

PRACTICE



See page 12 for more information on Self-Care

Self-Care Webinar: December 11, 2020



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

Volume 5, Issue 3 – October 2020

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 at wsquires@clpnnl.ca.

209 Blackmarsh Road, St. John's, NL A1E 1T1

Telephone: (709) 579-3843 or

Toll Free: 1-888-579-2576

Fax: (709) 579-8268

E-Mail: info@clpnnl.ca

Website: www.clpnnl.ca

COLLEGE BOARD MEMBERS

Jane Pardy	Chairperson, Public Representative *
Lori Cooke	Zone 1 Licensed Practical Nurse Eastern Region
Kerrese Mitchell	Zone 1 Licensed Practical Nurse Eastern Region
Charlene Cooper	Zone 2 Licensed Practical Nurse Eastern Region
Christopher Janes	Zone 3 Licensed Practical Nurse Central Region
Aimee Pennell	Zone 4 Licensed Practical Nurse Western Region
Una Davis	Zone 5 Licensed Practical Nurse Labrador/Grenfell Region
Patricia Barrett	Public Representative *
Sheila Fudge	Public Representative *
Dawn Lanphear	Centre for Nursing Studies
Wanda Wadman	Chief Executive Officer/Registrar (Non-voting)

*Appointed by Government

OFFICE STAFF

Chief Executive Officer/Registrar

Wanda Wadman RN, BAA(N), MN

Professional Practice Consultant

Wanda Lee Squires LPN

Regulatory Officer

Dena L. Lake LPN, BA

Policy Consultant

Siobhainn Lewis RN, BN, MN

Accounting/Office Clerk

Desiree Evans

Registration Officer

Glenda Hayward

PRACTICE, presented by CLPNNL

Design & Layout: Kimberly Puddester

CONTENTS

Mandate, Vision, Values, Mission 2
 CLPNNL Hours of Operation 3
 REMINDER: Keep Your Information Up-To-Date! 3
 Practice Guideline: Advanced Footcare 4



Evidence to Inform Effective Practice in Preventive Diabetic Foot Care 5
 10 Tips for CCP 7



Upcoming Webinars... 9
 NERC Nursing Grand Rounds Webinar 10
 AGM 2020..... 11

Self Care 12



Election of LPNs to the CLPNNL Board - Zones I and IV..... 13
 From the Desk of the CLPNNL Regulatory Officer..... 14
 Professional Conduct Review Notifications ... 16
 From the Practice Desk 18
 Are you Connected with CLPNNL? 19
 Guidance for Halloween Activities 20



First Link – Alzheimer Society 23

MANDATE

The mandate of the CLPNNL is to promote safety and protection of the general public through the provision of safe, competent, compassionate, and ethical nursing care.

VISION

Leading regulatory excellence.

VALUES

Collaboration	Working effectively with others
Excellence	Commitment to the highest standards
Accountability	Answerable for our actions
Fairness	Fostering a culture of mutual trust, respect and social justice
Innovation	Using information, imagination and initiative

MISSION

Regulate Licensed Practical Nurses in the public interest.



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



...By Appointment

The CLPNNL offices are open to the public Monday to Friday 8:30 am to 4:30 pm. In the interest of the health and safety of our visitors and staff we ask that you call the office to schedule an appointment (709) 579-3843 ext. 200.

Any changes to our hours of operation will be posted to the website www.clpnnl.ca.

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

LPNs now use online registration to complete their annual licensure renewal application. LPNs are required to provide their most up-to-date email address to the CLPNNL as this is essential for online registration. For more information, please contact the CLPNNL office at 709-579-3843.



Practice Guideline: Advanced Footcare

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) and the College of Registered Nurses of Newfoundland and Labrador (CRNNL) have collaborated to develop a Practice Guideline to outline expectations for nurses (LPN, RN, NP) whose practice includes advanced footcare.

Advanced footcare encompasses nursing care of the lower limb and foot, requiring a specialized body of knowledge and adherence to the competencies specific to advanced footcare. It is not part of entry-level practice for RNs and LPNs and, as such, completion of a program of study is required to attain the competencies necessary to be able to include this practice in your individual scope of practice.

The new *Advanced Footcare Practice Guideline* addresses expectations related to scope of practice, infection prevention and control, authorization, documentation, collaboration, and liability protection/insurance. The document also directs self-employed practitioners to the CLPNNL document on self-employment for additional information on issues such as consent, advertising, record keeping, and duty to report.

The [Advanced Footcare Practice Guideline](#) is available on the CLPNNL website.



Do you practice Advanced Footcare?

Are you connected with the Newfoundland and Labrador chapter of the Canadian Association of Foot Care Nurses?

See: <https://cafcn.ca/executive-and-advisors/newfoundland-and-labrador/>

EVIDENCE TO INFORM EFFECTIVE PRACTICE IN PREVENTIVE DIABETIC FOOT CARE

Eftyhia Helis, Knowledge Mobilization Officer, CADTH

Diabetes is a global health issue. In Newfoundland and Labrador, according to recent statistics, 12% of the population is living with diabetes (type 1 or 2).¹

People living with diabetes are at a high risk of developing foot problems (commonly referred to as “diabetic foot”), including infection and diabetic foot ulcers. Diabetic foot ulcers tend to be chronic and can lead to serious complications that sometimes result in amputation. In Canada, adult patients with diabetes are 20 times more likely to be hospitalized for a lower limb amputation (surgical removal of an infected foot, toe, or leg) compared with adults without diabetes.²

A preventive foot care routine, which may include a variety of interventions such as screening for the risk of developing diabetic foot ulcers, foot inspection, basic care, and patient education on foot care, may help prevent the development of foot ulcers. Working as part of an interdisciplinary team, licensed practical nurses play an important role in preventive foot care.³

CADTH has reviewed the evidence and current practice guidelines regarding effective approaches to preventive foot care for patients with diabetes who are at risk for developing diabetic foot problems.^{4,5,6} The review found that health education programs may improve foot self-care and the foot health of people with diabetes. Subsequent follow-ups and evaluations were also found to be associated with better outcomes. Using audio-visual means to deliver [patient education in the community](#) may also be an effective way to improve foot care knowledge and behaviour in patients with diabetes.⁷ On the other hand, it is uncertain whether motivational interviewing (counselling that aims to motivate patients to change their behaviour) is effective

CADTH Evidence Driven.

ACMTS Preuves à l'appui.

¹ Diabetes Canada. Diabetes in Newfoundland and Labrador. 2019. [Internet] Available at: <https://www.diabetes.ca/DiabetesCanadaWebsite/media/About-Diabetes/Diabetes%20Charter/2019-Backgrounder-Newfoundland-and-Labrador.pdf>

² CADTH. Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness and Cost-Effectiveness. 2019. [Internet] Available at: <https://www.cadth.ca/sites/default/files/pdf/htis/2019/RC1219%20Preventative%20Foot%20Care%20Final.pdf>

³ Centre for Nursing Studies. RN & LPN Advanced Footcare. [Internet] Available at: https://www.centrefornursingstudies.ca/programs/continuing_education/RN_LP_N_Advanced_Footcare.php

⁴ CADTH. Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness and Cost-Effectiveness. 2019. [Internet] Available at: <https://www.cadth.ca/preventative-foot-care-patients-diabetes-review-clinical-effectiveness-and-cost-effectiveness-0>

⁵ CADTH. Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines. 2018. <https://www.cadth.ca/preventative-foot-care-patients-diabetes-review-clinical-effectiveness-cost-effectiveness-and>

⁶ CADTH. Foot Care Interventions for Adults in the Community Setting: Clinical Effectiveness and Guidelines. 2018. [Internet] Available at: <https://www.cadth.ca/foot-care-interventions-adults-community-setting-clinical-effectiveness-and-guidelines>

⁷ Ibid.

as an educational approach for decreasing diabetic foot ulcers.⁸

Screening programs for diabetic foot ulcers include risk stratification (assessing a person's current risk of developing a diabetic foot problem), patient education, and referral to specialized care. A [CADTH report published in 2014](#) found that diabetic foot ulcer screening (based on risk stratification) and risk-appropriate preventive interventions reduce the occurrence of diabetic foot ulcers and related complications in diabetic patients identified to be at high risk.

Overall, based on the [reviewed evidence](#), the following components are recommended for preventing diabetic foot problems: annual foot examination (or at more frequent intervals in high-risk individuals or when foot problems arise); patient education on proper footwear, foot inspection, and foot care; risk stratification and timely referral to specialist care; and treatment of any pre-ulcerative signs on the foot.

Preventive foot care strategies for people with diabetes are also an important component of Canadian and international practice guidelines. In 2019, CADTH published an [overview of the guidelines on preventive foot care for patients](#) with diabetes from Diabetes Canada, the National Institute for Health and Care Excellence (NICE), and the International Working Group on the Diabetic Foot (IWGDF). The guidelines provide advice on a number of health



care provider interventions for people with diabetes who are at risk for ulcers including: regular foot examinations and recommended components of foot examinations (e.g.; checks for neuropathy, skin change, peripheral arterial disease, and structural abnormalities); interventions for high-risk patients (e.g. referral to a health care professional trained in foot care); interprofessional/integrated care for individuals who show signs of infection; patient education; skin temperature monitoring; and therapeutic footwear.

Various clinician tools are available to support preventive practice for patients with diabetic foot ulcers. In addition, CADTH has an [Evidence Bundle on Diabetes](#) that includes a sub-section on diabetic foot ulcers and contains a growing body of evidence and tools developed at the request of health system decision-makers across Canada.

^a These findings are based on a limited number of studies. CADTH notes the need for more well-designed studies to investigate the clinical effectiveness of various interventions for preventive foot care in patients with diabetes.

In response to the need for evidence-based information on COVID-19, CADTH recently launched a new [COVID-19 Evidence Bundle](#). To learn more about CADTH, visit www.cadth.ca or contact Sheila Tucker, Liaison Officer for Newfoundland and Labrador at: Sheilat@cadth.ca or at the coordinates provided on CADTH's website: www.cadth.ca/contact-us/liason-officers.

⁸ CADTH. Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness and Cost-Effectiveness. 2019. [Internet] Available at: <https://www.cadth.ca/preventative-foot-care-patients-diabetes-review-clinical-effectiveness-and-cost-effectiveness-0>



10 Tips for CCP

1. Start early.

Print off your CCP toolkit in April which is the beginning of the licensure year. Set your plan for learning.

2. Read the toolkit.

Get reacquainted with the steps of the CCP process so you know what is required. You will need to complete all steps of the CCP process by the end of the licensure year.

3. Reflect.

CCP involves reflecting on your practice and considering what you need to learn to best prepare you for practice in the coming year. The CCP toolkit is set-up to walk you through it all.

4. Be flexible.

Your learning plan may change throughout the year, and that is ok. Just make the updates in your learning plan template.

5. Be creative.

There are many opportunities for both formal and informal learning outside of what your employer may offer. CCP is a personal responsibility.

6. Record.

Education tracking forms are a great tool to track your formal learning. You only need to report on 14 hours of learning and at least 7 hours must be formal. You will likely complete much more throughout the year.

7. Share your ideas.

As you find new and or different learning opportunities, share this information with your colleagues. Perhaps they are looking for similar learning experiences.

8. Check in with yourself.

How is your plan proceeding throughout the year? Catch up on documenting your CPP.

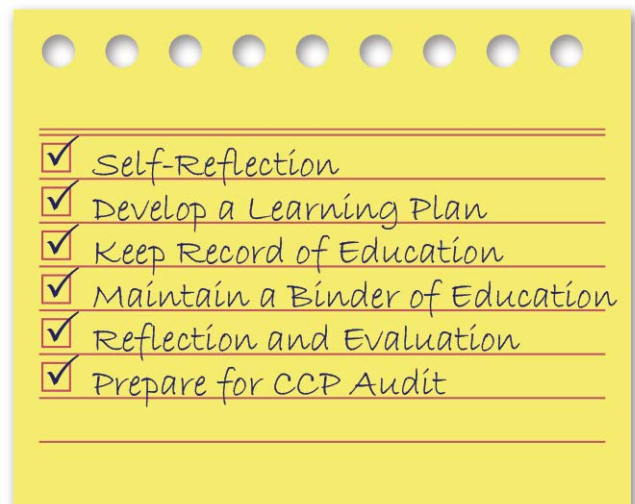
9. Evaluate.

Consider how your new knowledge has or will improve or influence your nursing practice.

10. Report.

Checking YES to the CCP question on your licensure renewal is a report to CLPNNL that you have completed ALL steps of the CCP process. If you have not yet completed all steps, you cannot say yes.

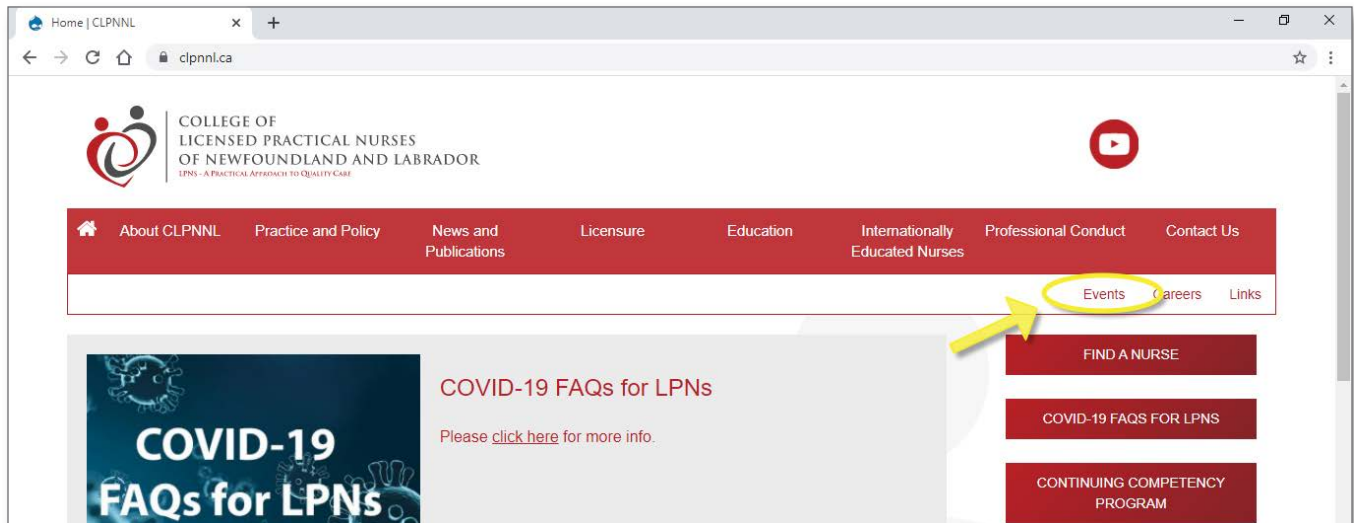
Still have questions about your CCP? Check out the CLPNNL website and click on the *Continuing Competency Program* tab on the right. If you still have questions, you can connect with Wanda Squires at wsquires@clpnnl.ca.



UPCOMING WEBINARS...

You can now register on-line.

Check out www.clpnnl.ca for our Events tab linking you to the calendar of upcoming webinars.



Click on the event of your choice and complete the registration information.

You will receive an e-mail outlining your log-in information.

Complete the on-line evaluation after attending the event and receive your certificate of attendance for your CCP file.

List of events:

EVENT	DATE	TIME (island time)
Continuing Competency Program (CCP) Review	October 22/20	2:00 pm
Advanced Foot Care Nurses' Practice Environment and Perceptions of Barriers and Facilitators to Foot Care: A Pan-Canadian Study	November 3/20	2:00 pm
Reflecting on the Professional scope of practice Vs. Individual scope	November 4/20	2:00 pm
Best Practices for Advanced Foot Care Nurses	November 10/20	2:00 pm
Rare but Real: One Regulators journey to learn more about healthcare serial killers	November 24/20	2:00 pm
Self Care	December 11/20	2:00 pm
Continuing Competency Program (CCP)	December 16/20	2:00 pm



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

**Maintaining Well-Being Through
COVID-19**

Presenter:

**Troy Mitchell
Human Resources Strategist
Eastern Health**

Date: Thursday, October 29, 2020

Time: 1400-1500 hrs.

Room: ZOOM – Webinar

[Register now for Webinar!](#)

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

AGM 2020

The CLPNNL AGM was held, via zoom, on June 18, 2020 where the Annual Report for the 2019-2020 year was presented. Board Chair, Jane Pardy, presented the report, highlighting:

- the age demographics for LPNs in Newfoundland and Labrador, where the number moving toward retirement is balanced by the number of LPNs under age 40.
- areas where LPNs practice, noting LPN practice expanding into community and public health practice areas.
- labour mobility, acknowledging CLPNNL's participation in national initiatives such as credential assessments and verifying LPN licensure information for other jurisdictions.
- practical nursing students, there's a 94% pass rate on the licensure exam for 1st time writers.
- professional conduct review allegations, identifying an increase in the number and complexity of allegations.
- the number (171) of LPNs participating in day-long leadership workshops, and the number (221) of LPNs completing leadership modules.
- a variety of COVID-19 related activities undertaken in March, including changes in Regulations under the LPN Act, 2005, to enable a temporary emergency license process.

Read the full report on the [CLPNNL website](#).



Self-Care

Airline attendants say it all the time. “Please place your mask on your own face before helping anyone else”. This is critical. If we do not follow their instructions, we may not have the capacity to help others. Nursing is a helping profession.



As nursing professionals, LPNs provide care to members of the public, and that care must be provided in a safe, competent, and compassionate way. If the care provider does not bring their ‘best self’ to their practice, care may reflect that, and client outcomes might be compromised. We must take care of ourselves, our bodies, and our minds. In fact, the [Code of Ethics for Licensed Practical Nurses in Canada](#) (ethical responsibility 5.8) requires that the LPN maintains a mental and physical wellness to meet the responsibilities of their role.

“Self-care” refers to any deliberate activity that we do in an effort to provide for our physical, mental, and spiritual well-being. As nursing professionals, we are

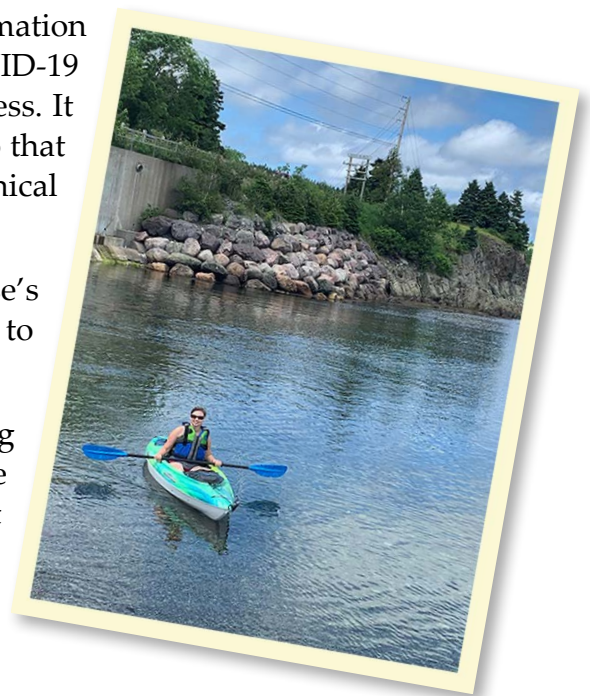
privileged to care for others. Helping others is what nurses do well. However, when it comes to caring for *ourselves*, me-time is often last on the agenda. A busy home life, work life and/or other activities sometimes get in the way of self-care. Don’t forget to check in with yourself.

LPNs must reflect on one’s own status, including mental, physical, psychological, and psychosocial health. When there is increased physical and mental stress, healthy living is vital in supporting the immune system to fight off illness and for recuperation.

This past year has seen trying times. With so much new information and direction being given related to the current COVID-19 pandemic, it is easy to forget about other elements of wellness. It is more important now than ever that nurses stay healthy so that they can provide safe, competent, compassionate, and ethical care to members of the public.

Self-care is known to reduce stress and to replenish a nurse’s capacity to be compassionate and empathetic and leads to improvements in quality care.

Self care might include reading a book, taking a walk, cooking a meal, spending time with family/friends, going to the spa, or resting. Take the time to read that book, climb that mountain, learn to ride that scooter, try that new food. Seek out resources to assist you and reach out when you need support.



Taking time for self-care is an important part of client care.

– W. Squires



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, 2021 – December 31, 2023). For more information about the election process, please contact the CLPNNL Liaison person for your facility, the CLPNNL office, or visit 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. Deadline for receipt of completed nomination forms at the CLPNNL office is **October 23, 2020 at 1630 hrs.**
2. Instructions for online voting and a list of nominees will be emailed to each LPN in Zones I and IV on **November 14, 2020.**
3. The window for online voting in each electoral zone will take place from **November 27 to December 11, 2020.**
4. Notification of election results to candidates takes place on **December 14, 2020.**
5. Notification of election results to membership occurs on **December 16, 2020.**

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

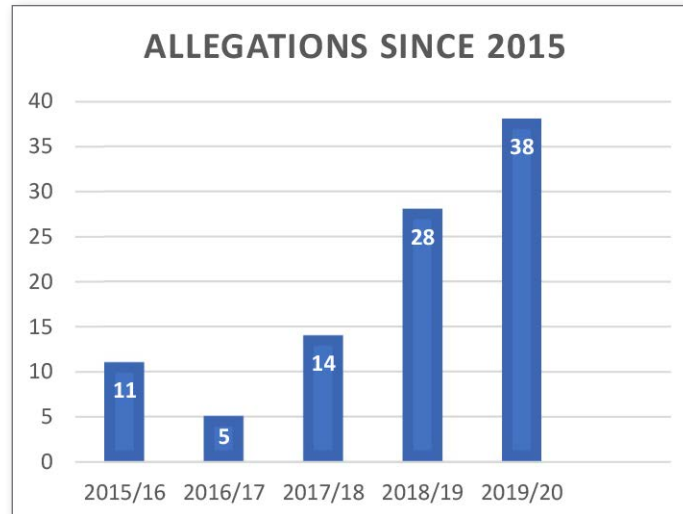


FROM THE DESK OF THE CLPNNL REGULATORY OFFICER

CLPNNL has the legislated responsibility, through the Licensed Practical Nurses Act, 2005, to address allegations when an LPN has engaged in conduct deserving of sanction¹.

The last 2 years has seen a marked increase in the number and complexity of allegations being filed with the CLPNNL Registrar against LPNs in this province.

Fig. A: Historical Comparison of New Allegations filed with CLPNNL per year

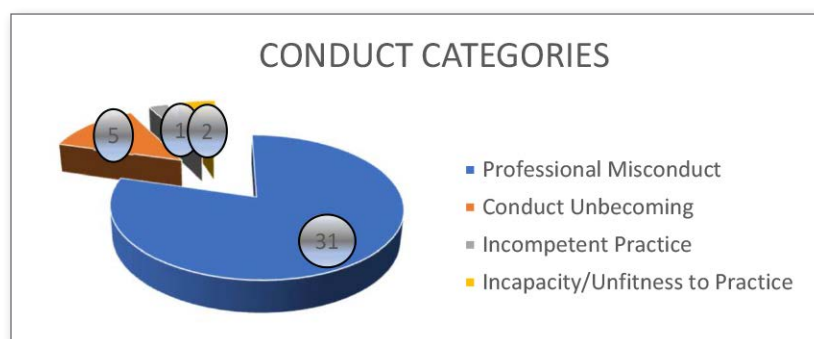


38 allegations represent approximately 1.5% of the overall membership of CLPNNL. CLPNNL is committed to resolving allegations against LPNs based on the principles of procedural fairness, transparency, and due diligence. *The Licensed Practical Nurses Act (2005)* Sections 14 – 27 specifically outline the process for addressing unprofessional conduct to protect the public of this province.

The source of allegations filed with CLPNNL remains largely from the Employer, however, there has been a small increase in LPNs self reporting, as well as and reports made by the public or other health professionals.

As outlined in the Act (2005) an allegation falls into one of four categories: Professional Misconduct, Incompetent Practice, Conduct Unbecoming, and Incapacity/Unfitness to Practice. In 2019-2020 the following is a break-down of the categories of all allegations received by CLPNNL.

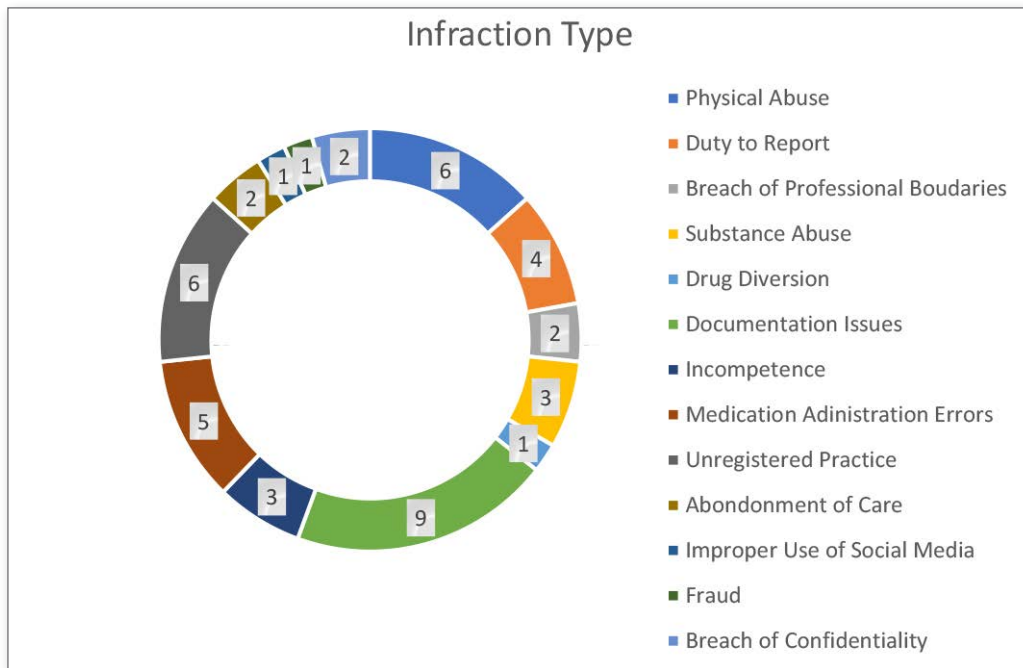
Fig. B: Categories of Allegations



¹ Definitions of *conduct deserving of sanction* are in Appendix B: Definitions in the *Standards of Practice and Code of Ethics for Licensed Practical Nurses in Newfoundland and Labrador*, page 14.

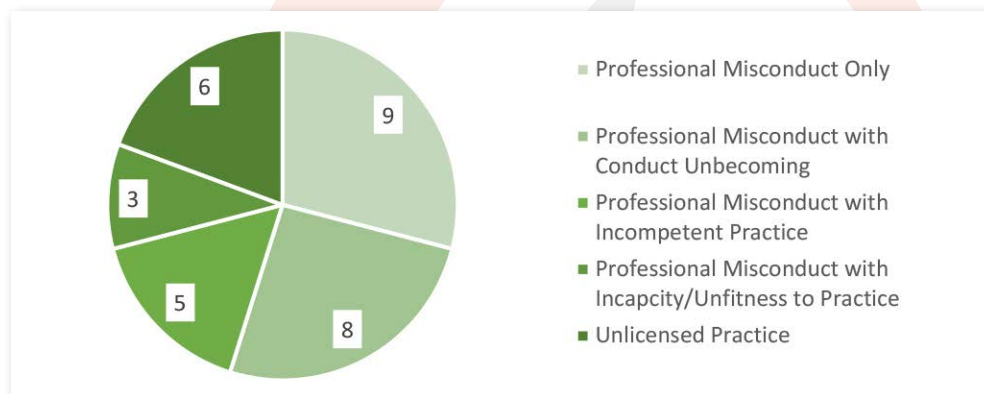
From Figure B it appears that the majority of allegations filed with CLPNNL fall under the heading of Professional Misconduct. However, with the growing number of allegations, the college has also found that the allegation often includes more than one issue. This means that the allegations received have increased complexity. Figure C outlines the types of infractions the allegations reference.

Fig. C: Types of Infractions



This list of infractions or issues the CLPNNL is dealing with in its allegations, identifies that Professional Misconduct is an inadequate heading for many allegations. The boundaries between categories often blend and blur as LPNs accused of breaches in nursing standards have exhibiting multiple practice issues. Therefore, as an illustration we have further broken-down the 31 cases of Professional Misconduct.

Fig. D: Complex Allegations: More than one type of Conduct



Coming in January's issue of PRACTICE...

How CLPNNL addresses allegations through the Professional Conduct Review (PCR) process.

Professional Conduct Review Notifications

The Licensed Practical Nurses Act (2005) section 16 (1) gives the CLPNNL Registrar the authority to attempt to resolve an allegation where it appears it may be resolved satisfactorily. The CLPNNL [Alternate Dispute Resolution \(ADR\) Policy](#) outlines the process undertaken by the Registrar in the development and execution of an ADR to resolve the allegation. Where the allegation is not satisfactorily resolved by the Registrar, the allegation will be referred to the Complaints Authorization Committee (CAC). Additionally, section 17 (1) (a) indicates that an allegation that has been referred to the CAC may be referred back to the Registrar for ADR and/or investigation.

The following notifications are provided in accordance with the CLPNNL Board policy [Notification in the Professional Conduct Review \(PCR\) Process](#) approved December 2019.

On April 20, 2020, the CLPNNL Registrar resolved an allegation filed against a LPN. The Complainant was the LPN's employer. The allegation involved inappropriate workplace behaviour by the LPN and breach of the integrity of a professional nurse-client relationship by the LPN, constituting a failure by the LPN to treat colleagues and clients with dignity and respect. There was no allegation of any other harm to a client due to the alleged failure to report. The LPN was required to complete extensive remedial education targeting professional accountability, the therapeutic-nurse-client relationship, and the importance of a professional behaving in a manner that upholds the integrity of the nursing profession. As part of the resolution process, there was extensive education assigned to the LPN that reinforced the CLPNNL Standards of Practice, Code of Ethics, Professional Boundaries, Jurisprudence and Professional Accountability. Additionally, the LPN was required to meet with the CLPNNL Practice Consultant to review the remediation assigned as well as to discuss the importance of the therapeutic-nurse-client relationship and the implications of such improper conduct. Finally, the LPN submitted an essay reflecting on lessons learned.

In a decision dated May 11, 2020, the Complaints Authorization Committee dismissed an allegation filed against a LPN. The Complainant was the LPN's employer, and it was alleged that the LPN refused to cooperate in a staffing issue in the workplace. After careful consideration by the CAC it was determined that the matter did not raise an issue of professional misconduct and therefore fell outside of the mandate of CLPNNL. The CAC found that there were no reasonable grounds to believe that the LPN had engaged in conduct deserving of sanction.

On May 22, 2020 the CLPNNL Registrar resolved an allegation filed against a LPN. The Complainant was the LPN's employer. The allegation related to the failure of the LPN to report an incident of inappropriate workplace behaviour by another health care professional, constituting a failure by that other health care professional to treat colleagues and clients with dignity and respect. There was no allegation of any other harm to a client due to the alleged failure to report. The LPN was required to complete remedial education targeting professional accountability and duty to report. Additionally, the LPN was

required to meet with the CLPNNL Practice Consultant to discuss CLPNNL's Standards of Practice and Code of Ethics; What it means to be a Professional; Accountability; as well as the Duty to Report, and the Therapeutic Nurse Client Relationship. Finally, the LPN submitted an essay reflecting on the insight gained from the education provided and the importance of professional accountability to one's nursing practice.

On May 22, 2020 the CLPNNL Registrar resolved an allegation filed against a LPN. The Complainant was the LPN's employer. The allegation related to the failure of the LPN to report an incident of inappropriate workplace behaviour by another health care professional, constituting a failure by that other health care professional to treat colleagues and clients with dignity and respect. There was no allegation of any other harm to a client due to the alleged failure to report. The LPN was required to complete remedial education targeting professional accountability and duty to report. Additionally, the LPN was required to meet with the CLPNNL Practice Consultant to discuss CLPNNL's Standards of Practice and Code of Ethics; What it means to be a Professional; Accountability; as well as the Duty to Report, and the Therapeutic Nurse Client Relationship. Finally, the LPN submitted an essay reflecting on the insight gained from the education provided and the importance of professional accountability to one's nursing practice.

On July 28, 2020, the CLPNNL Registrar resolved an allegation filed against a LPN. The Complainant was the LPN's employer. The allegation related to the failure of the LPN to report an incident of inappropriate workplace behaviour by another health care professional, constituting a failure by that other health care professional to treat colleagues and clients with dignity and respect. There was no allegation of any other harm to a client due to the incident or the alleged failure to report. The LPN was required to complete remedial education targeting professional accountability and duty to report. Additionally, the LPN was required to meet with the CLPNNL Practice Consultant to discuss CLPNNL's Standards of Practice and Code of Ethics; What it means to be a Professional; Accountability; as well as the Duty to Report, and the Therapeutic Nurse Client Relationship. Finally, the LPN submitted an essay reflecting on the insight gained from the education provided and the importance of professional accountability to one's nursing practice.

In a decision dated July 31, 2020, the CAC dismissed an allegation filed against a LPN. The Complainant was the LPN's employer. The allegation related to issues of alleged inappropriate medication administration by the LPN. The CAC found that there were no reasonable grounds to believe that the LPN had engaged in conduct deserving of sanction.

From the Practice Desk...

of Wanda Squires, LPN Practice Consultant

Q: I have heard that LPNs are being employed to administer immunizations this flu season, and in anticipation of a COVID-19 vaccine. Is that within my scope of practice?

A: To answer this question, you must reflect on what you are *educated* and *authorized* to do as an LPN.

Educated means those activities you learned how to perform in either your entry-to-practice education or as post-basic learning, perhaps through a self-directed learning module or employer sponsored education. It is important to remember that education has both theory and clinical components. Additionally, new equipment or new best practices emerge frequently, so being competent to carry out an activity includes being current in your knowledge and practice.



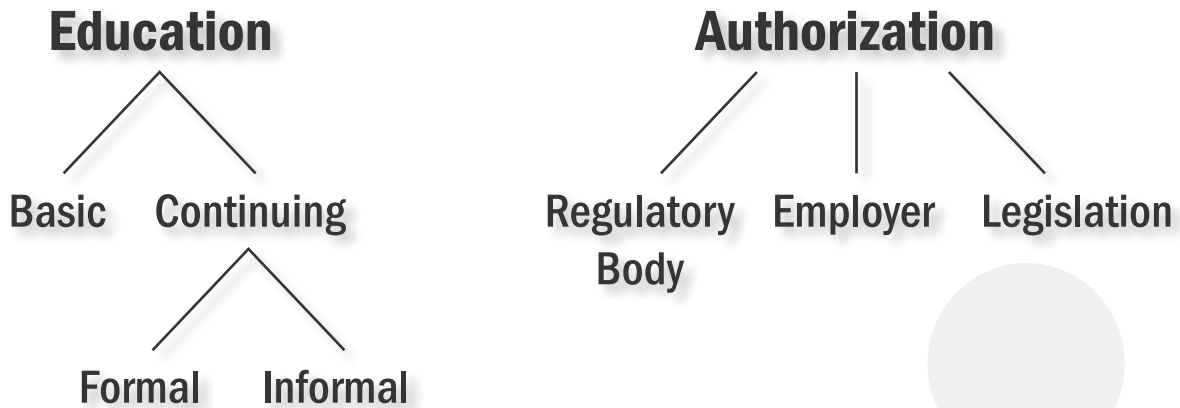
Authorized means you are allowed, or permitted, to carry out the activity you have been educated to perform. Permission comes via two routes: the CLPNNL, as outlined in the Competency Profile; and, through your employer, where they have outlined the activities they permit you to perform under their employment.

Another important concept to consider in terms of what is within your scope of practice is your ability to manage the outcomes of the care you are considering carrying out. For example, with immunizations, in addition to knowing what, how, when, where and to whom you can administer immunizations, you must also be able to manage an anaphylactic reaction should it occur in your client.

The Newfoundland and Labrador Department of Health and Community Services, Public Health division, is primarily responsible for health protection of the population of Newfoundland and Labrador through the prevention and control of communicable disease. Their [website](#) contains, for example, vaccine information and links to the provincial immunization schedule, self-directed learning modules on immunization and the SEINET vaccine data management tool. Under the direction of their Regional Health Authority employers, nursing professionals carry out public health activities, such as immunizations.

So, as you consider if you can include immunizations in your practice, reflect on what you have learned, and what you know how to safely perform. You must consider the environment in which care is being provided to help determine whether you can manage the outcomes of care. Seek out any required additional education. Review your organizational policies and consult with your clinical educator, where available.

LPNs are an important part of the health care system and many LPNs include immunizations in their daily practice. However, you need to ensure you have the right education and authorization before you add this competency to your professional toolbox.



ARE YOU CONNECTED WITH CLPNNL?

As regulated professionals, it is important for LPNs to stay connected with their regulatory body.

The CLPNNL website, www.clpnnl.ca, is full of resources to assist LPNs with their practice. The website also provides information on continuing education. There, LPNs will find resources to help with both formal and informal learning.

CLPNNL also has a social media platform – **Facebook**. It is a great way to stay connected to your regulatory body and become aware of what’s new and upcoming. Be sure to follow us at <https://www.facebook.com/CollegeLPNNL/>





GUIDANCE FOR HALLOWEEN ACTIVITIES

Many Halloween activities can continue safely, with special precautions, provided that the number of COVID-19 cases in our communities remains low. It is important to monitor public health guidance from the Department of Health and Community Services, as the situation can change quickly. Please visit www.gov.nl.ca/covid-19, which is updated daily.

The Newfoundland and Labrador Department of Health and Community Services provides the following public health guidance for Halloween 2020:

Handing out Treats

- If you are feeling ill or are self-isolating for any reason, ask someone else to hand out treats, or place a sign on your door to ask parents and children to skip your residence, such as “Have a Happy and Safe Halloween: No Visitors Please.”
- Wash your hands or use hand sanitizer before handing out treats.
- Consider wearing a non-medical mask when handing out treats.
- Consider wrapping treats in individual bags prior to Halloween night. This would help to avoid concerns about viruses on the packages inside the bag.
- Take responsibility for dropping treats directly into children’s bags to keep children from handling packages in a common bowl or container.
- Consider frequent disinfection of common touch areas (hand rails, doorbells, door knobs, etc.)



Trick-or-Treating

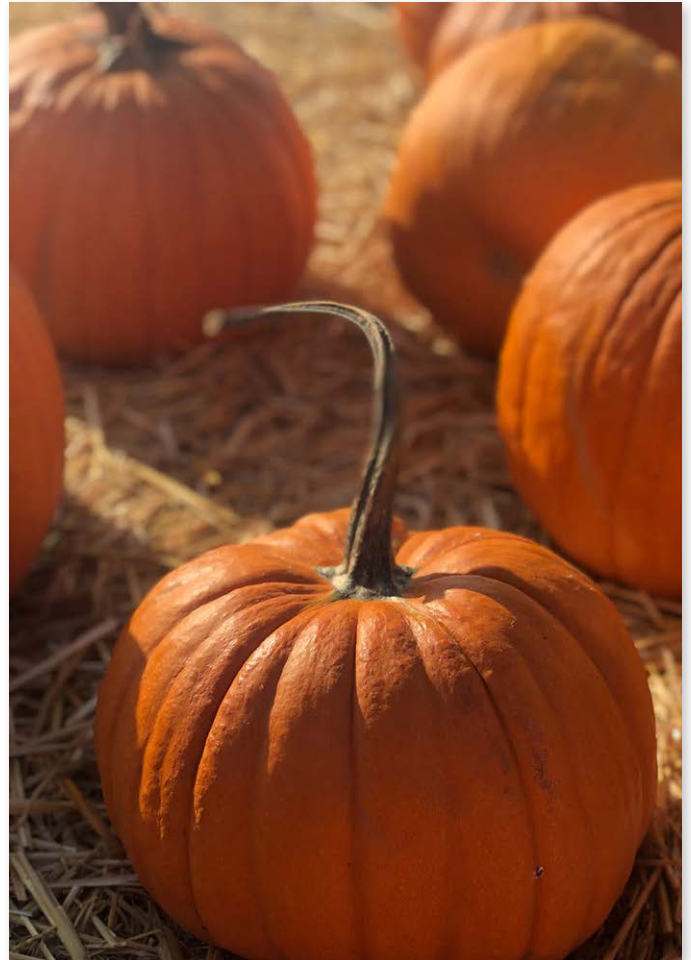
- If you are feeling ill or are self-isolating for any reason, do not participate in trick-or-treat activities.
- Children should wash their hands before they leave their home, when they arrive home, and prior to eating any treats.
- Be respectful of households that are not handing out treats this year, and skip any residence that has a sign on the door.
- Limit your close personal contacts by trick-or-treating with people from your bubble.
- Maintain physical distancing of 2 metres (6 feet) between yourself and members of other bubbles. Take turns visiting residences to avoid mixing with other bubbles.
- Avoid entering indoor porch areas when getting treats.
- Parents or guardians should consider accompanying children for safety reasons as well as to help ensure physical distancing is observed.
- Follow the [usual safety measures](https://www.canada.ca/en/health-canada/services/home-safety/halloween-safety.html) (<https://www.canada.ca/en/health-canada/services/home-safety/halloween-safety.html>) when going trick-or-treating, such as wearing reflective materials, watching for traffic and using crosswalks.
- A non-medical mask is not required when trick-or-treating outdoors, but may be required when visiting residents of apartment buildings or other indoor spaces.
- The risk of virus transmission on packaging is low, as viruses do not survive on these surfaces for more than a few hours. However, parents or guardians may wish to have a few treats at home for their own children, and to consider setting aside any collected treats, that are not wrapped in individual bags, for a few hours.



Distanced Gatherings and Events

- Consider keeping social gatherings within your usual bubble of family and friends.
- Keep gatherings small and follow the [guidelines for distanced gatherings](https://www.gov.nl.ca/covid-19/guidance-for-gatherings/) (<https://www.gov.nl.ca/covid-19/guidance-for-gatherings/>).
- Avoid activities that pose a high risk for transmission (e.g. bobbing for apples, decorating cookies).
- “Trunk-or-treating” events are permitted provided physical distancing is maintained and shared contact items are minimized or eliminated. Food and drink service or other activities are not recommended to discourage gathering.
- Businesses and organizations are permitted to offer Haunted Houses/Ghost Tours/Corn Mazes/Pumpkin Patches providing the following guidelines are followed:

- organizers, staff, or attending public must stay home if unwell;
- manage line-ups carefully to ensure physical distancing;
- plan contingencies for how adverse weather may affect planned activities;
- minimize time indoors;
- consider online bookings with timed arrivals;
- consider contactless payment;
- recommend all attendees (e.g. staff, volunteers, public, etc.) wear a non-medical mask (non-medical masks are required in indoor spaces);
- follow store/event policy;
- maintain 2 metre distance from persons who are not in your household group;
- employees, for example in haunted houses, must maintain physical distancing from guests;
- provide enough time and space between tour groups to maintain physical distancing;
- encourage frequent hand hygiene;
- clean and disinfect common touch surfaces frequently;
- any food or beverage services or other activities within the event venue must follow the applicable guidelines.



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 care partner *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:

- **Education:** 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:** Support groups and opportunities for one-on-one support
- **Resources:** 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

9,883 living with Alzheimer's Disease in Newfoundland and Labrador.

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

In 2019, **121** individuals availed of our 15-week Learning Series

495 individuals were referred and availed of the Alzheimer Society's First Link Program and services in 2019

"Care partner 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 care partners to learn and support each other allowing them to provide care for those affected by dementia."

- A Referring Partner



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

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