

# PRACTICE

*See page 8 for licensure renewal details*



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR

*LPNs...it's time to  
renew your license*

*I've met all  
regulatory  
requirements*



*Done*



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR

Volume 9, Issue 1 – January 2024

# 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](mailto:wsquires@clpnnl.ca).

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**PRACTICE, presented by CLPNNL**

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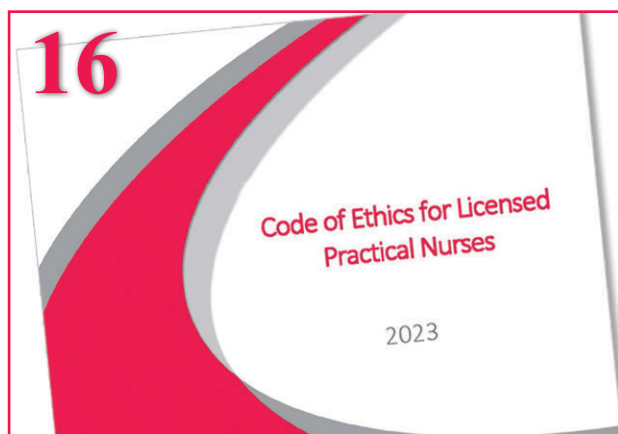


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## **Mandate**

**Promoting safety and protection of the public through the provision of safe, competent, and ethical care**



COLLEGE OF  
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OF NEWFOUNDLAND AND LABRADOR





## REMINDER:

### KEEP YOUR INFORMATION UP-TO-DATE!

The name (first and last) on your documentation, and on all professional communications must reflect the name that appears on your CLPNNL licensure information. Changes to your name, employer, and address must be reported to CLPNNL and a request to change information must be made.

Under the College of Licensed Practical Nurses of Newfoundland and Labrador By-Laws (2022) *Section 31. Accuracy of Information*, Licensees **must** notify the College of any change or addition to employer, address, and/or name no later than 30 days after the effective date of the change.

Please see the [CLPNNL website](#) under the Licensure tab for the required processes when requesting a change to your information on file with CLPNNL.

In the CLPNNL By-Laws, Section 31(b) was added by the Board in November 2023 to clarify the timeline for notifying the College in the event of a criminal, or other, conviction.

*Section 31. Licensees shall notify the College of*

*(b) Conviction of an offence under the provisions of the Criminal Code of Canada or a similar penal statute of another country, immediately following notice of conviction.*

It is in the interest of public safety that the name that you practice under, and the name that your license is issued under, are the same. CLPNNL issues licenses in the name that appears on your government issued identification. The “Find a Nurse” public register on the CLPNNL website lists the name in which your license is issued. This tool is used by the public, and employers, to verify that you are an LPN and that you hold a valid license to practice.



Individuals contacting CLPNNL via phone or in person to request changes to information will be directed to the processes outlined on the website. Please note that when you call or visit CLPNNL you may be required to provide information to confirm your identity.

## FROM THE BOARD TABLE

On November 23, 2023, the CLPNNL Board met, and here are some of the highlights of their discussions:

- Twelve (12) new registration/licensure policies were approved. The policies are being formatted for placement on the CLPNNL website.
- Correspondence between CLPNNL and CRNNL Board Chair's was shared, and the Board decided to move forward to explore next steps in forming a new, single nursing regulator.
- The Board discussed the exciting action coming in May 2024 – a move to ALINITY: a new and updated registration system. Stay tuned for updates!
- Two (2) amendments to the By-Laws were approved. These changes were communicated to all LPNs in an e-mail on December 20, 2023.
- The Board discussed additional licensure pathways for international applicants.
- Appointments were approved for CLPNNL required committees: Finance, Quality Assurance, and Discipline.
- A quality monitoring report was presented identifying a 98% compliance with CCP requirements this past year.



# MEET CLPNNL'S QUALITY ASSURANCE COMMITTEE (QAC) MEMBERS

A Quality Assurance Committee is a committee that was established according to the LPN Act and Regulations. Its purpose is to establish and operate a quality assurance program for LPNs. It also provides oversight to all aspects of the continuing competency program for LPNs.

The Quality Assurance Committee takes on a proactive Quality Framework and it addresses other quality assurance related matters as deemed necessary by the Board. Additionally, at the end of the year, the Quality Assurance Committee creates a report to the Board outlining the activities of the QAC.

The QAC members are your colleagues. CLPNNL invites you to share information, ask questions, and take a proactive approach with them in maintaining the mandate of CLPNNL. Here are the QAC members:





## DOCUMENTATION TIPS FROM THE QUALITY ASSURANCE COMMITTEE (QAC)

Documentation is written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention, and evaluation or service provided to that client. It provides a record of the judgment and critical thinking used in professional practice and provides an account of the nurse's unique contribution to health care.

The QAC would like to remind LPNs about the following documentation practices:

- Documentation is a component of care. Care is not complete until documentation is complete. It is not optional.
- Documentation must be clear, concise, objective, legible, chronological, and must provide sufficient information for the seamless delivery of safe and competent care.
- Documentation includes all aspects of the nursing process.
- Documentation includes client related communications with other health care professionals. Client-related communication can include written, electronic, and verbal communications. Documenting communications provides clarity regarding the plan of care and identifies the avenues that were pursued to ensure client care needs or services were met, including response(s) received and unsuccessful attempts.
- Documentation occurs at the time the care was provided or as soon as possible afterward. It is not completed before care is provided.
- The frequency of documentation is influenced by the complexity of a client's health status, the degree of risk involved in a treatment or component of care, changes to the plan of care, when clients move from one place to another (e.g., admission/discharge, transfer, or transport), or from one care provider to another. Employer policies may identify a required frequency of documentation as well as the format used in the practice area.
- Documentation demonstrates respect for client's choice(s). Nurses have an ethical responsibility to respect a client's informed choice, even if these choices may pose a risk to a client's overall health. Respectful documentation includes value judgments about a client's choices and behaviors.
- Having a good understanding of CLPNNL's Documentation Principles practice guideline, and employer policies aids in effective documentation.

If you have questions/comments regarding documentation practices, please email [wsquires@clpnnl.ca](mailto:wsquires@clpnnl.ca)

### **Resources:**

Canadian Nurses Protective Society- InfoLaw: Quality Documentation: Your Best Defense

CLPNNL- Documentation Principles- Practice Guideline June 2021

HIROC- Strategies for Improving Documentation- Lessons From Medical-Legal Claims – August 2017



# Licensure Renewal 2024-2025

- To facilitate the licensure renewal process, an email containing a link to the registration portal will be sent to your email address on file at CLPNNL during the week of January 15/24. When you receive the email from [donnotreply@clpnnl.ca](mailto:donnotreply@clpnnl.ca), you must log on to the registration portal to complete the renewal application. If you do not receive an email from CLPNNL, check your email junk and/or spam folders. This link can also be found on the CLPNNL website under licensure.



- You must ensure that all your information, including your contact and work information is up to date. See CLPNNL By-Law Requirements for keeping your information current (page 3).
- March 1, 2024 is the Administrative Deadline for licensure renewal. LPNs who do not submit their online renewal application by 11:59:59 pm March 1 will be automatically charged an additional \$65.25 (\$56.74 + \$8.51 HST). Therefore, the cost to renew will increase from \$375.00 to \$440.25.
- March 31 is the 2024/25 licensure renewal deadline. LPNs who fail to submit their online renewal application by March 31 will be required to pay the fee outlined above (\$440.25) as well as a \$115.00 reinstatement fee (\$100.00 fee + \$15.00 HST).
- Any LPN who practices without a valid license will be subject to the Unauthorized Practice Fee of \$115.00 (\$100.00 + \$15.00 HST) for every shift practiced without a valid license up to a maximum of \$1150.00 (\$1000.00 + \$150.00 HST). Additionally, the LPN may have their file reviewed through the Professional Conduct Review (PCR) process in accordance with section 33 of *The Licensed Practical Nurses Act (2005)*.
- You are not considered to be licensed for the licensure year 2024/2025 until your name appears on the CLPNNL website under [Find a Nurse](#). You will receive an email from CLPNNL on the day that your license is processed, but if you are unsure check the [CLPNNL website](#) to confirm your license to practice is processed and valid for the 2024/2025 licensure year.



# Q&A: Foot Health and Advanced Foot Care Nursing Practice

By Kathleen Stevens and Jennifer Densmore



This Q and A is focused on foot health and advanced foot care nursing practice, considering provincial, national, and global perspectives. We have included questions we often receive from nurses about AFCN and what we feel is essential information for all healthcare providers to know about the status of foot health and the role of advanced foot care nurses (AFCN).

## **How significant are foot health needs in Canada and NL?**

More so than many people probably realize. Although we do not have any Canadian or NL prevalence studies that focus on the foot health of the general population, we can draw from other countries with similar healthcare systems. A 2016 study in Australia reported that 1 in 13 hospital admissions were related to a foot condition such as foot disease or trauma. A review of the study sample showed that 84.9% of the participants in this study were between the ages of 41-99 (Lazzarini et al., 2016).

## **Diabetes can negatively impact foot health. How significant are foot health needs for patients with diabetes?**

Very significant. The numbers are staggering, and globally, the disease burden is high. In 2021, approximately 529 million people had diabetes (prevalence 6.1%) (Ong et al., 2023). The lifetime incidence of diabetic foot ulceration is 19-34%, and the lifetime incidence of lower limb amputation is 20%, with a 5-year mortality of 50-70%. These numbers are increasing, with the incidence of lower limb amputation increasing by up to 50% in some areas over the past few years (McDermott et al., 2023). The human cost of diabetes foot complications is significant, with people experiencing negative physical, psychological, and social impacts and lower quality of life (Coffey et al., 2019). The cost to healthcare systems is also substantial and continues to increase (Jodheea-Jutton et al., 2022).

## **These are global numbers. How significant are foot health needs in NL?**

It's also very significant. In 2020, the number of people in our province diagnosed with diabetes was 78,287 (prevalence ~ 15%). This is an increase from 70,349 people in 2017. Between 2017 and 2022, there were 664 hospitalizations related to diabetic foot ulceration, costing close to 10 million dollars. The treatment for subsequent amputation was about half this cost (Newfoundland Centre for Health Information, 2017, 2023). These numbers do not cover any of the community care costs. As noted above, the human cost is great.

## So, who should be assessing feet?

Everyone.

## But I'm not an AFCN, so how can I make a difference?

We need all eyes on our feet: healthcare providers, home support workers, family members, and people with diabetes. Intervening before skin breakdown occurs is essential to prevent devastating complications. We recommend taking every opportunity to look at the feet of your patients with diabetes and educate patients, family members, and caregivers about the importance of daily assessment and what they should look for.



## What should I look for?

Assess the feet for healthy and intact skin, callus build-up, redness, bruising, discoloration, and wounds. Ensure to look between the toes for any skin breakdown. Look at the nails and note whether they are neatly trimmed, unkempt, damaged, or potentially infected. If you assess any concerns or a person is experiencing pain, they should see their healthcare provider. The Inlow's Foot Assessment is a reliable and valid screening tool that provides direction for conducting a visual assessment and can be found at: <https://guidelines.diabetes.ca/docs/resources/Inlows-60-second-diabetic-foot-screen-Wounds-Canada.pdf>

## Where can I find best practice guidelines for caring for feet?

The International Working Group on the Diabetic Foot released a series of evidence-based practice guidelines in May 2023 (e.g., Practical Guidelines, Prevention, Off-Loading, Peripheral Arterial Disease). These can be found at <https://iwgdfguidelines.org/guidelines-2023/all-guidelines-2023/>. Wounds Canada is updating their Best Practice Recommendations for Prevention and Management of Diabetic Foot Ulcers. This document also focuses on the prevention of ulceration and amputation.

## Where can I find patient and family/caregiver education resources?

Diabetes Canada has several online resources focused on foot health and can be found under tools and resources at [diabetescanada.ca](http://diabetescanada.ca).

## What does the role of an advanced foot care nurse encompass?

According to CAFCN, advanced foot care nurses (AFCN) are LPNs and RNs with current registration with their regulatory body. They have completed an advanced foot care nursing program with curriculum outcomes that address the CAFCN *National Competencies for Advanced*

*Foot Care Nursing in Canada*. By completing these courses, AFCNs gain specialized evidence-based knowledge of the health conditions of the lower limbs and feet and how to manage these conditions within their scope of practice. AFCNs adhere to provincial, territorial, and national guidelines. They collaborate with other disciplines and are essential to the foot health team.

## **I'm interested in becoming an AFCN. What are my options?**

To become an AFCN, you will need to complete continuing nursing education. There is no accreditation process for AFCN programs; therefore, the Canadian Association of Foot Care Nurses (CAFCN) does not promote any programs. The CAFCN suggests that nurses interested in becoming an AFCN review a program's curriculum before enrolling to ensure that the program addresses the *National Competencies for Advanced Foot Care Nursing in Canada* (CAFCN, 2017). The competency document can be found at this link: <https://cafcn.ca/wp-content/uploads/CAFCN-National-Competencies-for-Advanced-Nursing-Foot-Care.pdf>

## **What settings do AFCN work in?**

Many. AFCNs work in acute care, long-term care, and the community. Some AFCNs have a private practice, which may provide both mobile and clinical services.

## **So, is there a national professional body for AFCNs?**

Yes. The CAFCN is an organization formed by practicing AFCNs across Canada. It is a dynamic, growing community of nurses dedicated to advancing the practice of foot care through collaboration, education, and networking opportunities. Membership benefits include continuing education opportunities, access to patient education resources, and connection with industry experts and colleagues. CAFCN is a unified voice that brings common issues to policymakers' attention and collaborates to create viable solutions.

## **Is there representation from NL at the CAFCN level?**

Yes. Kathleen Stevens is a member of the CAFCN Board, and Glenda Dotrimont is Chair for NL. If you have any questions about AFCN and CAFCN, you can contact Glenda at [nl@cafcn.ca](mailto:nl@cafcn.ca)

## **Are there any provincial regulatory documents focused on advanced foot care nursing?**

Yes. An advanced foot care nursing practice guideline entitled *Advanced Footcare* was published in 2020. This was a collaborative effort between the College of Registered Nurses of NL and the College of Licensed Practical Nurses of NL. The guidelines provide direction regarding practice scope, infection prevention and control, documentation, collaboration, and liability protection/insurance. This document can be found using this link: <https://crnnl.ca/site/uploads/2021/09/advanced-footcare.pdf>



## **I'm an AFCN and have questions about the professional, regulatory, or legislative requirements related to foot care. Who should I contact?**

Any questions should be directed to your regulatory body.

## **Are there standards for sterilization of equipment that AFCNs should follow?**

Yes. AFCN should follow guidelines for steam sterilization of reusable instruments or use sterile disposable sets. The use of a chemo-sterilant is no longer recommended. If an AFCN uses reusable instruments, these are considered critical devices, and the Infection Prevention and Control Canada (IPAC) *Practice Recommendations for Infections Prevention and Control Related to Foot Care in Healthcare Settings* should be followed (IPAC, 2019). This document can be found at this link: [https://ipac-canada.org/photos/custom/Members/pdf/Foot%20Care\\_Practice\\_Recommendations\\_29Nov2019\\_final\\_English\\_with\\_disclaimer.pdf](https://ipac-canada.org/photos/custom/Members/pdf/Foot%20Care_Practice_Recommendations_29Nov2019_final_English_with_disclaimer.pdf)

## **Should AFCN use the Dremel rotary tool in their practice?**

No, the dremel tool is not intended for use on the human body. *The CAFCN National Competencies for Advanced Foot Care Nursing in Canada* (CAFCN, 2017; IPAC, 2019) indicates that AFCNs use instruments designed specifically for use on the human body and, specifically, feet (i.e. including rotary device and accessories). Many policies related to the use of the rotary tool require the device to have a vacuum/dust collection bag.

## **What documentation is required by AFCNs?**

AFCNs are responsible for obtaining client consent for foot care procedures. Documentation includes charting regarding the foot care procedures provided to the client and the nursing foot care plan using terminology specific to nursing foot care. All foot care documentation should be performed in accordance with legal, ethical and professional requirements. AFCNs working in private practice are responsible for developing their own policy and procedure documents that reflect current best practice guidelines. They should also ensure that they maintain all health records/documentation in a secure and confidential manner, and in accordance with privacy requirements (CAFCN, 2017).

## **Is there an AFCN community in NL?**

Yes, there is an active AFCN community in NL. There are approximately 200 AFCNs who are members of the NL Foot Care Nurses Interest Group. Jennifer Densmore and Kathleen Stevens are on the executive. The goal of the group is to connect AFCNs, answer questions, offer educational opportunities, promote awareness of foot health and the role of the AFCN, and support research initiatives. The group's email distribution list is a communication tool to share resources and connect clients with AFCNs in their area. Recently, we have started meeting via Webex every six weeks to discuss news and issues related to foot health and AFCN. If you are an AFCN and are interested in being a group member, email Kathleen Stevens ([Kathleen.Stevens@mun.ca](mailto:Kathleen.Stevens@mun.ca)).

## Where can I find out more?

Throughout the article, there are links to useful websites and documents. The reference list contains a lot of good resources as well. If you wish to explore advanced foot care nursing, don't hesitate to contact the authors ([Jennifer.Densmore@mun.ca](mailto:Jennifer.Densmore@mun.ca) and [Kathleen.Stevens@mun.ca](mailto:Kathleen.Stevens@mun.ca)).

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## Stay Connected...



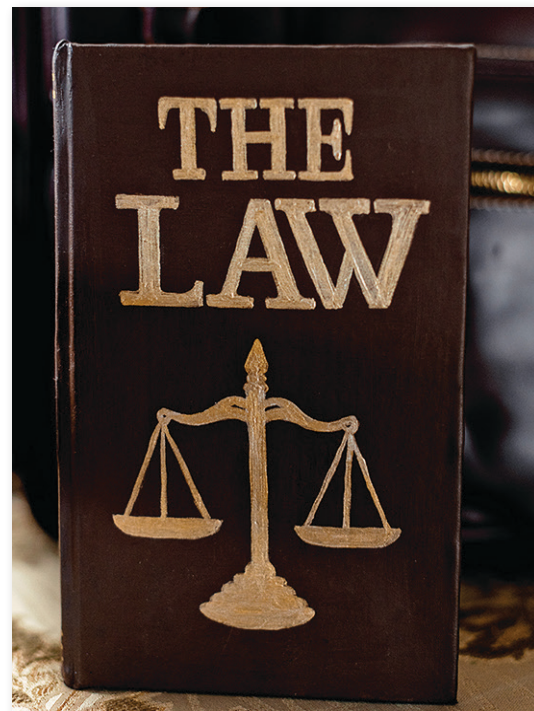
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# JURISPRUDENCE MATTERS

## The Canada Health Act

In the last edition of Jurisprudence Matters we highlighted the Newfoundland and Labrador *Health Authority Act*, a provincial legislation that addresses the responsibility and authority of the organization that is accountable for the delivery and administration of health and community services in the province. In this edition, we will look to federal legislation: The Canada Health Act (1985). While most LPNs practice within the publicly funded health care system, we might not often stop to think about the law that underpins it all.

Canada's healthcare system is a collection of plans administered by the ten provinces and three territories and, while there may be differences between plans, they are similarly structured to meet federal funding conditions that are outlined in the Canada Health Act. In essence, the Canadian healthcare system is federally funded, but provincially administered.



Over the years, there have been different versions of our publicly funded healthcare system. The current Law, the Canada Health Act, came into force in 1985. The primary objective of Canadian health care policy, as outlined in the Canada Health Act, is to “protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers”. While the Canada Health Act addresses rules and financial arrangements between the federal and provincial/territorial governments, it also articulates for us the core values, or enshrined principles, in the provision of health services across this country. These principles are:

- Portability: coverage follows you.
- Comprehensiveness: includes the full basket of insured services.
- Universality: insured services apply to all, equally.
- Accessibility: ensures reasonable access to insured services
- Public Administration: administration of services on a non-profit basis, by a public authority.

In the day of a life of an LPN, the ethical principles of the health system might not always be top of mind in the same way that the ethical principles set forth in their Code of Ethics may

be. Yet, the principles that the profession holds LPNs accountable for align with the principles that underpin the very foundation of our health care system. Looking to the new *Code of Ethics for Licensed Practical Nurses 2023*, we can see that the principles of equality, equity, inclusion, reasonableness, and fairness, are woven throughout and expressed in quality nursing practice every day. It should come as no surprise that these same principles are articulated in the Canada Health Act.

The [Canada Health Act](#) can be accessed in its entirety online.

A [list of all federal Acts and Regulations maintained by the Department of Justice](#) is available online.

**The CLPNNL does not provide legal advice. Jurisprudence Matters is provided for information purposes and to raise awareness and generate discussion around laws that influence or impact nursing practice. It is important to review an Act in its entirety for full definitions and expectations.**

## CONTINUING EDUCATION

Did you know the CLPNNL website is a great resource for continuing your nursing education and expanding your nursing knowledge?

That's right! The Education, Events, Policy and Practice pages, etc. are full of learning opportunities to help you with your practice.

Check it out today [www.clpnnl.ca](http://www.clpnnl.ca).

The screenshot shows the CLPNNL website homepage. The header includes the logo for the College of Licensed Practical Nurses of Newfoundland and Labrador, with the tagline "LPNS - A PRACTICAL APPROACH TO QUALITY CARE". On the right, there are social media icons for Twitter, YouTube, and Facebook, along with a "Contact Us" link. The main navigation menu is a dark red bar with white text, featuring links for "Home", "About CLPNNL", "Practice and Policy", "News and Publications", "Licensure", "Education", "Internationally Educated Nurses", "Quality Assurance/Professional Conduct", and "Contact Us". The "Practice and Policy" and "Education" links are circled in yellow. Below the navigation bar, there is a secondary menu with links for "Events", "Careers", "Links", and "Contact Us", where the "Events" link is also circled in yellow. The main content area features a featured article titled "PRACTICE Vol 8, Issue 2" with a sub-headline "REVISED" and a call to action: "Please click below to check out the latest edition of PRACTICE magazine." To the right of the article are three red buttons: "FIND A NURSE", "COVID-19 FAQs FOR LPNS", and "CONTINUING COMPETENCY PROGRAM".

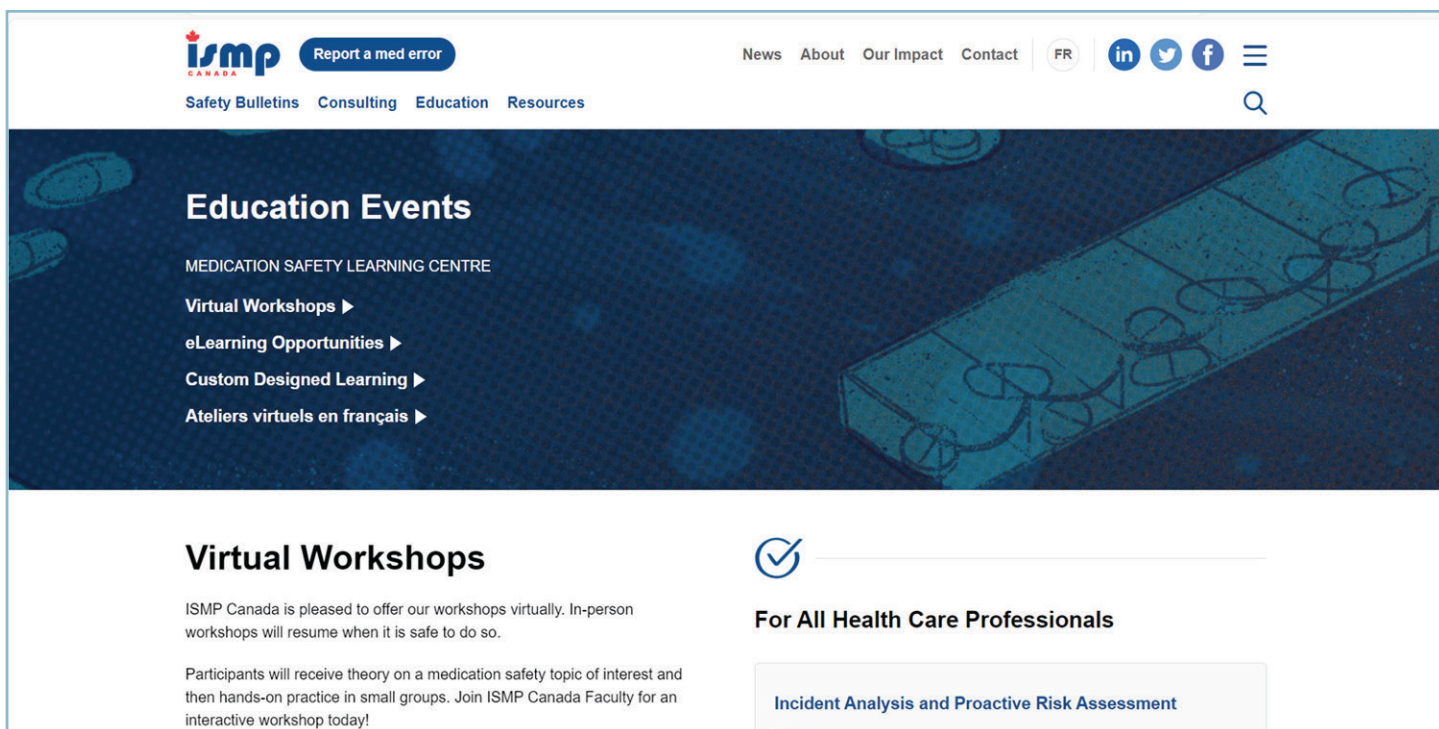


# ISMP CANADA

The Institute for Safe Medication Practices Canada is a national, independent, and not-for-profit organization that purposefully partners with organizations, practitioners, consumers, and caregivers to advance medication safety in all healthcare settings.

The **Institute for Safe Medication Practices Canada** is a **trusted partner** in strengthening medication safety through learning, sharing, and acting to improve health care.

ISMP Canada provides education sessions for **all** Health Care Professionals. Check out their website today! [www.ismpcanada.ca](http://www.ismpcanada.ca).



The screenshot shows the ISMP Canada website. At the top, there is a navigation bar with the ISMP Canada logo, a "Report a med error" button, and links for News, About, Our Impact, Contact, and a language selector (FR). Social media icons for LinkedIn, Twitter, and Facebook are also present. Below the navigation bar, there are links for Safety Bulletins, Consulting, Education, and Resources. The main content area features a dark blue background with a pattern of pills and a large pill blister pack. The section is titled "Education Events" and includes the text "MEDICATION SAFETY LEARNING CENTRE". Underneath, there are four links: "Virtual Workshops", "eLearning Opportunities", "Custom Designed Learning", and "Ateliers virtuels en français". Below this, there is a section for "Virtual Workshops" with a checkmark icon. The text states: "ISMP Canada is pleased to offer our workshops virtually. In-person workshops will resume when it is safe to do so." It also mentions that participants will receive theory on a medication safety topic of interest and then hands-on practice in small groups. A button for "Incident Analysis and Proactive Risk Assessment" is visible.

## SAVE THE DATE – Provincial Webinar

The College of Licensed Practical Nurses of NL, College of Registered Nurses NL, and the NL College of Social Workers invite you to attend the virtual Provincial education session planned for **February 13, 2024 from 2-4 pm**. This year's topic is **Embracing Professionalism** and will include guest speakers Amanda Jennings MPA, BN, RN Senior Director of Provincial Clinical Practice, Brenda Carrol BScN, RN, LLB Director of Professional Conduct Review, and Simone Pelley MSW, RSW Chair of the NLCSW Ethics Committee.

Additional information will be made available as the date gets closer, be sure to stay connected to CLPNNL's Facebook and X accounts as well as the website.



# CLUING UP YOUR CONTINUING COMPETENCY PROGRAM (CCP)?

As you're aware, CCP is a mandatory process for obtaining a license to practice each year.

Since the licensing year is nearing the end, you should also be cluing up your CCP. This current licensing year saw changes to the CCP. When completing your documentation, we ask that you are mindful of the new Toolkit and processes that are in place. If selected for Quality Monitoring, CLPNNL asks that you provide the following:

- Professional Growth Plan
- CLPNNL Directed Learning
- Record of Learning

**The 2023-24 Directed Learning for ALL LPNs is to complete a webinar on the CCP Revisions (live or recorded)**

For more information and/or to review the CCP Toolkit, please click [here](#).

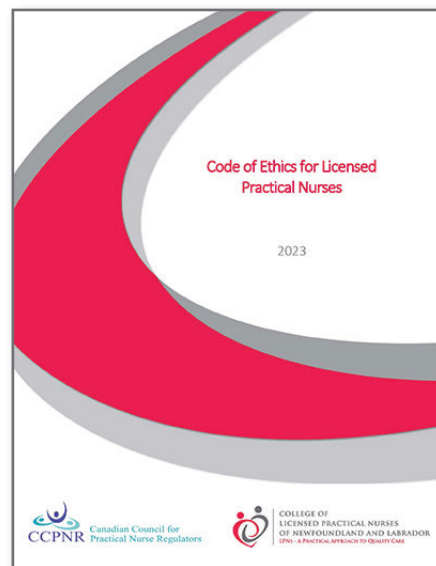
Continuing Competency Program (CCP) Checklist	
Professional Growth Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
CLPNNL Directed Learning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Record of Learning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sent on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Figure 1. CPP Checklist

## Code of Ethics 2023

On October 1, 2023, the new Code of Ethics for LPNs in Newfoundland and Labrador came into effect. This document replaced the 2013 version. LPNs must review the new Code and be aware of their responsibilities and accountability in carrying out the ethical principles outlined in the Code of Ethics. The new code is available at [www.clpnnl.ca/practiceandpolicy](http://www.clpnnl.ca/practiceandpolicy).

A [recorded webinar discussing the new Code of Ethics](#) is available on CLPNNL's website under recorded past events.







# CLPNNL WINTER WEBINARS 2024

To register for any event, visit [www.clpnnl.ca/events](http://www.clpnnl.ca/events).

Date	Time	Title and Presenter
January 9/24	2-3 pm	CCP
January 16/24	7-8 pm	CCP
January 23/24	2-3 pm	Duty to Report
February 20/24	7-8 pm	Scope of Practice
February 27/24	2-3 pm	Top Disciplinary Issues
March 12/24	7-8 pm	CCP
April 3/24	2-3 pm	CCP
April 10/24	2-3 pm	Q&A on LPN Practice
April 17/24	7-8 pm	Let's Talk about Standards





**COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR**

## CLPNNL Welcomes Returning Board Members

### **ELECTION RESULTS ZONES I and IV**

The following LPNs have been re-elected to serve on the Board of Directors at the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) for the term January 1, 2024 – December 31, 2026.

#### **Zone I**

Shawna Haley-Sharpe, LPN from Zone I, has been elected by acclamation for a second term to the Board. Shawna practices as an LPN with Eastern Zone Urban, NLHS.



*Shawna Haley-Sharpe, LPN*

#### **Zone IV**

Aimee Pennell, LPN from Zone IV has been elected by acclamation for a third term as the LPN Board member from Zone IV. Aimee practices as an LPN with Western Zone, NLHS



*Aimee Pennell, LPN*

Congratulations to Shawna and Aimee. CLPNNL looks forward to working with them over the coming three years to advance the mission of the College.



# Lifewise

## First Responders Warmline



### Who We Are.

Lifewise is the only provincial organization created by and for individuals living with mental health and addictions issues. We exist to support and encourage individual recovery through self-determination, while working to break the stigma surrounding these issues in society.

The journey to recovery isn't always a straight line, and the next step isn't always easy to see. It helps to talk to someone who's been there. Lifewise is proud to offer Peer Support services throughout Newfoundland & Labrador.



### What We Offer

Our purpose is to provide hope and reduce stigma for those individuals living with mental health and addictions issues, and the loved ones who support them. We work towards this purpose through a series of proactive and preventative services/programs designed to foster and maintain mental wellness.

### First Responders Warmline

The First Responders Warm Line is staffed by first responders trained in the delivery of peer support, and is available 12 hours a day, seven days a week. This new service will provide mental health support to first responders, which will then help them support others.

### Who is a First Responder?

Any person who is first to arrive on a scene of an incident. First responders include but, are not limited to:

- Paramedics
- Firefighters
- Police Officers
- Emergency Search and Rescue
- Military Personnel and Veterans
- Corrections Personnel
- Nurses
- Social Workers
- Emergency Services Personnel
- Frontline Service Providers
- Anyone who identifies as a first responder

We've Been There  
Reach Out

FIRST  
RESPONDER  
WARMLINE

---

1-709-237-4180

Monday-Sunday  
12:00pm-12:00am  
(11:30am-11:30pm Labrador)

**lifewise**  
mental health peer services



## Update: November 2023 Professional Leadership Workshop

On November 28th, 2023, 53 LPNs attended the CLPNNL Professional Leadership Workshop for Licensed Practical Nurses. Outstanding!

During the day-long (7.5 hour) event, we discussed professionalism, regulation, leadership, and accountability in practice. In their evaluations, attendees shared what they saw as the benefits of attending this in-person workshop. When asked "How will attending this workshop impact your practice?" LPNs identified mindfulness, reflection, and motivation for quality practice as key outcomes.

CLPNNL is working on plans to offer the Professional Leadership Workshop this winter/spring 2024 in various areas of the province.

Stay connected to the CLPNNL website ([www.clpnnl.ca](http://www.clpnnl.ca)) and on Facebook and X (collegelPNNL).



# PROFESSIONAL CONDUCT REVIEW (PCR) NOTIFICATIONS

On May 10, 2023, the CLPNNL Registrar resolved an allegation filed against an LPN. The Complainant was the LPN's employer. The allegation related to the LPN not following appropriate documentation and administration of medications. There was no allegation of harm to any client. The LPN provided CLPNNL with information confirming that they are under the care of a health professional and have been successfully treated for a medical condition that was impacting their ability to concentrate. As part of a resolution agreement, the LPN is required to meet with the CLPNNL Regulatory Officer on a monthly basis to discuss their ongoing fitness to practice nursing and to review their action plan and fitness checklist to ensure that they are able to provide safe, competent nursing care.

On July 25, 2023, the CLPNNL Registrar resolved an allegation filed against an LPN. The Complainant was the LPN's employer. The allegation related to the LPN not following employer assigned break policy and not following the proper procedure for shift handover report. There was no allegation of harm to any client. The LPN is required to complete remedial education targeting professional responsibility, jurisprudence, interpersonal communication and leadership. Additionally, as part of the resolution, the LPN is required to meet with CLPNNL's Practice Consultant to discuss CLPNNL's Standards of Practice and Code of Ethics. Finally, the LPN is required to submit an essay reflecting on insights gained from the required education and the importance of following workplace protocols related to handover report in nursing practice.

On September 25, 2023, the CLPNNL Registrar resolved an allegation filed against an LPN. The Complainant was the LPN's employer. The allegation related to the LPN destroying clinical care records without authorization. There was no allegation of harm to any client. The LPN is required, as part of a resolution agreement, to complete remedial education targeting documentation, Standards of Practice and regulation of LPN practice. Additionally, the LPN is required to meet with CLPNNL's Practice Consultant to discuss Standards of Practice and Code of Ethics as well as CLPNNL's documentation guidelines. Finally, the LPN is required to submit an essay reflecting on the importance of the care and maintenance of accurate documentation, as well as how the learnings gained from the remedial education will impact their professional practice in future.

On October 4, 2023, the CLPNNL Registrar resolved an allegation filed against an LPN. The Complainant was the LPN's employer. The allegation related to the LPN using a personal computer for reasons not related to nursing care, as well as not documenting an assessment. There was no allegation of harm to any clients. The LPN is required, as part of the resolution agreement, to complete remedial education targeting professional accountability, jurisprudence, Standards of Practice and the Code of Ethics. Additionally, the LPN is required to meet with CLPNNL's Practice Consultant to discuss Standards of Practice and Code of Ethics and CLPNNL's accountability guidelines. Finally, the LPN is required to submit an essay reflecting on the importance of professional accountability in nursing practice and the impact of the required remedial learnings on their professional practice in the future.



## What is Influenza?

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.

## What severe complications are associated with Influenza?

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

## What is the best way to prevent Influenza?

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. *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, Indigenous peoples, 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.

## What are the side effects of the 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. 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.

**For additional information and  
services contact the Regional Health  
Authority in your community.**

**CDC-22  
August 2018**



# GET THE FACTS – not the flu

Get a flu shot,  
if you can



Wash your  
hands often



Cough and sneeze  
into your arm,  
not your hand



Clean objects  
that many people  
touch



If you get sick,  
stay home



PROTECT YOURSELF, YOUR FAMILY  
AND YOUR COMMUNITY

Talk to your health care provider or visit:  
[www.healthy Canadians.gc.ca/flu](http://www.healthy Canadians.gc.ca/flu)



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HC 7461 - 1/2010

# COVID-19 Vaccine Information Sheet

The following information is retrieved from the Department of Health and Community Services, NL Government, Time for the Shot campaign. [COVID-19 - Time For The Shot](#)

## Why is there a new COVID-19 vaccine?

A new formulation of mRNA COVID-19 vaccine contains an XBB.1.5-variant of the COVID-19 virus. This new formulation is expected to provide a better immune response against currently circulating variants compared to vaccines previously used.

## Is the COVID-19 vaccine safe?

COVID-19 vaccines will only be used in Newfoundland and Labrador if they are approved by Health Canada, and the evidence shows that they are safe, effective, of good quality, and demonstrate that the benefits of using it outweigh the risks. For more information on Health Canada's review process for COVID-19 vaccines, please see the [Government of Canada's website](#).

## How do the Pfizer-BioNTech Comirnaty and Moderna Spikevax COVID-19 vaccines work?

This vaccine tells your body's cells to make "spike proteins" that are like those on the virus that causes COVID-19. These spike proteins do not cause COVID-19 and are removed from your body soon after they are formed. Your immune system will respond to the spike proteins by making antibodies that help to fight infection, if the COVID-19 virus gets into your body. The vaccine does not contain the virus and so it cannot give you COVID-19. The Pfizer-BioNtech Comirnaty and Moderna Spikevax vaccines have been tested to ensure they meet safety standards and have been licensed and approved by Health Canada.

## What are the side effects of the vaccine?

Common side effects include redness, soreness and swelling at the injection site. Other possible side effects include chills, fatigue, joint pain, headache, fever and muscle aches. Symptoms typically resolve in 24-48 hours. If you develop symptoms after receiving your vaccine that persist, speak to your primary care provider.

## Why is pericarditis/myocarditis a concern with some COVID-19 vaccines?

Myocarditis is inflammation of the heart muscle and pericarditis is inflammation of the lining around the heart. There have been very rare reports of myocarditis/pericarditis in Canada within the 12-29 age group when receiving certain COVID-19 vaccine products. Reported cases have been mild and individuals have recovered quickly. Speak to your health care provider if you fall within this age group and have concerns.

## Who should not receive the vaccine?

You should not receive a COVID-19 vaccine if you have:

- a history of anaphylaxis after previous administration of any COVID-19 vaccine
- an immediate or anaphylactic hypersensitivity to any component of the vaccine. To view components in each COVID-19 vaccine, refer to the product monographs for each product.
  - > [Moderna Spikevax](#)
  - > [Pfizer-BioNTech Comirnaty](#)
  - > [Novavax Nuvaxovid](#)

If you have a fever or you are feeling, unwell you should talk to a healthcare professional or defer your vaccine until you are feeling better, and your fever has resolved. If you have had a recent COVID-19 infection, it is recommended to wait six months before receiving another COVID-19 vaccine.

## Can I get a COVID-19 vaccine if I had COVID-19?

It is possible that people will get COVID-19 before getting their COVID-19 vaccine. At the very least, people need to wait until they have fully recovered before getting their next dose. Public health recommends waiting 6 months after a known COVID-19 infection to receive a COVID-19 vaccine. Please speak to your health care provider to get the best advice on when to get your next vaccine dose after a COVID-19 infection.

# Are you looking for a career as a Licensed Practical Nurse?



**The Centre for Nursing Studies is hosting an  
Information Session!**

**In Person:** Thursday, January 11, 7 p.m. to 8 p.m. NT

**Location:** Room 104, Southcott Hall, Miller Centre,  
100 Forest rd., St. John's, A1A 1E5

**Registration:** <https://tinyurl.com/pnrecruit>



For additional information:

Contact Debra Green at: 709-777-8158 or  
[debra.green@mun.ca](mailto:debra.green@mun.ca)  
Visit Us at: [www.cns.easternhealth.ca](http://www.cns.easternhealth.ca)



**NL Health  
Services**



# Are you interested in volunteering for the medical team at the NL Winter Games taking place February 24-March 2, 2024, in Gander NL?

If so, email Amanda Rogers at [NLgamesmedteam@outlook.com](mailto:NLgamesmedteam@outlook.com)  
with the subject line "Attention Amanda".



**GANDER NL**  
[NLGAMESMEDTEAM@OUTLOOK.COM](mailto:NLGAMESMEDTEAM@OUTLOOK.COM)



**FIRST AID  
TRAINING  
AVAILABLE!**

**CALL FOR MED TEAM VOLUNTEERS**

ARE YOU PASSIONATE ABOUT COMMUNITY? A FORMER ATHLETE OR  
TRAINER? MAYBE A CURRENT/RETIRED EMERGENCY RESPONDER?



**COME JOIN OUR TEAM!**

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