one can envision these syringes could inadvertently reach patient care units and be mistaken as a medication intended for direct IV administration given its packaging in a syringe. Direct IV administration of potassium chloride for injection concentrate has proven fatal.

The other example involves potassium chloride for injection concentrate packaged in vials by Premier Pharmacy Labs, also an outsourcing facility. This drug is packaged in an amber glass vial with a black cap with the warning, "Must be diluted." However, the vial does not have a black ferrule with this statement, as required by USP General Chapter <7> of commercially available vials of potassium chloride for injection concentrate. Also, when the black cap is removed from the vial of the compounded potassium chloride for injection concentrate, it looks remarkably similar to the Premier Pharmacy Labs' vial of calcium chloride. Although the product labels include an NDC number and barcode, both amber vials have the same pattern of red and white on the labels along with plain aluminum ferrules (Figure 1), which could contribute to a dangerous mix-up.

Other labeling and packaging problems have been reported with products compounded by outsourcing facilities. For example, the strength per mL is sometimes the most prominent expression on the principal display panel of an outsourcing facility's product label, rather than the strength per total volume (followed by the per mL amount in parentheses), as required by USP and the US Food and Drug Administration (FDA) for commercial manufacturers.

continued on page 2 - NAN >



Figure 1. Potassium chloride for injection concentrate vial (left) comes with a black cap, but also includes a black ferrule to calcium chloride Vial (right). Premier Pharmacy Labs is manufacturing vials to reduce risk when not appropriate. Although not visible here, an NDC number and barcode are printed elsewhere on the labels.

The National Alert Network (NAN) is a coalition of members of the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP). This report, in cooperation with the Institute for Safe Medication Practices (ISMP) and the American Society of Health System Pharmacists (ASHP), disseminates NAN alerts to warn healthcare providers of the risk for medication errors that have occurred in their states, national, or abroad. NCCMERP, ISMP, and ASHP encourage the sharing and reporting of medication errors both nationally and globally, but that lessons learned can be used to increase the safety of the medication use system.

In the United States, a shortage of potassium chloride for injection concentrate in vials has led providers to purchase these and related products from outsourcing facilities. The National Alert Network (NAN) issued a recent alert that highlights 2 situations of concern resulting from this practice:

Availability of concentrated potassium chloride in a syringe. Although the product in question is intended for pharmacy use and further dilution, given the packaging, there is a risk of direct intravenous injection that may result in death.

Labelling standards not followed by outsourcing facilities. Outsourcing facilities are not required to adhere to the same labelling requirements as commercial manufacturers. This may lead to unexpected or unfamiliar labelling, potentially leading to a serious medication error.

This alert is a reminder to sustain safeguards that we have in place in Canada to prevent harm or death due to inadvertent injection of concentrated electrolytes. It also highlights the challenges with regulation and oversight of outsourcing facilities. To read the full alert, visit https://www.nccmerp.org/sites/default/files/nan_alert-05-24-18.pdf

Canada's National Incident Data Repository for Community Pharmacies



The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program designed to reduce and prevent harmful medication incidents in Canada. Reporting, sharing and learning from medication incidents helps to reduce their recurrence, mitigate patient harm and support a safer healthcare system. ISMP Canada, along with Health Canada, the Canadian Institute for Health Information (CIHI) and the Canadian Patient Safety Institute (CPSI) including Patients for Patient Safety Canada (PPFSC), are key partners in the CMIRPS program.

ISMP Canada established a national incident data repository for community pharmacies through its community pharmacy incident reporting program. Community pharmacies in several provinces are already contributing to this national repository for continuous quality improvement, and pharmacies in other provinces are considering participation in this effort as well. The repository is helping to create a more cohesive information-sharing system that will facilitate better understanding of medication incidents and the development of more robust strategies to prevent harm.

We look forward to continued collaboration with all stakeholders and building on the success of the reporting and prevention system for safer patient care. Find out how community pharmacies can contribute to this data repository and share learning from medication incidents by contacting info@ismpcanada.ca

This segment of the bulletin describes a recent SafeMedicationUse.ca publication from ISMP Canada's Consumer Program.

April 2018 - Newsletter:

Using Your Own Medications While in Hospital

SafeMedicationUse.ca

SafeMedicationUse.ca received a report about parents who brought an over-the-counter pain cream to the hospital to apply to their child's burns. The cream was applied to the burns during a dressing change. Unfortunately, the child's damaged skin allowed too much of the medication to be absorbed, and the child experienced a seizure.

The [newsletter](#) cautioned consumers and their caregivers about patients using their own medications while in hospital. It stressed the importance of patients not using any medications on their own without first speaking with a healthcare provider in the hospital, such as a doctor, nurse, or pharmacist.

Tips for Practitioners:

- Ensure that an organizational policy is in place to guide the handling of patients' own medications during the hospital stay, including an assessment of such medications as soon as possible after admission.
- Ask your patients and/or caregivers at every admission if they have brought any of their home medications to the hospital. Help them understand that they should not use any prescription, nonprescription, or natural health products without approval from a healthcare provider in the hospital.





Med Safety Exchange Webinar Series

Med Safety Exchange Webinar Series

Wednesday, July 25, 2018

Join your colleagues across Canada for complimentary monthly 50 minute webinars to share, learn and discuss incident reports, trends and emerging issues in medication safety!

For more information, visit
www.ismp-canada.org/MedSafetyExchange/



The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.



The Healthcare Insurance Reciprocal of Canada (HIROC) provides support for the bulletin and is a member owned expert provider of professional and general liability coverage and risk management support.



The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada's mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

Report Medication Incidents

(Including near misses)

Online: www.ismp-canada.org/err_index.htm

Phone: 1-866-544-7672

ISMP Canada strives to ensure confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications. Medication Safety bulletins contribute to Global Patient Safety Alerts.

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This bulletin shares information about safe medication practices, is noncommercial, and is therefore exempt from Canadian anti-spam legislation.

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